



# Washington State Profile: Public Health and Primary Care Collaboration

## Background

In Washington, public health is decentralized to the county-level. Local boards of health are largely controlled by county commissioners, who are elected officials. Over the past 15 years, the state of Washington has worked to strengthen local public health leadership and resources through various pathways, including Medicaid flexibility, state policy and budgetary reform, and collaborative learning. Three of these initiatives have received considerable attention and support in Washington and the Northwestern United States and are highlighted below.

The [Northwest Public Health-Primary Care Leadership Institute](#) aims to tie health care delivery and prevention together at the provider level through multidisciplinary learning. In 2019, the Northwest Center for Public Health Practice (NWCPHP) and the Northwest Regional Primary Care Association (NWRPCA) joined together to train primary care and public health practitioners from individual, organizational, and community levels together in an integrated learning environment.

The [Foundational Public Health Services](#) (FPHS) model was adapted by public health leaders in Washington after a series of funding cuts to public health during the 2010's. Public health leaders in the state conducted a gaps analysis to identify the amount of funding currently available for public health and the amount that would be needed to deliver the services that public health is mandated to do by the state. FPHS, which is [codified in statute](#), guides public health budget requests during state legislative budget sessions.

Finally, the state of Washington implemented an [Accountable Communities of Health](#) (ACH) framework through the State Innovation Model (SIM) in 2015, which grew through a Medicaid section 1115 demonstration in 2017.

## How is collaboration operationalized in the state of Washington?

### Foundational Public Health Services

Local health departments need flexible funding to adapt to the changing health needs of their community – “in public health we don’t choose what we work on; it chooses us”. A key priority of FPHS is improving centralized IT systems (including the personnel to operate and analyze the data). A unified voice and budgetary request has provided capacity for public health leaders to engage with primary care providers in their communities around issues such as chronic disease prevention, vaccination and testing, and addressing social needs.

### Leadership Institute

The Northwest Public Health & Primary Care Leadership Institute brings together scholars from public health and primary care to learn strategies for cross-sector collaboration, systems thinking, and cultural humility. A joint endeavor between the Northwest Center for Public Health Practice and the Northwest Regional Primary Care Association, the Leadership Institute works to create communities for public health and primary care integration across the region (including Washington state). Scholars learn about the intersection of public health and primary care through in-person and virtual sessions in small groups. After completion, program alumni are poised to work toward population health improvement through relationship building, change management, and strategic planning.



This initiative is funded in part by the Washington Health Care Authority, which recognizes the critical importance of collaborative leadership training across public health and primary care to achieve population health goals.

### **Accountable Communities for Health**

Through CMS, Washington received Medicaid funding upfront for 5 years to improve population health and generate savings using the [Accountable Communities of Health](#) (ACH) model. ACHs are designed to improve equity through place-based initiatives and community-driven priorities. This model uses Medicaid funding to promote collaboration between public health, primary care, and other community organizations to address medical and social needs. Each ACH serves as a backbone organization to connect stakeholders in a particular community to improve health. There are nine ACHs operating in Washington.

The ACH model has expanded value-based billing and is largely seen as promising, but there is skepticism surrounding the sustainability of the model, including the difficulty with demonstrating impact on population health goals within a five-year funding cycle.

## **Impact**

### **Capacity**

Public health capacity is an important pillar of FPHS. To build capacity for local health departments, the state created regional centers to serve as back-ups for county health departments. These regional centers provide support for local health departments during leadership changes, staffing issues, and surges in need. When not needed at the local level, these public health physicians are focused on state public health activities, such as disease surveillance.

### **Sustainable funding**

Since 2013, public health leaders in Washington have presented reports to the state legislature on FPHS and requested biennium budget allocations for funding these core services. In 2023, the Governor's budget included the full amount requested for FPHS funding. "We're lucky that the state wants to fund public health. So, a lot of the people that were hired and things that were created during the pandemic are going to sustain and continue to work in public health. A lot of the other states are going back to pre-pandemic systems." However, financing and funding imbalance is a consistent source of division and conflict between public health and primary care. Reframing public health in a way that legislators can understand is important. "Healthcare is delivered within an election cycle; public health is delivered within a generation".

### **Scale**

The Health Resources and Services Administration (HRSA) Bureau of Health Workforce provides annual funding to all 10 regional public health training centers—including the NWCPHP. In July 2022, HRSA began requiring all 10 federal regions to create and support a joint public health and primary care leadership training program, modeled after the Northwest Public Health & Primary Care Leadership Institute.

## **Learnings and recommendations for other states**

Leaders in Washington offered suggestions for other states interested in pursuing the approaches taken in Washington. These suggestions include:

- Building relationships requires intentionality. If you don't have the capacity to sustain the engagement and show up when your partners need you, the relationships will fizzle out. Historically, public health has not had the capacity to do the work to sustain relationships. The pandemic brought the health systems together and public health finally had the money to engage with them.

- Use cultural humility to find a common language to partner around. Identify items that are important for your community partners and start there. There is much in common regarding the goals of public health and primary care – have a shared vision from the outset.
- Know what primary care is paid to do in your community and understand where public health can fit into that. Community health centers play an important role in improving local public health; make sure they're engaged in community-level partnerships.
- Using Medicaid flexibilities (e.g., 1115 waivers, state plan amendments, etc.) can provide additional funding for public health if they're engaging with primary care. However, public health must fit into the Medicaid/health system priorities since CMS does not have a clearly established way to fund public health alone.