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**Bree Collaborative | Primary Care Workgroup**

March 11<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

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

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

Catherine Mazzawy, Senior Director, Safety and Quality, Washington State Hospital Association

Susie Dade,\* MS, Deputy Director, Washington

Health Alliance

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

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

Mary Kay O’Neill,\* MD, MBA, Mercer

Carl Olden, MD, Pacific Crest Family Medicine

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

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**STAFF AND MEMBERS OF THE PUBLIC**

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Ginny Weir, MPH, Bree Collaborative

Amy Etzel, Bree Collaborative

Alex Kushner, Bree Collaborative

\* By phone/web conference

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**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 February 12<sup>th</sup> Minutes

*Outcome:* Passed with unanimous support

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**REVIEW OF PC SUMMIT AND CHARTER DISCUSSION**

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Dr. Zerzan began by reviewing the Primary Care Summit that was run by the HCA. She walked the workgroup through a presentation that illustrated the combined priorities of primary care providers and payers as discerned from the conversations had at the summit. The group discussed the presentation and questions that they had afterwards:

- There is a lot of data in the EHR, but not all of it is useful.
- Louise Kaplan PhD, ARNP, FNP-BC, FAANP, FAAN, Associate Professor, Associate Academic Director, Washington State, University Vancouver College of Nursing mentioned that there is only one state, Oregon, with payment parity. Washington used to have payment parity.
  - If primary providers produce the same patient outcomes as specialists, they should receive the same payment.
  - However, it was decided that such recommendations fall outside this workgroup’s scope of work.

- Dr. Zerzan reviewed the next steps for the HCA groups:
  - The 2 workgroups will meet twice in the next couple of months. One is focused on payment methodologies and models for primary care. The other will focus on outcomes metrics.
- Ms. Weir returned to the results from the summit. She felt that much of the discussion at this summit seems to have been about definition of primary care—how is the Bree workgroup different than that?
  - Dr. Zerzan thinks that this workgroup will look at primary care from a broader, higher-level perspective than the summit or HCA groups.
- Some members expressed their desire to build off of concepts that are already present in the literature on primary care, as opposed to some of the very new ideas mentioned in the summit presentation.
- Bianca Frogner, PhD, Associate Professor of, Family Medicine, Director of Center for, Health Workforce Studies, University of Washington School of Medicine, commented that the definition of what constitutes a primary care team should be flexible.
- What makes sense to take from the presentation in terms of the workgroup’s work and creating a definition?
  - Dr. Zerzan said that the elements of financing are not being addressed in any other workgroups. She clarified that by financing she only means the percent spending of the healthcare system on primary care.
  - Susie Dade MS, Deputy Director, Washington Health Alliance, commented that, unless there is a common definition used across payer types, it will be impossible to monitor and assess whether or not primary care spend is incrementally increasing.
  - The group would need to add people to the workgroup with a broader array of expertise (largely payers) to determine the ideal amount of spend.
- Tony Butruille, MD, Family Physician, Cascade Medical, mentioned the broad definition of primary care as defined in the OFM report.
- Ms. Weir asked the group about inviting other members:
  - Dr. Dade said the group would need a variety of payer representatives, including those with expertise in coding and billing.
  - Dr. Zerzan asked to make sure that there is a mix of payers and other stakeholders so that the group does not become imbalanced.
  - There was large support for having more members who would be able to understand how to measure primary care spend.
- Payment methods were agreed to be left off of the workgroup’s agenda.
- Dr. Zerzan said that one piece of payments that might need to be addressed (for measuring spend) is how to capture non-claims based payments that occur.
  - Dr. Butruille recommended Milbank as a good resource.

**ACTION ITEM: Group to review Milbank materials on the next call.**

- Ms. Weir asked the group about the OFM report on primary care expenditure. What is the report missing that the workgroup can add in their recommendations?
  - Non-claims based data is not included.
  - Report only captures providers who are billing for services—it misses others who are providing care.

- Claims data does not capture the multidisciplinary aspects of primary care. We also do not see what medical assistants or nurses do in the claims data. An entire team takes care of the patient, but only the doctor bills.
  - It only captures the top 3 claims.
- Ms. Weir summed up: the “where” aspect of the primary care definition keeps coming up. Does the group want to add this aspect to their definition?
  - Patricia Auerbach, MD, MBA, Chief Medical Officer, United Health Care, said that ER and ED doctors do not want to be considered part of primary care. There is also virtual and telehealth primary care, which are starting to be classified by payers as primary care.
  - Dr. Frogner mentioned screening that is done in a specialty office—for example, mental health screening.
  - Dr. Butruille offered that if the service in question is linked back to a primary care provider, regardless of where it is performed, then it could be considered primary care.
  - In terms of defining what is and is not primary care, where the service physically happens is not as important as the content of the visit and whether it is an extension of primary care.

#### **GOOD OF THE ORDER**

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Dr. Zerzan and Ms. Weir thanked all for attending and adjourned the meeting. Ms. Weir noted that she will reach out to bring in the necessary new members.