#### MEMBERS PRESENT

- Charissa Fotinos, MD, (Chair) Deputy Chief Medical Officer, Washington State Health Care Authority
- Trish Anderson, MBA, Senior Director, Safety and Quality, Washington State Hospital Association
- Ivanova Smith, Patient Advocate, Self-Advocate Faculty, University of Washington LEND Program
- Leo Gaeta, Vice President of Programs, The Columbia Basin Health Association
- Cynthia Harris, Family Planning Program Manager, Washington Department of Health
- Angela Chen, MD, Obstetrics and Gynecology, EvergreenHealth
- Giselle Zapata-Garcia, Co-Director, Latinos Promoting Good Health; Executive

#### STAFF AND MEMBERS OF THE PUBLIC

Nicole Macri, MPA, Representative, 43<sup>rd</sup> Legislative District of Washington Penny Lipsou, Legislative Assistant to Representative Macri Ginny Weir, MPH, Bree Collaborative Committee Co-Chair, Latinx Health Board Mandy Weeks-Green, Senior Health Policy Analyst, Officer of the Insurance Commissioner

- Janet Cady, ARNP, Medical Director of School Based Program, NeighborCare
- Kara Nester, MPH, Washington Health Benefit Exchange
- Leigh Hofheimer, Program Coordinator, Washington State Coalition Against Domestic Violence
- Adrianne Moore, Deputy Director of Quality Improvement, Upstream
- Paul Dillon, Latinx Outreach & Organizing Program, Planned Parenthood of Greater Washington and North Idaho

Alex Kushner, Bree Collaborative Amy Etzel, Bree Collaborative Cara Bilodeau, Public Policy Manager, Upstream Jenny W, Legal Intern at Legal Voice

## CHAIR REPORT AND APPROVAL OF MINUTES

Charissa Fotinos, MD, 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 3<sup>rd</sup> minutes *Outcome*: Approved unanimously

## **GENERAL DISCUSSION**

- Nicole Macri, MPA, Representative, 43<sup>rd</sup> Legislative District of Washington introduced herself and expressed her gratitude for the Bree taking on this subject.
- Ms. Weir asked the group to think about what they would like to recommend given all the input they received from presentations in the last few meetings and thinking about the implicit bias articles that were distributed.
- Ms. Weir reviewed the draft recommendations and the group discussed implicit bias.
  - The group discussed building implicit bias training into on-going provider training (not as a one-off event). Or adding it to CEUs.
  - Members recommended looking to see if there are any large national organizations trying to make improvements in implicit bias and implicit bias training.

- A member suggested that the workgroup think about cultural humility not from the point of view of the individual, but from the point of view of systems.
  - How to incentivize recruitment from marginalized communities for clinic jobs? Adrianne Moore, Deputy Director of Quality Improvement, Upstream, said she would commit to thinking with the state about how to offer further recommendations here.
- Ivanova Smith, Patient Advocate, Self-Advocate Faculty, University of Washington LEND Program, asked about recommending a scholarship to cover childbirth and asked if it would be possible to make childbirth universally supported.
  - The group agreed that they can make recommendations around cost (without giving a specific price); they can ask for better coverage.
- Ms. Weir: it is hard to incentivize areas that fall outside of FFS structure; so it is hard to incentivize clinics to do cultural humility work. Are there outcome/value metrics that can be measured?
  - Dr. Fotinos said that there is a push in Medicare and other places to understand how social determinants affect health and what can be changed in the payment and delivery of care to account for the impacts of SDOH.
    - She said she was wary of mandating more CME because providers are already feeling burdened with CME and could lead to backlash.
- Trish Anderson, MBA, Senior Director, Safety and Quality, Washington State Hospital Association, mentioned that WSHA have been working to help hospitals set up systems that support patients using the REAL system to make point of care supports for patients throughout the delivery system. They are doing this instead of just training one group of providers.
- Paul Dillon, Latinx Outreach & Organizing Program, Planned Parenthood of Greater Washington and North Idaho, discussed the need for EHRs to reflect policies—like having diverse gender pronouns. EHRs are not usually built to do this and EHRs companies will often push back. Would be great to recommend that EHRs need to work on how they collect and display information.
  - Group agreed that it wants to recommend patient-centered standards for EHRs in the state.
  - It would be helpful for the state to send a request to the EHRs to be better in some of these areas. Group also mentioned EOB suppression.

Action Item: Mr. Dillon to draft a written wish list of changes for EHRs.

- How can a system make sure that cultural humility is a value? It is hard to find something that is a measurable outcome.
  - One possibility is "service commitments" that outline how staff, as an aspiration, want to interact with each other and with patients. Janet Cady, ARNP, Medical Director of School Based Program, NeighborCare to share some example with the group.
    - Ms. Cady also discussed school-based care—NeighborCare is trying to encourage care providers to get to know patients and find out what they are trying to get out of their care.
    - Another possibility would be to implement patient satisfaction surveys.
- The group discussed recommending trauma-informed care education and curriculum to medical schools.
- In terms of implicit bias training, the group reiterated that there is a lack of metrics for outcomes measurement. It may be important for the group to give examples of how a lack of cultural information and humility negatively impacts patients.

• A member suggested recommending metrics around same day service for reproductive health care, especially at primary care clinics.

# GOOD OF THE ORDER

Dr. Fotinos thanked all for attending and adjourned the meeting.