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**Bree Collaborative | Primary Care Workgroup**September 9<sup>th</sup>, 2020 | 11:30 a.m. – 1:00 p.m.**Held Remotely**

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**MEMBERS PRESENT**

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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

Julie Osgood, MS, DrPH Vice President, Clinic Network, UW Medicine, Valley Medical

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

Patricia Auerbach, MD, MBA, Chief Medical Officer, United Health Care

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

**STAFF AND MEMBERS OF THE PUBLIC**

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Ginny Weir, MPH, Bree Collaborative

Alex Kushner, Bree Collaborative

Amy Etzel, Bree Collaborative

Jeb Shepard, Director, Policy, Washington State Medical Association

Billie Dickinson, Policy Analyst, Washington State Medical Association

Jeremy Ginoza, DO, Family Medicine, Skagit Regional Health

Mia Wise, MD, Medical Director, Premera Blue Cross

Phyllis Cavens, MD, Medical Director, Child and Adolescent Clinic, Vancouver

**BREE COLLABORATIVE OVERVIEW**

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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 August 12<sup>th</sup> Minutes

*Outcome:* Passed with unanimous support

**GENERAL DISCUSSION—HCA PRIMARY CARE PLAN**

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Dr. Zerzan began with an update on the HCA primary care workgroups. She primarily reviewed the public comments that were received on their proposed plan.

- She reviewed who responded to the call for public comments: mostly health care providers at 65% of the total respondents.
  - 87% responded with either “strong support” or “somewhat support” for the plan.
  - Some of the opposition came from substance abuse providers who thought that they were being defunded—this is not the case.

- Other concerns asked for clarification of details around implementation.
- Overall, there were many more comments on the benefits of the proposed plan than on concerns.
- Patricia Auerbach, MD, MBA, Chief Medical Officer, United Health Care asked Dr. Zerzan about the low response rate from purchasers and payers. Dr. Zerzan clarified that there are fewer payers because, often, there will be one respondent per organization (as opposed to providers who will often respond individually).
  - Dr. Zerzan added that they may not have gotten the plan in front of enough employers, but she is confident that they will be able to.
- Jeb Shepard, Director, Policy, Washington State Medical Association, asked about the implementation timeline and the MOU. Dr. Zerzan clarified that the MOU is an agreement to keep moving forward with the work. It will take a while to figure out implementation.
- Dr. Zerzan said she is hoping that January 2022 will be when broad adoption might begin. There is also work being done on a rural care model and Dr. Zerzan is trying to coordinate around that. The rollout might end up being phased, with different groups in different places being more ready than others.
- No changes have been made to the plan yet based on public comment; next multi-payer meeting is scheduled for a couple of weeks from now.

## **GENERAL DISCUSSION—RECOMMENDATIONS**

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Ms. Weir pivoted to discussion of the group's draft recommendations.

- Dr. Auerbach asked if the group wants to recommend just one payment model or multiple payment models—suggested multiple or flexible models might be best. She also suggested that the group add language about risk and capitation to the section on payment methods.
  - Other members agreed that there is a need to be specific and emphasize the need for value-based models, but, also, added that it is not in scope for the Bree to recommend one specific model.
  - Multiple members said that they thought the current language was sufficient in that it makes it clear that FFS is not adequate without recommending only one particular value-based model.
- Mr. Shepard said that the Washington State Medical Association has created comments that he will submit to Ms. Weir. He gave a brief verbal summary of these comments:
  - Doctors noted that there is a lot of detail on what providers should be doing but not as many details on the payment structure that primary care will need in order to implement this new plan.
  - Regarding same-day appointments and 24/7 e-health: even large health systems are having to contract this work out—employers could play a role in helping to centralize these activities.
- Louise Kaplan, PhD, ARNP, FNP-BC, FAANP, FAAN, Associate Professor, Associate Academic Director, Washington State University Vancouver College of Nursing, asked about the inclusion of text from the RCW in the group's PCP definition.
  - Mr. Shepard suggested adding a citation of the RCW that is being mentioned in the draft and remarked about naturopathy not meeting criteria for inclusion.
- Karen Johnson, PhD, MHSA, Director of Performance Improvement and Innovation, Washington Health Alliance spoke about how this group's definition might interact with other existing definitions of primary care. Medicare does not require other payers working with Medicare to adopt the exact same definition.

- The group again discussed the inclusion of naturopaths. Ms. Weir said that the goal of the group is to increase the quality of primary care in the state; if a naturopath is able to relate to a patient who has had bad experiences with traditional medical care, they are likely improving that patient’s care.
- Dr. Kaplan voiced a concern about including language saying that team meetings are a requirement for being a PCP—not all practices can do this.
  - Another member replied that it might be important to make sure there is language about what is aspirational—make it clear that the PCP checklist is aspirational and shows what we hope primary care looks like once we are out of a FFS environment.
  - Ms. Weir suggested ranking the elements on the checklist (so some are “must have” and some are “nice to have”). The group supported the idea of splitting the checklist up in this way.
- Ms. Weir returned to the issue of naturopaths being included. Dr. Johnson suggested moving the language around types of practitioners who are PCPs up to the conceptual discussion of a definition and out of the checklist area. This was agreed upon and done.
- The group discussed home care providers. Agreed that home care should be included—PCP teams need to be able to meet patients where they are. Home care should be integrated with primary care providers.
  - A primary care definition should not be as dependent on where the care is delivered as on the content and process of care.
- The group discussed the inclusion of hospice care and oral health and if referrals for these kinds of care should be tracked by the PCP.
  - Multiple comments to include oral health—diseases of the mouth can spread to the rest of the body. Dr. Kaplan also advocated for the inclusion of vision care for the same reasons.
  - Ingrid Gerbino, MD, FACP, Chief, Department of Primary Care, Virginia Mason commented that tracking outside referrals for oral care would be a large administrative burden—maybe there needs to be an incentive to make sure that it is done.
  - Multiple members supported adding “end of life planning” to the primary care checklist.

**Action Item: Ms. Weir asked members to think about vision and dental referrals for the next meeting. She is going to send out a form for members to prioritize elements of the checklist.**

#### **GOOD OF THE ORDER**

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