
Bree Collaborative | Primary Care Workgroup

January 8th, 2020 | 11:30 a.m. – 1:00 p.m.

Foundation for Health Care Quality

705 2nd Avenue, Suite 410 | Seattle, WA 98104

MEMBERS PRESENT

Judy Zerzan, MD, MPH (Chair), Chief Medical Officer, Washington State Health Care Authority

Keri Waterland,* PhD, MAOB, Division Director, Division of Behavioral Health and Recovery, Health Care Authority

Ashok Reddy,* MD, MS, Assistant Professor of Medicine, University of Washington School of Medicine, Veterans Administration

Louise Kaplan,* PhD, ARNP, FNP-BC, FAANP, FAAN, Associate Professor, Associate Academic Director, Washington State University Vancouver College of Nursing

Cynthia Burdick, MD, Medical Director of Medicare and Medicaid, Kaiser Permanente Washington

Patricia Auerbach, MD, MBA, Chief Medical Officer, United Health Care

Laure Kate Zaichkin, MPH, Director of Health Plan Performance and Strategy, SEIU 775 Benefits Group

Susie Dade, MS, Deputy Director, Washington Health Alliance

Mary Kay O'Neill, MS, MBA, Partner at Mercer
Jason Fodeman, MD, Associate Medical Director, Washington State Department of Labor and Industries

Tony Butruille,* MD, Family Physician, Cascade Medical

Bianca Frogner,* PhD, Associate Professor of 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

STAFF AND MEMBERS OF THE PUBLIC

Ginny Weir, MPH, Bree Collaborative

Amy Etzel, Bree Collaborative

Alex Kushner, Bree Collaborative

Emily Transue,* MD, MHA, HCA

Nai-Ling Yeh,* University of Washington

Bob Crittenden*, MD, Cambia Grove

Chioma Nwozuzu,* Pharmacy resident, University of Washington School of Medicine

* By phone/web conference

BREE COLLABORATIVE OVERVIEW

Judy Zerzan, MD, MPH, Washington State Health Care Authority and Ginny Weir, MPH, Bree Collaborative welcomed members to the workgroup and those present introduced themselves and gave a short summary of their background.

Ms. Weir gave a short overview of the Bree Collaborative, covering:

- Roberts Rules of Order.
- Why the Bree Collaborative was formed and how it chooses its members and workgroup topics.
- How recommendations are developed.
- The proposed plan and timeline for this workgroup.

REVIEW OF PRIMARY CARE IN WASHINGTON STATE and CHARTER DISCUSSION

Dr. Zerzan began the group's discussion by giving a brief overview of primary care and discussed some of the important work that is currently happening in the field:

- Definition of Primary Care from the Institute of Medicine

- Significant evidence of the importance of Primary Care—linked to reductions in morbidity and mortality. More general practitioners leads to better quality of care in many areas of health care.
- There is a disconnect between the value of Primary Care and the amount of money that Washington State spends on it (around 5-7% of health care spending).
- There are two groups at the HCA working in parallel on primary care. One is a summit of providers and healthcare systems to discuss highest priorities for change. There are also a series of multi-payer meetings to discuss themes and priorities that are of interest to payer groups collectively (rural medicine primary care was one of the largest discussions).
 - Dr. Zerzan shared a chart displaying the top priorities of providers and payers in Washington right now.
- Dr. Zerzan concluded that increasing investment into primary care is necessary but not sufficient to achieve desired improvements. The workgroup will have to think of more comprehensive reform.
- One group member asked how the priorities that Dr. Zerzan discussed will influence the legislature. The goal for HCA is to have a plan by the summer that will detail what funding they will want from the legislature (and how that funding will be used).
 - Another goal for the HCA workgroups is to figure out what a primary care model would look like in Washington in terms of both payment and quality measures.
- The group agreed that this workgroup will need to keep in mind which characteristics of care will lead to improved outcomes.
- A comment was made asking that the workgroups always keep in mind that its decisions will need to be able to be implemented—any suggestions from the group should improve patient outcomes.
- Ms. Weir pivoted to a discussion of scope: how will this workgroup’s work distinguish itself from the HCA’s work while still supporting and augmenting that work?
- One group member argued that it would be helpful to define what primary care is for the state; there is considerable disagreement in the field on this issue right now. In addition to a definition, the workgroup should clarify what specific outcomes primary care would ideally have for patients.
- Two large problems in the field that were identified by the group are navigation and access: patients do not always know who to go to when they have a medical problem, and, even if they do know, they sometimes have to wait an unacceptable amount of time.
- The group proposes that the draft/placeholder charter should be narrowed considerably to consider three things:
 - Define primary care—what is in and what is out
 - Define how to measure a primary care spend
 - In the process of defining primary care, consider which aspects of primary care lead to most improved outcomes.
- The workgroup discussed if it should address the primary care workforce. No conclusion was reached but some members mentioned that there are a few other groups researching the primary care workforce.
- A concern was raised regarding the timing of this workgroup’s recommendations in relation to the HCA payer group’s work. Since the HCA is making recommendations related to payment, it would make sense to have our group’s work (on definition and measurement) drive some of the HCA’s decision making. However, the groups are working in parallel.
- The group was enthusiastic about making the definition of primary care broad in terms of which types of practitioners and services it includes.

- People are often more enthusiastic about supporting ideas like behavioral health than primary care, but behavioral health should be considered a part of primary care.
- Ms. Weir asked the group to discuss the kinds of outcomes they would want to see in the next 10 years as the result of their work.
 - Improved access—if you call your primary care doctor, you can get in quickly, either to that doctor or someone else on their team. Fewer referrals to ED or acute care.
 - Accelerated spending on primary care.
 - More doctors want to be in primary care rather than specializing.
- Another member of the group added that it would add value to the group’s work to define the pillars that make quality primary care and build models to incent those pillars.

GROUP MEMBERS DISCUSSION

Ms. Weir asked who else needs to be around the table to help the workgroup achieve its goals.

- The group needs people who understand what is achievable in terms of measurement in the foreseeable future.
- A fair representation of primary care providers around the table.
- Patient representation.
- Pediatricians, geriatricians, internal medicine doctors.

GOOD OF THE ORDER

Dr. Zerzan and Ms. Weir thanked all for attending and adjourned the meeting.