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## Bree Collaborative | Primary Care Workgroup

April 8<sup>th</sup>, 2020 | 11:30 a.m. – 1:00 p.m.

Held Remotely Due to COVID-19

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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

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

Karen Johnson, PhD, MHSA, Director of Performance Improvement and Innovation, Washington Health Alliance

Mary Kay O'Neill, MD, MBA, Mercer

Carl Olden, MD, Pacific Crest Family Medicine

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

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

### STAFF AND MEMBERS OF THE PUBLIC

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Ginny Weir, MPH, Bree Collaborative

Amy Etzel, Bree Collaborative

Alex Kushner, Bree Collaborative

Daniel Low, MD

Julie Osgood, MS, DrPH Vice President, Clinic Network, UW Medicine, Valley Medical

Center

Dominika Breedlove, Psy.D. Wenatchee Medical, Dental & Behavioral

Jeb Shepard, Director of Policy, Washington State Medical Association

### 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 March 11<sup>th</sup> Minutes

*Outcome:* Passed with unanimous support

### GENERAL DISCUSSION

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Ms. Weir transitioned the group to a discussion of telehealth, which has increased as a result COVID-19. She introduced two articles for review, one from the Washington Healthcare Forum and one from Labor and Industries.

- Jason Fodeman, MD, Associate Medical Director, Washington State Department of Labor and Industries suggested that this workgroup could think about best practices and the dissemination of information about telehealth.
- Carl Olden, MD, Pacific Crest Family Medicine, listed some of the problems encountered in his use of telehealth with patients:

- Some technical difficulties, including patients who did not know how to operate telehealth technology and patients whose internet connection was unreliable.
- Dr. Olden added that telehealth presents an opportunity for primary care to ask for some of the changes that would help improve care, including patient-centeredness and moving away from fee-for-service.
  - Telehealth can also provide vital information about patients' home life.
- Dr. Zerzan mentioned myths about telehealth: that people don't want it, and that there isn't payment parity (Medicaid is offering parity).
  - Laura Kate Zaichkin, MPH, Director of Health Plan Performance and Strategy, SEIU 775 Benefits Group added that the older population is one of the largest adopters of telehealth. Telehealth opens care to in-home workers who may not be able to leave their jobs for an appointment.
  - Possibility of integrating in-home workers who are already working closely with telehealth patients in their homes.
- COVID-19 will also decrease the utilization of specialty care; this may lead to a higher percent spend on primary care this year. Unclear if the system would then return to old numbers after the crisis ends.

Ms. Weir transitioned the group back to its regular discussion regarding the recommendations.

- Dr. Zerzan updated the group on the other two primary care workgroups with the HCA. COVID-19 has meant the postponement of meetings, so there was no new info to report since last month.
  - At the state level, the governor signed the state budget and vetoed a lot of things to avoid new spending. Primary care collaborative and primary care rate increase for Medicaid were vetoed. Also vetoed was a bill about lengthening Medicaid coverage for mothers to a year.
- Ms. Weir asked the group about the articles that were distributed for reading. Discussion started with the Health Affairs article.
  - Dr. Zerzan said that the Orientation of the Healthcare System category stood out to her. How can the state lean into primary care?
  - Bianca Frogner, PhD, University of Washington School of Medicine, mentioned the opportunity for the group to capture how primary care can be provided in a variety of settings.
- Dr. Olden spoke about the importance of a high-level system that connects all the different spokes of primary care across specialties. Social services need to be connected to the primary care world.
- Another member spoke about the functional definition of primary care in the Health Affairs article—this could be a good place to start because it is narrow, and then the group can expand from there to community health, integrated behavioral health, and whatever else is needed. Group agrees on building off a narrow definition.
- Ms. Weir mentioned the need to define what, within behavioral health, is primary care.
  - Dr. Frogner: mental/behavioral health screening should fall under the purview of typical PCPs. Amy Etzel, Bree Collaborative, added that the group should mention the importance of behavioral health in primary care so that clinics want to prioritize it.
- Ms. Weir transitioned to the Millbank article and summarized the current state of the group as debating a definition of primary care via either service or provider. Millbank article has 5 definitions—is there one that the group could use as a starting point?

- Karen Johnson, PhD, MHSA, Director of Performance Improvement and Innovation, Washington Health Alliance, said that it will be important to acknowledge in the final draft that the group's definition is based on a desire to measure primary care and not on an aspirational vision for the state.
- Tony Butruille, MD, Family Physician, Cascade Medical, suggested recommending site-based codes that would distinguish when a healthcare worker is in a primary care setting.
  - Dr. Johnson said that participation from the health plans will be contingent on using the codes that are already in existence.
- Dr. Zerzan said that there are 3 facets to the workgroup's definition: 1. Claims-based measurement (OFM and Millbank can help with claims definition). 2. Non-claims based measurements. 3. What we wish primary care would be.
- Dr. Johnson suggested algorithms that can use claims data to recognize whether or not a primary care provider functions as a usual source of care for a patient.
  - Dr. Frogner: one of the challenges of using claims data is that some services that are not reimbursed may never have their codes used because providers know that they are not reimbursed.
- Ms. Weir is going to develop a proposal for the group to discuss in May.
- Ms. Weir asked how the group can help with telehealth in the short term. Dr. Olden will send some research for Ms. Weir to distribute. Dissemination of information may be where this group can help.

**Action Item: Dr. Olden to send telehealth research to Ms. Weir**

- Dr. Frogner raised another potential issue for the group: once primary care opens their doors again, providers will have to prioritize which patients get seen first. The group thought that this might be out of scope for this workgroup.

**GOOD OF THE ORDER**

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