# The Bree Collaborative Primary Care Charter and Roster

### **Problem Statement**

Primary care is widely identified as the cornerstone of the health care system, serving as a usual source of care for the majority of people that is focused on acute and chronic disease detection, management, and treatment, and prevention. While primary care contributes to reduction in morbidity and mortality, access to regular, high-quality care is a challenge for many. The United States spends between 5-7% of total health care dollars on primary care.

# Aim

- Define primary care services
- Define primary care providers
- · Payment redesign

# **Purpose**

To propose evidence-based recommendations to the full Bree Collaborative on:

- Defining care delivery pathways ...
- Standard evaluation
- Educational standards
- Payment models
- Addressing health disparities
- Process and patient outcome metrics
- Addressing barriers to integrating recommendations into current care systems
- Identifying other areas of focus or modifying areas, as needed

# **Duties & Functions**

The Primary Care workgroup will:

- Research evidence-based and expert-opinion informed guidelines and best practices (emerging and established).
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

### Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative or the workgroup chair. The chair of the workgroup will be appointed by the chair of the Bree Collaborative. The Bree Collaborative program director and program assistant will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

### Meetings

The workgroup will hold meetings as necessary. The program director will conduct meetings along with the chair, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the workgroup chair.

Name	Title	Organization

<sup>&</sup>lt;sup>1</sup> Blewett LA, Johnson PJ, Lee B, Scal PB. When a usual source of care and usual provider matter: adult prevention and screening services. J Gen Intern Med. 2008;23(9):1354-1360. doi:10.1007/s11606-008-0659-0 When a Usual Source of Care and Usual Provider Matter: Adult Prevention and Screening Services

<sup>&</sup>lt;sup>2</sup> Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. Milbank Q. 2005;83(3):457-502.

<sup>&</sup>lt;sup>3</sup> Primary Care Collaborative. Investing in Primary Care: A State-Level Analysis. https://www.pcpcc.org/resource/evidence2019