
Bree Collaborative | Primary Care Workgroup

June 10th, 2020 | 11:30 a.m. – 1:00 p.m.

Held Remotely Due to COVID-19

MEMBERS PRESENT

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

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

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

Keri Waterland, PhD, MAOB, Division Director, Division of Behavioral Health and Recovery, Health Care Authority

STAFF AND MEMBERS OF THE PUBLIC

Ginny Weir, MPH, Bree Collaborative

Alex Kushner, Bree Collaborative

Bob Marsalli, Chief Executive Officer, Washington Association for Community Health

Amy Etzel, Bree Collaborative

Caroline Fisher, MD, Psychiatrist

Charleen Johnson

Jeb Shepard, Director, Policy, Washington State Medical Association

Natalie Bell, Kaiser Permanente Washington

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 May 13th Minutes

Outcome: Passed with unanimous support

GENERAL DISCUSSION

Dr. Zerzan began with an update on the HCA workgroup that is focused on creating a primary care model for the state. The group has landed on a model and are going to release it for public comment (it will be sent to all members of this workgroup). The goal is to have a public unveiling of the model at the end of the summer. The Bree workgroup will be critical to this work, as deciding on a primary care definition will allow for accurate monitoring of the HCA model's implementation and success across the state.

- Dr. Zerzan gave further background on the model: it gives structure to primary care—it is an agreement on what primary care is meant to accomplish. It also includes a series of quality measures (health outcome measures and structural measures) and a payment model that includes some transformation fees that will eventually shift to earned incentive.
 - There are no fee-for-service payments in this model.

Ms. Weir transitioned the group to a review of its current multi-dimensional framework. Language was added from the RCW that defines who primary care providers are. Ms. Weir asked for comments on this document.

- Laure Kate Zaichkin, MPH, Director of Health Plan Performance and Strategy, SEIU 775 Benefits Group added that, for the purpose of discussion in this meeting, the document started with a narrow definition of primary care. Currently using a funnel model that narrows down primary care according to provider type, care setting, and services delivered. She also emphasized the importance of the team around the PCP.
- Caroline Fisher asked that primary care psychiatrists be included as part of primary care services in the chart under the “Team Member” category. This led to a discussion of how these different categories should be named and what they are intended to do.
 - Ms. Weir clarified that the primary care provider category should indicate who is receiving payment for primary care services.
- The group discussed the idea of the primary care provider as the “quarterback” of the care team. Multiple members found this term to be outdated in that it recalls care teams of the past which were much more hierarchical than they currently are. Doctors, nurses, and other members of the team have a collaborative relationship.
 - In an effort to find a more patient-centered metaphor, the group landed on the analogy of the patient as the architect and the PCP as the general contractor.
- The language after “First contact” was changed to “Do you and your team assess, triage, and direct a person’s health or health care issues as they arise?”.
- Bianca Frogner, PhD, Associate Professor of Family Medicine, Director of Center for Health Workforce Studies, University of Washington School of Medicine, offered the idea of using a project management model—the RACI model— to think about the definition of primary care. There are many people with responsibilities on a team and one person to whom everyone is accountable.
- “Not Primary Care” was changed to “Specialty Care” in the table.
- The group returned to discussing what the goal of a primary care definition would be. Are we trying to indicate who is doing more primary care than intended, or are we trying to indicate who should be providing more primary care?
 - Dr. Zerzan said that the intent of the HCA payment model is to support whatever this group defines as primary care.
 - Tony Butruille, MD, Family Physician, Cascade Medical, added that there are components of primary care that happen outside of primary care that support it (such as OB/GYN), but those outside areas do not need added funding mechanisms; what does need payment support is broad, team-based whole person care.
- Ms. Weir asked Dr. Zerzan if the HCA group’s model defines who is receiving payment; Dr. Zerzan believes so but will have to clarify that for the group next time.
- Ms. Weir suggested that the group will have to talk about murky issues like attribution and quality metrics. She proposed focusing on attribution at the next meeting.
 - Another member suggested looking at how ACOs are handling attribution right now.

Action Item: Ms. Weir to send out recommendations for workgroup members to comment on and edit.

GOOD OF THE ORDER

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