

The Bree Collaborative
Primary Care Charter and Roster - DRAFT

Problem Statement

Primary care is widely identified as the cornerstone of the health care system, serving as a usual source of care that is focused on acute and chronic disease detection, management, treatment, and prevention.¹ While provision of primary care has been shown to contribute to population-level reductions in morbidity and mortality, access to regular, high-quality care is a challenge for many people in Washington State.² Further, reimbursement for primary care is low compared to specialty care, with the United States spending between 5-7% of total health care expenditure on primary care and Washington between 4.4% to 5.6% of total expenditure.^{3,4}

Aim

To foster a common understanding of primary care and increase primary care accessibility and availability.

Purpose

To propose evidence-based recommendations to the full Bree Collaborative on:

- A common definition for primary care services including behavioral health
- Components of primary care with the largest impact on individual and population health
- Addressing disparities in access to and quality of primary care (e.g., geographic, by payor)
- Payment mechanisms that adequately support primary care to foster whole-person care (e.g., multipayor initiatives)
- Metrics to measure essential components of primary care
- Addressing barriers to integrating recommendations into current care systems
- Identifying other areas of focus or modifying areas, as needed

Duties & Functions

The Primary Care workgroup will:

- Research evidence-based and expert-opinion informed guidelines and best practices (emerging and established).
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately ten-twelve months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative or the workgroup chair. The chair of the workgroup will be appointed by the chair of the Bree Collaborative. The Bree Collaborative program director and program assistant will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. The program director will conduct meetings along with the chair, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the workgroup chair.

Name	Title	Organization
Judy Zerzan, MD, MPH (Chair)	Chief Medical Officer	Washington State Health Care Authority
Patricia Auerbach, MD, MBA	Senior Medical Director	United Health Care
Cynthia Burdick, MD	Medical Director, Medicare and Medicaid	Kaiser Permanente Washington
Tony Butruille, MD	Family Physician	Cascade Medical
Susie Dade, MS	Deputy Director	Washington Health Alliance
Jason Fodeman, MD	Associate Medical Director	Washington State Department of Labor and Industries
Bianca Frogner, PhD	Associate Professor, Family Medicine; Director of Center for Health Workforce Studies	University of Washington School of Medicine
Ingrid Gerbino, MD, FACP	Chief, Department of Primary Care	Virginia Mason
Louise Kaplan, PhD, ARNP, FNP-BC, FAANP, FAAN	Associate Professor, Associate Academic Director	Washington State University Vancouver College of Nursing
Carl Olden, MD	Family Physician	Virginia Mason Memorial
Mary Kay O'Neill, MS, MBA	Partner	Mercer
Ashok Reddy, MD, MS	Assistant Professor, Medicine	University of Washington School of Medicine, Veterans Administration
Keri Waterland, PhD, MAOB	Division Director, Division of Behavioral Health and Recovery	Health Care Authority
Laura Kate Zaichkin, MPH	Director, Health Plan Performance and Strategy	SEIU 775 Benefits Group

¹ Blewett LA, Johnson PJ, Lee B, Scal PB. When a usual source of care and usual provider matter: adult prevention and screening services. *J Gen Intern Med.* 2008;23(9):1354–1360. doi:10.1007/s11606-008-0659-0 When a Usual Source of Care and Usual Provider Matter: Adult Prevention and Screening Services

² Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. *Milbank Q.* 2005;83(3):457-502.

³ Primary Care Collaborative. Investing in Primary Care: A State-Level Analysis. <https://www.pcpcc.org/resource/evidence2019>

⁴ Washington State Office of Financial Management. Primary Care Expenditures Report Summary of current primary care expenditures and investment in Washington. December 2019.