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**Bree Collaborative | Primary Care Workgroup**

February 12<sup>th</sup>, 2020 | 11:30 a.m. – 1:00 p.m.

**Foundation for Health Care Quality**

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

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**MEMBERS PRESENT**

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Judy Zerzan, MD, MPH (Chair), Chief Medical Officer, Washington State Health Care Authority	Plan Performance and Strategy, SEIU 775 Benefits Group
Keri Waterland,* PhD, MAOB, Division Director, Division of Behavioral Health and Recovery, Health Care Authority	Catherine Mazzawy, Senior Director, Safety and Quality, Washington State Hospital Association
Louise Kaplan,* PhD, ARNP, FNP-BC, FAANP, FAAN, Associate Professor, Associate Academic Director, Washington State University Vancouver College of Nursing	Susie Dade, MS, Deputy Director, Washington Health Alliance
Cynthia Burdick, MD, Medical Director of Medicare and Medicaid, Kaiser Permanente Washington	Jason Fodeman, MD, Associate Medical Director, Washington State Department of Labor and Industries
Patricia Auerbach,* MD, MBA, Chief Medical Officer, United Health Care	Tony Butruille,* MD, Family Physician, Cascade Medical
Laure Kate Zaichkin, MPH, Director of Health	Bianca Frogner,* PhD, Associate Professor of Family Medicine, Director of Center for Health Workforce Studies, University of Washington School of Medicine

**STAFF AND MEMBERS OF THE PUBLIC**

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Ginny Weir, MPH, Bree Collaborative	Mary Beth Brown,* Director, Practice Transformation Support Hub, Washington State Department of Health
Amy Etzel, Bree Collaborative	Peter Dunbar, MB ChB, MBA, Foundation for Health Care Quality
Alex Kushner, Bree Collaborative	

\* By phone/web conference

**BREE COLLABORATIVE OVERVIEW**

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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.

*Motion:* Approval of January 8<sup>th</sup> Minutes

*Outcome:* Passed with unanimous support

**CHARTER DISCUSSION**

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Dr. Zerzan began the group's discussion and said that the goal of the day's meeting would be to finalize the workgroup's charter. She also reminded the workgroup that the HCA primary care meeting would be starting next week and reviewed the scope of those workgroups:

- Dr. Zerzan reviewed some of the metrics that the HCA workgroups are looking at to measure primary care. She will be able to share specifics in the next meeting.
- The two HCA workgroups are not focusing on primary care spend and finances; Dr. Zerzan thinks that if this workgroup focuses on primary care spend, it will align nicely with the HCA groups.

The group moved on to discussing the workgroup charter:

- Ms. Weir mentioned that, in the last workgroup, members had seemed interested in talking about the definition of primary care. She expressed concern that the HCA groups are doing that as well.
- Dr. Zerzan thinks that there is an intersection between defining primary care and primary care spend: you have to define who is billing, what they're billing, and where they work to figure out primary care spend. This process is not being done by other groups.
- Tony Butruille, MD, Family Physician, Cascade Medical, noted that the current literature supports a narrow definition for the location of primary care but a wider definition for payment reform and other mechanisms for investment to allow for advanced team-based care.
- Ms. Weir mentioned Senate Bill 6413 and how it will affect the group's work:
  - Dr. Butruille said it will likely be converted into a budget proviso; even if it becomes a proviso, there will be another group trying to define what primary care is in the future.
  - Members expressed concern about having overlapping work that comes to different conclusions.
  - Dr. Butruille explained that the bill came about after a taskforce was created to increase primary care spending in Washington, looking at Oregon and other states as a model. The bill asks for a multi-stakeholder group so that all sides buy into the increased healthcare spend.
  - Dr. Butruille told the group that the work that the Bree does could inform the group created from the senate bill and get a lot of the senate group's work done for them before it starts.
  - Dr. Zerzan thinks that some of the work in the bill is going to be done by the HCA workgroup; this workgroup will be working on defining primary care and using that to measure spend. This would leave the remaining issue of defining the right amount of primary care spend for the bill's workgroup to address.
  - Dr. Butruille asked that the mechanism of change for primary care get captured, either in this bill or in other workgroups.
- Susie Dade, MS, Deputy Director, Washington Health Alliance, argued that this workgroup does not have the right members to define payment mechanism. She also expressed some concern about how payers would respond to legislatively mandated payment mechanisms.
  - She suggested striking payment mechanism decisions from the charter.
  - She argued that the group's work will be defining the who, what, where of primary care and then defining how we measure primary care spend as a result. That is the entire charter.
  - Common measure set already has metrics for defining the effectiveness of primary care.
  - The group could come up with a tool to help organize the group's thinking around its four use cases.
  - The payment mechanisms bullet and metrics to measure bullet are deleted from the Purpose section of the charter.
- Bianca Frogner, PhD, University of Washington School of Medicine, asked that, in addition to coming up with a definition, the group includes a prioritization of the most important aspects of primary care. She also asked that the group identify some challenges to help the state know where to go next.
- The group discussed the difficulty of defining who a primary care provider is.
  - The primary care person is the provider who takes responsibility for coordinating the rest of a patient's care.

