



January 27, 2020

The Honorable Annette Cleveland
Chair
Senate Health & Long Term Care
Committee
220 John A. Cherberg Building
Olympia, WA 98504

The Honorable Steve O'Ban
Ranking Member
Senate Health & Long Term Care
Committee
102 Irv Newhouse Building
Olympia, WA 98504

Dear Senators,

On behalf of the American Academy of Family Physicians (AAFP), which represents 134,600 family physicians and medical students, I write in support of [Senate Bill 6413](#), legislation which would establish a primary care collaborative and require the collaborative to report its findings and recommendations to the legislature regarding statewide spending on primary care.

The AAFP is very supportive of legislation that would facilitate a dialogue on the importance of primary care and the need to increase our financial investment in primary care. There is a growing body of evidence proving the value of primary care. According to the Center for Evaluative Clinical Sciences at Dartmouth (now called the Dartmouth Institute for Health Policy and Clinical Practice), states that orient their health care systems around primary care achieve:

- Lower Medicare spending (inpatient reimbursements and Part B payments);
- Lower resource inputs (hospital beds, intensive care unit [ICU] beds, total physician labor, primary care labor, and medical specialist labor);
- Reduced utilization rates (physician visits, days in the ICU, days in the hospital, and patients seeing 10 or more physicians) and;
- Better quality of care (fewer ICU deaths and a higher composite quality score).¹

In addition, extensive worldwide research illustrates that increased investment in primary care results in better health outcomes, higher patient satisfaction, and more efficient use of resources.²

Primary care collaboratives have been established in [Colorado](#), [Delaware](#), and [Oregon](#). Additionally, [Vermont](#) has engaged in a similar stakeholder process through their Green Mountain Care Board, a government entity charged with reducing the health care cost growth in the state while at the same time ensuring that Vermont maintains a high quality, accessible health care system. These collaboratives have led to thoughtful policy recommendations and innovations designed to meet the unique needs of each state.

¹ Dartmouth Atlas of Health Care Working Group. The care of patients with severe chronic illness: an online report on the Medicare program by the Dartmouth Atlas Project. 2006.

² Patient-Centered Primary Care Collaborative. Results and evidence. <https://www.pcpcc.org/results-evidence>

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Action on this legislation is timely as a [recent report](#) released by Washington's Office of Financial Management indicates that there is a lack of investment in primary care in the state. The report found that 2018 primary care expenditures, as a percentage of total medical expenditures, ranged from 4.4% to 5.6%, based on either a narrow or a broad definition, respectively of primary care. While we commend Washington for taking the first step in evaluating current spending trends in the state, we encourage you to continue pursuing a fundamental shift in the health care system to one that is rooted in primary care which is essential to achieve improvements in access, quality, and cost. We urge Washington to continue to be a leader in this issue area and pass Senate Bill 6413.

We appreciate the opportunity to provide our support for this legislation. Please contact Stephanie Quinn, Director of Government Relations at AAFP at squinn@aafp.org, with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "John S. Cullen". The signature is fluid and cursive, with a long horizontal stroke at the end.

John S. Cullen, MD, FAAFP
Board Chair