
Bree Collaborative | Primary Care Workgroup

July 8th, 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

Laura Kate Zaichkin, MPH, Director of Health Plan Performance and Strategy, SEIU 775 Benefits Group

Julie Osgood, MS, DrPH, Vice President, Clinic Network, University of Washington Medicine, Valley Medical Center

Tony Butruille, MD, Family Physician, Cascade Medical

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

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

Carl Olden, MD, Pacific Crest Family Medicine

STAFF AND MEMBERS OF THE PUBLIC

Ginny Weir, MPH, Bree Collaborative

Alex Kushner, Bree Collaborative

Carol Moser, MBA, Executive Director, Greater Columbia Accountable Community of Health

Wes Luckey, Deputy Director, Greater Columbia Accountable Community of Health

Sam Werdel, Director of Practice

Transformation, Greater Columbia

Accountable Community of Health

Bob Marsalli, Chief Executive Officer,

Washington Association for Community Health

Amy Etzel, Bree Collaborative

Jeb Shepard, Director, Policy, Washington State Medical Association

Billie Dickinson, Policy Analyst, Washington State Medical Association

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 June 10th Minutes

Outcome: Passed with unanimous support

GENERAL DISCUSSION

Dr. Zerzan began with an update on the HCA primary care workgroups. There are two workgroups: a primary care summit and a payer group.

- Dr. Zerzan discussed the proposed transformation measures that came from the workgroups: there are two measures related to access, two related to care coordination, three related to whole person care, and one for the application of actionable analytics.

- The HCA groups are proposing 13 clinical quality measures. Dr. Zerzan also reviewed tweaks to the proposed payment model which is composed of three components: transformation of care fees, comprehensive primary care payment, and performance incentives.
 - They are going to ask for public comments, which will be open for 3 weeks.
- Dr. Zerzan said, in response to a member's question, that the Bree workgroup could be most helpful and aligned with the HCA groups by determining who the recipient of the proposed payment model would be.
 - The HCA groups have not defined who is eligible for the new payment model and are leaving it to the Bree to create a definition of primary care for them.
- Ms. Weir asked for comments on any of the articles that were assigned to the group. One member commented that the article on preventative work assumed that primary care doctor would be doing all or most of the work instead of using a larger team.
- The group discussed the 3-year transition payment that was proposed in the multi-payer workgroup. A member expressed the importance of having the plans moving forward together using the same framework.
- Ms. Weir asked if social determinants of health are included in the HCA guidelines. The HCA is moving towards having MCOs ask basic SoDH screening questions.
- Ms. Weir asked the group to discuss who is going to receive the payments defined by the HCA.
- The first topic discussed was whether to include nurse midwives as primary care practitioners.
 - Midwives' education includes women's health education. Nurse midwives have prescribing authority. Would the group be comfortable including nurse midwives if it were clear that this only applies outside of pregnancy care or other specialty areas?
 - Discussion tabled until later in the meeting.
- Jeb Shepard, Director, Policy, Washington State Medical Association, asked for the rationale behind the inclusion of naturopaths in the group's definition. They were originally included because they are in the RCW as part of primary care.
 - Mr. Shepard argued that naturopaths' training limits the kinds of conditions that they can treat effectively; they do not make sense as a first contact because they cannot treat a wide enough range of medical conditions.

Action Item: Mr. Shepard to send in comments on naturopathy to the group. Dr. Kaplan will help the group contact a naturopath association so that they can make a case for their own inclusion. More research needs to be done on whether there is a body of literature about long term outcomes for people managed by naturopaths versus typical medical providers.

- The group discussed how to operationalize its 7 features of primary care into some kind of filter—something that a provider can use to figure out if they fall into its definition of primary care.
 - Julie Osgood, MS, DrPH, Vice President, Clinic Network, University of Washington Medicine, Valley Medical Center, said that the filter would need to be even more granular than the categories the group has already created.
 - Wes Luckey, Deputy Director, Greater Columbia Accountable Community of Health, mentioned and offered to share the toolkit that his team uses to diagnose a practice's primary care. It starts with a specialty list, but then those specialties must have certain aspects of care that are shown to improve health.
- A member commented that the group needs to be sensitive to allowing practices to get funding who are not at the level of care to which they aspire. We do not want to lock out under-

resourced clinics or providers. It is the work of the HCA groups to operationalize how primary care sites improve, our group needs to say who is in and who is out.

- The group returned to discussing the inclusion of OB/GYNs and nurse midwives.
 - Maternity care is paid for separately from primary care, so it makes sense to leave out these practitioners.
 - Another way to think about the problem is that if a provider's intentions are to provide comprehensive primary care, then they should be receiving primary care money. This would mean OB/GYNs and midwives are not included.
 - The goal of creating a definition is to decrease total cost of care overall by increasing spending on primary care.
 - A consensus was reached to remove "certified nurse midwife" from the list of primary care providers (OB/GYNs were already not included).
- A member of the group pointed out that concerns around restricting access or increasing access to primary care fall outside the scope of this workgroup. At the same time, there are patients who think of some of the providers we are leaving off our list as their primary care physicians. The group ultimately, though, is trying to encourage an ideal state of primary care.
- The next meeting will be focused in part on attribution.

Action Item: Ms. Weir or Dr. Zerzan will send out the HCA groups' work to members of this workgroup for public comment.

GOOD OF THE ORDER

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