

Advisory Committee of Providers and Carriers meeting summary

December 1, 2022
Health Care Authority
Meeting held electronically (Zoom) and telephonically
2:00 p.m. – 4:00 p.m.

Note: this meeting was video recorded in its entirety. The recording and all materials provided to and considered by the committee is available on the [Advisory Committee of Providers and Carriers webpage](#).

Members present

Justin Evander
Louise Kaplan
Stacy Kessel
Todd Lovshin
Vicki Lowe
Mike Marsh
Natalia Martinez-Kohler
Megan McIntyre
Mika Sinanan
Dorothy Teeter
Wes Waters
Ross Laursen

Members absent

Mark Barnhart
Bob Crittenden
Paul Fishman
Jodi Joyce

Agenda items

Welcome, roll call, and agenda review

AnnaLisa Gellermann, Committee Facilitator, called the meeting to order at 2:01 p.m.

Approval of August meeting summary


The committee voted to adopt the Meeting Summary from the August 2022 meeting.

Topics for Today

The main topics were meetings and milestones, primary care definition, and a presentation on claims-based measurement.

Meetings and Milestones

AnnaLisa Gellermann, Committee Facilitator



Committee member Ross Laursen asked about the scope of the committee and the board. AnnaLisa Gellermann responded that primary care has been added to the scope of the committee. The board is in an exploratory phase and hasn't come to a decision on benchmark implementation. The benchmark and cost driver analysis will both be revisited in 2023.

The board's major milestones include the cost driver analysis, benchmark Report and primary care recommendations for 2023, the August legislative report, and 2023 cost driver analysis. Benchmark results will not be shared publicly at the beginning, and 2023 is the first year for data release. The benchmark data always includes two years of data. The primary role of the providers and carriers committee is to continue to make recommendations to the board. The cost driver analysis is updated annually. The benchmark uses high level aggregate cost data and the cost driver analysis is always claims-based.

Committee member Mike Marsh suggested it would be helpful in each meeting, particularly earlier meetings in 2023, to see evidence of the committee's feedback in the reports and analysis. AnnaLisa pointed out that the presentation reflects months for large deliverables.


Committee member Mika Sinanan asked for clarification on which year, 2022 or 2023, represented the first year of data for the benchmark. AnnaLisa Gellermann clarified that 2022 is the first benchmark report, which will be released in 2023. The naming convention comes from the benchmark report comes from the technical manual. Data will be from 2017 through 2019 that was collected in 2022.

Mika Sinanan suggested adding a comment section from the providers and carriers committee into the board's legislative report. The comment section would serve as a counterpoint/comment section in the report. AnnaLisa Gellermann replied that to add a comment section, the *committee* would need to provide a recommendation, not just one individual committee member. Mika Sinanan made a motion to include a brief comment section authored by the advisory committee. AnnaLisa Gellerman presented a motion for the committee to recommend that a committee written segment be included in board's legislative report. Committee member Dorothy Teeter voiced support for the motion and noted that it would demonstrate a level of transparency appreciated by the legislature. AnnaLisa Gellermann called for a vote to approve the motion to recommend to the board that the board request a written contribution from this committee that would be included in the board's annual legislative report. The motion passed. The motion will be written down to email for the board's review. Ross Laursen asked when the committee would need to have something drafted for the board to review. AnnaLisa responded that a draft should be written by May, the latest would be June.

Next, AnnaLisa Gellermann provided an overview of the board's meetings and the board's subcommittees, starting with requests from committees around submission of feedback. The board is the funnel through which all recommendations go. The board's workplan is subject to change.

Ross Laursen asked who is on the board and how to handle turnover for the providers and carriers committee. AnnaLisa Gellermann responded that members are listed on the board's website – all board positions are specified by statute. This committee has specific criteria for which organizations are represented. There will be a process for departing committee members where the represented entity will nominate a replacement.

Mike Marsh noted a general desire on the part of committee members to have a formal process to codify recommendations. There are times where a topic is brought up and discussed and there are varying or even incongruent positions within the committee. AnnaLisa Gellermann suggested exploring more formal recommendation for each topic in the form of a motion. Mike Marsh pointed out that meeting summaries highlight



individual comments. What's more powerful is "Dr. Sinanan made a motion which was unanimously endorsed by the board." Mika Sinanan agreed. If someone who isn't a meeting participant and hadn't listened to the recording were to read only the summaries, the summaries would give the impression of individual comments, which are easy to discount. The committee should try to determine whether a perspective represented by one or more people is shared broadly by the committee, to strengthen positions. AnnaLisa Gellermann suggested that the committee move toward creating a motion to create recommendations. The recommendation would call upon some committee members to speak and engage more actively. For now, there will be no motion to make everything a motion. However, there can be a general collective movement towards making motions for certain topics. Committee member Stacy Kessel suggested that rather than making motions, maybe committee members could say they'd like to put their name on something. Some topics might not result in outright dissent, but also might lack outright support. AnnaLisa Gellermann replied that there must be a differentiation between consensus and additional nuance.

