

## Better Health. Better Care. Lower Costs.

The Healthier Washington initiative will transform health care in Washington State so that people experience better health during their lives, receive better care when they need it, and care is more affordable and accessible.

We are in the early stages of a five-year Health Care Innovation Plan that has brought together hundreds of people from many communities to put the best solutions to work for the people of our state. This work will improve the quality of life for everyone regardless of their income, education or background.

### The plan recommends three core strategies

#### 1. Improve how we pay for services

Presently, providers of health care services are paid every time they provide a service, even when the service doesn't work. Healthier Washington calls for rewarding providers when they achieve good outcomes. Information on effectiveness and cost will be collected and shared to help providers and consumers choose the best treatment options.

#### 2. Ensure health care focuses on the whole person

The current system creates barriers to addressing physical health, mental health, chemical dependency, and basic living needs as early as possible and at the same time. Healthier Washington calls for methods of integrating care and connecting with community services to achieve the best possible result for individuals. It also adjusts how we pay for services to make care for the whole person possible.

#### 3. Build healthier communities through a collaborative regional approach

Virtually all health care is delivered at the local level. Driven by local partners, the state will support a regional approach that provides resources to communities. Working together, communities can bring about changes that will improve health for the people they serve.

### Estimate of savings: \$1.05 billion

When the combined savings and avoided costs are estimated, adjusting our health system has the potential to save \$1.05 billion in the first **three to five years.**



### Benefits of a better system —two examples

**CURRENT SYSTEM:** Jan, 40, is employed, privately insured, but has no primary provider to coordinate her health care. Instead, she has visited three ERs five times in six months for an irregular heartbeat. She is overweight, pre-diabetic and frequently depressed, but untreated for all three. No problem was found with her heart and, due to her other issues, she doesn't follow ER recommendations.

Harry, 54, is covered by Apple Health and homeless. His chronic health problems could be treated in local doctors' offices, but he used the ER more than 50 times in 15 months. He's usually intoxicated, his issues are complex and he needs help connecting to housing, health care, and all the other services he needs.

For both Harry and Jan, ER doctors routinely repeat tests because they don't have access to health histories.

**A BETTER SYSTEM:** Jan has one provider who coordinates her health care. Harry has an outreach worker who connects him with housing, health care, and other services. Expanded data systems give Jan's and Harry's providers immediate access to health histories, enabling coordinated care without duplicated services. Health care services are effective, and unnecessary costs are avoided. Best of all, Jan and Harry become healthier because they receive all the services they need.

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