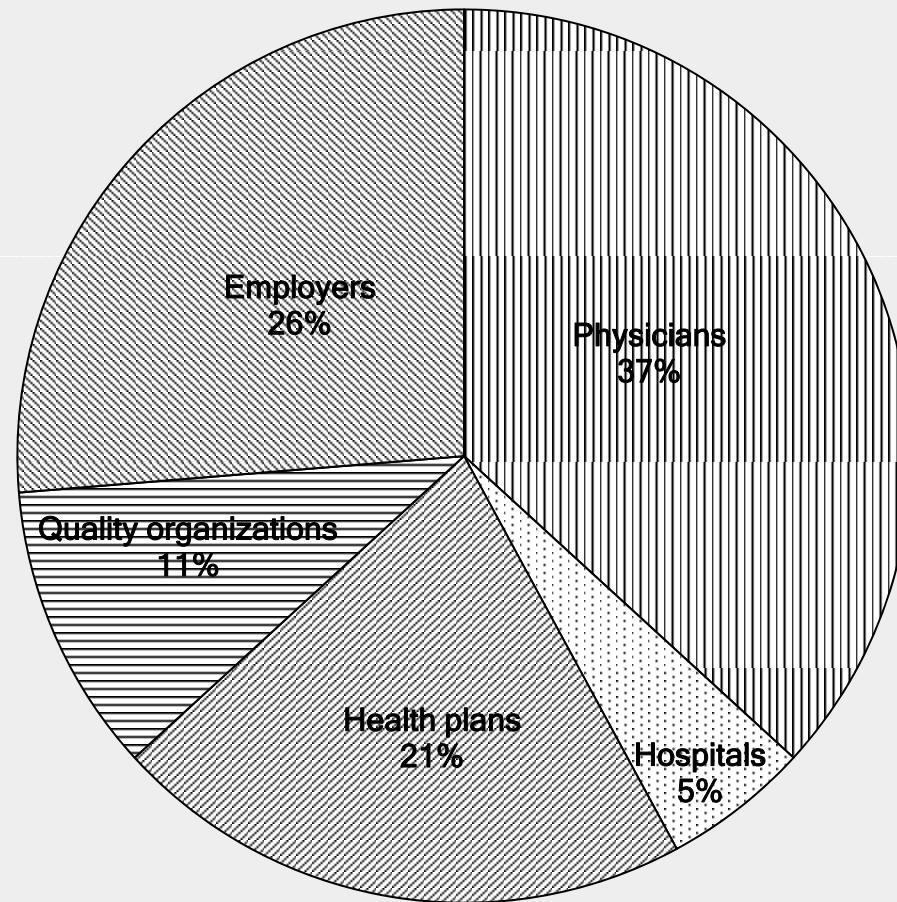


# Bree Collaborative Survey

Updated 6/3/13  
Clegg & Associates

# Indicate the Sector You Represent



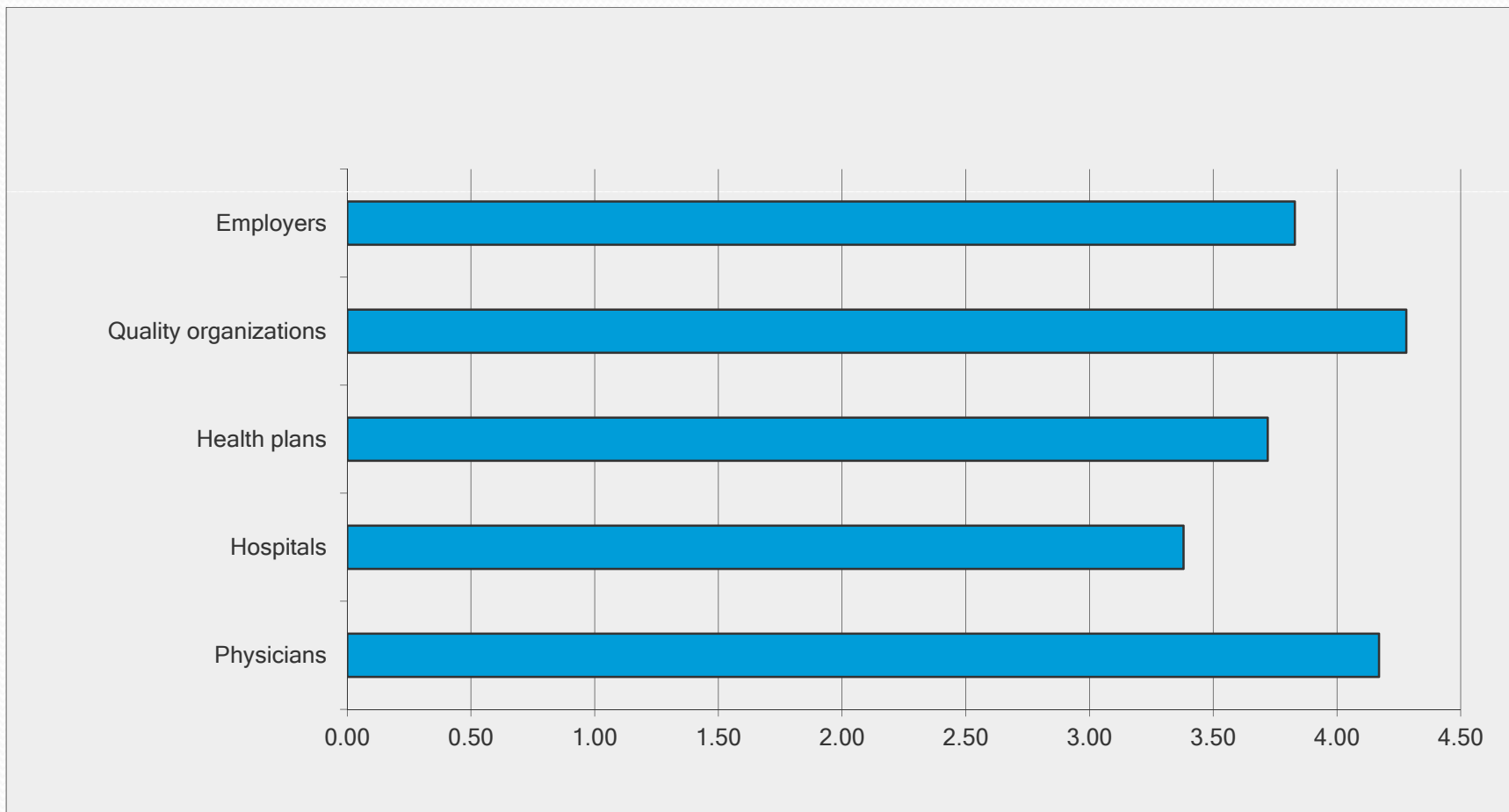
## On a Scale of 1 = Strongly Disagree and 5 = Strongly Agree, How Do You Respond?

Responses to the Statement	5	4	3	2	1	Rating Average
The purpose of the Bree is clear to me	13	5	0	0	0	4.72
I have a solid understanding of my role on the Bree	12	5	1	0	0	4.61
The Bree does work that no other organization or group of organizations can do	9	7	1	1	0	4.33
The Foundation for Health Care Quality provides effective project management support to the Bree	6	10	2	0	0	4.22
The topics the Bree is working on are the most critical to address unwarranted variation	5	10	2	1	0	4.06
Bree members work together effectively as a group	5	9	4	0	0	4.06
Bree work group meetings are productive	4	10	4	0	0	4.00
Bree Collaborative meetings are productive	4	10	3	1	0	3.94
The Bree is an effective mechanism for improving quality health outcomes	4	10	3	1	0	3.94

## On a Scale of 1 = Strongly Disagree and 5 = Strongly Agree, How Do You Respond (cont'd)?

Responses to the Statement	5	4	3	2	1	Rating Average
The Bree has been successful in fulfilling its mission	1	13	4	0	0	3.83
The process the Bree uses for developing recommendations to the HCA is clear	1	14	1	2	0	3.78
The Bree is an effective mechanism for improving the cost effectiveness of care	3	9	5	1	0	3.78
The Bree is achieving results at an appropriate pace	3	10	3	1	1	3.72
The process the Bree uses following submittal of recommendations to the HCA is clear	1	11	1	5	0	3.44
The Bree's recommendations are very likely to be implemented by the HCA	1	7	9	1	0	3.44
A Bree member should represent the interests of the sector from which s/he is nominated	2	9	2	2	3	3.27
The Bree's recommendations are very likely to be implemented by healthcare organizations throughout the state	1	6	6	4	1	3.11
A Bree member should represent the interests of the organization that nominated him/her	2	4	3	3	5	2.71

