Bree Collaborative | Primary Care Workgroup
October 14th, 2020 | 11:30 a.m. – 1:00 p.m.
Held Remotely

MEMBERS PRESENT

Judy Zerzan-Thul, 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
Laura Kate Zaichkin, MPH, Director of Health Plan Performance and Strategy, SEIU 775 Benefits Group
Tony Butruille, MD, Chair, Primary Care Investment Task Force, Washington Academy of Family Physicians
Karen Johnson, PhD, MHSA, Director of Performance Improvement and Innovation, Washington Health Alliance
Jason Fodeman, MD, Associate Medical Director, Washington State Department of Labor and Industries
Bianca Frogner, PhD, Associate Professor of Family Medicine, Director of Center for Health Workforce Studies, University of Washington School of Medicine
Catherine Mazzawy, Senior Director, Safety and Quality, Washington State Hospital Association
Ashok Reddy, MD, MS, Assistant Professor of Medicine, University of Washington School of Medicine, Veterans Administration
Ingrid Gerbino, MD, FACP, Chief, Department of Primary Care, Virginia Mason
Bob Marsalli, Chief Executive Officer, Washington Association for Community Health
Carl Olden, MD, Pacific Crest Family Medicine
Cynthia Burdick, MD, Medical Director of Medicare and Medicaid, Kaiser Permanente Washington

STAFF AND MEMBERS OF THE PUBLIC

Ginny Weir, MPH, Bree Collaborative
Alex Kushner, Bree Collaborative
Jeb Shepard, Director, Policy, Washington State Medical Association
Billie Dickinson, Policy Analyst, Washington State Medical Association
Phyllis Cavens, MD, Medical Director, Child and Adolescent Clinic, Vancouver
Alison Little, Medical Director, PacificSource Health Plans
Jonathan Seib, Washington Academy of Family Physicians

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.

Motion: Approval of September 9th Minutes
Outcome: Passed with unanimous support

GENERAL DISCUSSION

Dr. Zerzan began with an update on the HCA signing ceremony that took place earlier in the week with 8 payors in the WA area. The payors signed an MOU committing to continued work on primary care in the state. The signers included 5 MCOs as well as Kaiser, Premera, and Regence. The next multipayor meeting is in November. The hope is for the new model from Primary Care to be in place by January 2022.

- Tony Butruille, MD, Chair, Primary Care Investment Task Force, Washington Academy of Family Physicians, spoke about the work that the HCA is doing to calculate total percentage spend on

primary care. There was discussion of whether to include drug and lab tests in the denominator of this calculation (i.e. whether drugs and lab tests are part of total healthcare spend). Taking them out of the denominator artificially inflates % spend on primary care without actually making any changes, so they should be left in as part of the denominator.

- Bianca Frogner, PhD, Associate Professor of Family Medicine, Director of Center for Health Workforce Studies, University of Washington School of Medicine brought up the fact that this group's recommendations asked for drugs and lab tests to be included in the numerator as well (as part of primary care)—the group agreed that this is incorrect and removed that language.
    - It is difficult to connect medication and labs to primary care in claims.
- The group discussed the language in the "Measuring Primary Care" row of the table under "Recommendations Framework" and changed it to read "Based in claims, care delivered in an ambulatory setting by a predefined group of providers and team members as a proportion of total cost of care" to clarify how measurement will work.

Action Item: Dr. Frogner to draft more language to add extra clarity here. The group agreed to review this language online

- Ms. Weir transitioned the group to a discussion of the "must haves" section of the recommendations.
    - Dr. Frogner asked about the 4th bullet on physical and behavioral health. The 4 requirements listed might be a stumbling point for some smaller or rural clinics. Also, this bullet is similar in content to the next bullet directly after it.
    - The group decided to remove the 4th bullet and keep the 5th one which begins with "At least one alternative". The language in this bullet is also in the MOU.
    - Jeb Shepard, Director, Policy, Washington State Medical Association, asked about how those in individual practices would be able to utilize team-based care strategies. It was clarified that there does not need to be a co-located team, but the care does need to be integrated (even if it is offsite). "Coordinated" was removed from the verbiage here—"integrated" is the better term.
    - Dr. Frogner asked about a list later in the report that defines primary care as well. The distinction is that the must-haves list is the infrastructure that allows primary care practices to meet the group's definition later in the document.
- Dr. Butruille reviewed some language that he suggested adding on team-based structure of care. The language was in red font under the "Infrastructure" section.
    - Dr. Butruille: having the proper team structure keeps docs from burning out and having a social worker to handle SDoH elements is imperative. However, he does not want to make an onerous ask of primary care practices.
    - Louise Kaplan, PhD, ARNP, FNP-BC, FAANP, FAAN, Associate Professor, Associate Academic Director, Washington State University Vancouver College of Nursing said that, from the perspective of a practice that is privately owned, it would be very difficult to have all of the team-based elements that were listed.
    - Laura Kate Zaichkin, MPH, Director of Health Plan Performance and Strategy, SEIU 775 Benefits Group suggested a change to the first bullet in the "must have" section that would allow the group to ask for team-based care without being overly prescriptive or onerous. Added, "The team can include the clinical team, including nursing, community, and home-based care". The red-font text was all removed.
- The group discussed adding the collection of social determinants of health data to the "must have" section. Members suggested weaving in language on social support and social needs

throughout the document without overburdening primary care. There is a danger of discouraging primary care providers from seeing patients with difficult SDoH related needs if requirements are too onerous.

- Bullets reading "Care is evidence-based or evidence informed" and "Services that address the whole person…" were moved up to the "must have" section.
- Group discussed the language in the "Health Plans" section of the recommendation.
    - Regarding the "payment mechanisms support primary care…" bullet, the group discussed whether there are other actions that could signal a partnership between the payors and providers of primary care.
        - The payor can support the PCP by providing care information for patients who have received care outside of the provider's system.
        - There may also be an opportunity to talk about multipayor initiatives that could support more robust practice transformation.
        - Bullet added: "Multipayor models to increase consistency and reduce unnecessary administrative complexity are prioritized"
- In the Employers section, added language about reducing administrative complexity to the bullet on supporting non fee-for-service payment mechanisms.
- The group agreed that the recommendations are ready to be disseminated for public comment.
- Mr. Shepard asked about the types of providers listed in the document's definition of primary care. There is still some contention around who is included and who is not; he suggested leaving out an explicit list.
    - Group agreed to leave the list of providers in for now and see what happens in public comments.

GOOD OF THE ORDER

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