- This could be done by self-attestation— only want providers taking on this role who actively want it.
- Approaching measures with the same rationale as the common measure set: NQF endorsement is not a requirement but is a preference—nationally vetted measures are preferred. Measures also need to have a plan to measure them.
  - It is hard to think of how providers would measure who takes final responsibility for a patient’s coordination of care.
- Dr. Butruille added that the group can gesture at how to increase access to primary care, but first it needs to define what primary care is. The group can create a common understanding that gets disseminated to the community. He thinks that codes are not important for the group because they exist inside the fee for service realm. FFS does not truly address the needs of primary care.
  - Would have to look at the codes in order to measure spend.
  - Whether or not the group would be defining primary care in terms of what exists now, or what the group would like to see, ideally.
  - Peter Dunbar, MD, Foundation for Health Care Quality, warned against getting wrapped up in the codes—they are relatively recent and probably will not stay around for long. He thinks the group should first create a definition of primary care and then look at the codes that are currently working.
  - Dr. Zerzan was wary of moving away from codes since this is how payers make their money.
- Ms. Weir asked the group what value they’re adding to the community outside of the OFM report.
  - The group agreed that the value is in thinking about a common definition of primary care; and, there is value in considering both codes and aspirational goals.
  - Dr. Zerzan thinks that the OFM report was too focused on physicians—this group could expand beyond just MDs and clinics.
  - Louise Kaplan, PhD, ARNP, FNP-BC, FAANP, FAAN, Washington State University Vancouver College of Nursing, added that the certification of a provider does not necessarily correlate to whether or not they do primary care.
    - A provider roster can help to indicate who practices in primary care.
- Ms. Weir returned to editing the charter:
  - The last two bullet of the Purpose section, beginning with “Addressing barriers...” and “Identifying other areas...” were removed.
  - In the first bullet under Purpose, “current and aspirational” was added after “A common definition”.
  - The third bullet was changed to “A framework for measuring primary care spend”.
  - Laura Kate Zaichkin, MPH, SEIU 775 Benefits Group asked if mentioning behavioral health without other services like dental, vision, and community health would exclude those other services.
    - Group decided to leave behavioral health because the state is interested in it right now and dental and vision would not be feasible for the group’s timeline.
    - The group agreed that public and community health (which affects social determinants) is an important facet of behavioral health. The group agreed that this will be addressed but does not need explicit mention in the charter.
  - 3<sup>rd</sup> bullet changed to “A mechanism for measuring primary care” to make sure the group is holding itself to a definition of how to measure primary care spending in Washington.

- How will the group’s work fit into the work of the other primary care workgroups? Dr. Zerzan thinks that if the group is done by the end of the year, it will align with the other workgroups’ timing.
  - Dr. Zerzan will serve as the person to make sure that the work being done in all three groups is coordinated and not duplicative.
- Who else needs to be in the group?
  - More members from plans who are familiar with the details of how they measure primary care spend.
  - Someone from measurement and analytics.
  - Other possibilities: FQHCs, Behavioral health treatment providers, public health, chiropractors.
  - Someone serving older adults—internal medicine or geriatrician.

**GOOD OF THE ORDER**

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

DRAFT