AnnaLisa Gellermann presented the providers' and carriers' committee schedule. The providers and carriers committee will review the primary care recommendations, OnPoint's cost-driver report, the risk-adjusted hospital report, the 2023 benchmark data call reported entities, and provide feedback on the 2022 benchmark results. AnnaLisa Gellermann also reviewed the schedules for the data committee and primary care committee.

Primary Care Committee Recommendation

Jean Marie Dreyer, Health Care Authority (HCA)

Jean Marie provided an overview of the Advisory Committee on Primary Care's process for developing a definition of primary care and reviewed the existing statutory and regulatory definitions on record. Jean Marie presented the Office of Financial Management's (OFM's) 2019 definition, the National Academy of Sciences Engineering and Medicine's (NASEM's) definition, and the Bree Collaborative's 2021 definition of primary care. The Bree definition expanded on OFM's definition. NASEM and Bree have many elements in common. The committee decided to blend NASEM and Bree's definitions to create a hybrid definition.


Public Comment

There was no public comment.

Discussion and Feedback to the Board on Primary Care Recommendation

Mike Mash approved of the emphasis on a team-based approach rather than calling out specific specialties. The inclusion of "equitable" in the definition is also good. It would be helpful to have a preamble e.g., lowering costs, improving health, etc. The implications of how to fund and reinforce primary care need a holistic orientation towards the totality of medical specialties.

Mika Sinanan suggested testing the definition against relationships, e.g., urgent care. Is a facility that is an urgent care clinic, a primary care facility, or not? Would an obstetrician gynecologist (OBGYN) providing ongoing care during and outside of pregnancy count as a primary care clinician? It's important not to exclude specialists by imposing excessive caveats. There are two ways to craft a definition: data-driven vs. holistic. The holistic approach appeals to health care professionals. Jean Marie Dreyer noted that locations and specialists will be considered as part of the primary care committee's discussion of claims-based measurement. The committee plans to use both a narrow and broad definition for measurement.



Committee member Louise Kaplan noted her previous experience working on a definition for the Bree Collaborative. Operationalizing the definition is more important than the exact words used. The definition should be broad-based and an inclusive definition - it's a guide.

Stacy Kessel expressed support for the inclusion of “equitable” in the definition. The primary care committee should also emphasize cultural sensitivity since it's different than equity. Additionally, the primary care committee should consider incorporating or referencing Social Determinants of Health (SDOH) to determine the impact on a patient's ability to comply with provider recommendations. Jean Marie Dreyer noted that the primary care committee hasn't discussed cultural sensitivity or SDOH. To a certain extent, the mention of the word “equitable” serves as coverage for that. Stacy Kessel added that specialists should be included but acknowledged that they don't always coordinate preventive care. Jean Marie Dreyer clarified that the primary care committee reviewed several criteria for provider and facility inclusion at previous committee meetings.

Dorothy Teeter emphasized that the focus of the definition should be to help the legislature support primary care services. The primary care committee needs to close the gap between where systems currently are and where data has been in the past. Stacy Kessel noted that one of the payment mechanisms for primary care is value-based purchasing (VBP) using quality incentive payments that aren't part of the claims-based system. It is important to recognize existing methods of payment that account for preventive care. Mika Sinanan asked if the definition helps drive toward the future of primary care, e.g., a cardiologist managing someone with chronic heart disease, are they also checking vaccines? Is there follow-up after a hospital visit?

Todd Lovshin expressed concern as a health plan representative regarding the many different reporting requirements and regulatory agencies who request different things depending on the primary care definition they use when parsing out services. HCA, the Health Benefits Exchange (HBE), and the board could have three different primary care reports. Multiple reports are time consuming and increase administrative burden. How will the primary care committee track and report consistently across many different entities?

AnnaLisa Gellermann noted that the majority of providers and carriers committee members were aligned in their support of the recommended definition. Committee member Wes Waters suggested adding a preamble or context statement for the definition. What is it being used for? For purposes of measuring the 12 percent, for purposes of measuring total cost of care, etc.? There needs to be continuity in purpose. Stacy Kessel reiterated a desire to add a reference to SDOH.


Primary Care: Introduction to Claims-Based Measurement

Jean Marie Dreyer, HCA

Jean Marie Dreyer presented the different examples of primary care claims-based measurement from the last three primary care committee meetings, including data from OFM's 2019 report on primary care spending, data from the Primary Care Collaborative on national primary care spending efforts, and data from the University of Washington.

Ross Laursen asked if the data from the OFM report included both Medicaid and commercial. Jean Marie Dreyer affirmed that OFM's report included both Medicaid and commercial data. Ross Laursen asked which CPT codes were included in OFM's report and asked to see the data criteria. Jean Marie Dreyer will email a link to the report.

Mike Marsh asked that it be reflected in the meeting summary that the presentation on claims-based measurement was rushed due to time constraints. AnnaLisa Gellermann noted that today's presentation was intended to be an introduction, not a comprehensive explanation. There is more to come as the primary care committee continues its



work in upcoming meetings. It may be helpful for members of the providers and carriers committee to look at the primary care committee meeting recordings.

Adjournment

The meeting was adjourned at 4 p.m.

Next meeting

February 7, 2023

Meeting to be held on Zoom

2:00 p.m. – 4:00 p.m.