# How Would You Rate the Effectiveness of Each Sector's Participation on the Bree (1 = very poor; 5 = very good)?







## What Do You Want the Bree to Accomplish in the Next 3 Years?

- Improvement in metrics in ONE area of recommendation
- Ensure success on the initial initiatives, and selectively add additional projects each year
- Improved patient outcomes, reduction in costs, increased quality of care and patient safety. Empowerment of patients and health care purchasers by making outcome data public and offering educated choice. Wide-spread acceptance of Bree recommendations, and ultimately required changes in medical education to ensure that future physicians would lead the medical culture changes necessary for sustainability
- Improved healthcare quality, improved access to care, and lower cost of care



## What Do You Want the Bree to Accomplish in the Next 3 Years (cont'd)?

- Although it's not in the current scope of work for the Bree, I would like to see specific payment reform models/pilots. The work being done on the hip/knee replacement warranties and bundles would be a good starting point for a payment model
- Have a significant impact on improving quality of care, eliminating waste, and helping to reduce the health care cost trend. Tackle tough issues that no one organization alone can tackle, e.g., end of life care. Focus less on process, metrics, reporting and actually tackle something more concrete (meaning more concrete impact on quality & cost containment)
- Be aggressive in identifying and taking on important clinical issues, no matter how challenging





## What Do You Want the Bree to Accomplish in the Next 3 Years (cont'd)?

- Get HCA to promote all of the initiatives within state-funded programs and spread as much as possible to the entire healthcare sector. Push transparency of quality and cost data into public view and discussion
- There has been a marked reduction in elective deliveries of babies in women with less than 39 weeks of gestation
- Bree should define clear quality specifications by which health care should be produced, paid for and purchased
- Creation of specific and bold recommendations for action to address variation in practice patterns and/or high utilization trends in specific procedural/clinical/diagnostic areas (likely 6-9 areas over 3 years)





## What Do You Want the Bree to Accomplish in the Next 3 Years (cont'd)?

- Health care services, where there is great variation, and quality issues are addressed across the state by all purchasers
- The Bree should continue to publish evidenced based recommendations to improve the quality of health care outcomes while reducing variation and cost
- Develop the capability to assess and recommend implementation strategies and program evaluation for the recommended program
- Have a significant impact on reducing variations and cost of health care while at the same time improving quality



## What Would Constitute Failure for the Bree?

- No improvement in any metrics related to a recommendation
- 1. Committee is dissolved; 2. Does not include broad representation from key stakeholders (within reason) or 3. projects are not practical and therefore are difficult to complete
- Not seeing their recommendations implemented--for example, the OB report outlined an implementation plan including steps for providers, plans and employers, but there is no organized follow up. There is no indication from our health plan that they intend to specifically address the Bree recommendations





## What Would Constitute Failure for the Bree (cont'd)?

- 1. Bree recommendations not being implemented in some form across the state; 2. That the people spending time on the various initiatives would get burned out by doing this hard work without compensation and would stop contributing; 3. While evidence-based medicine is the goal, it is not realistic to expect evidence exists for every healthcare practice. In an attempt to pursue low-hanging fruit with the best bang-for-the-buck, it's important to remember that tweaking various procedures or aspects of certain specialties may not lead to the most sweeping change





## What Would Constitute Failure for the Bree (cont'd)?

- Recommendations are not implemented in any sector-provider community such that it's impossible to move ahead
- If the members of the Bree Collaborative do not work together toward common goals
- Continued focus on process and reporting and recommendations without any "teeth"



## What Would Constitute Failure for the Bree (cont'd)?

- To have thoughtful and important recommendations ignored or discarded by special interests. We are, after all, interested in real change, not just talking about it
- No demonstrable change in the practice of medicine within Washington State toward a reduction in unwarranted variation in practice (x2)
- Inability to impact positive system change





## What Would Constitute Failure for the Bree (cont'd)?

- 1. Failure of providers to produce quality specifications defined by Bree; 2. Failure of health plans to align reimbursement with such quality specifications; 3. Failure of employers to purchase health care according to such quality specifications
- Failure to create SPECIFIC, BOLD recommendations for action. If our products are too soft/gentle/vague, they will be far less likely to achieve our purpose. We have to collectively step out of our comfort zones to make a real difference more rapidly. I don't necessarily perceive a desire to do this across all members of the group - it seems to be a relatively cautious group (x2)





## What Aspects of the Bree Should Change?

- Greater respect for each other in discussions
- The Bree consists of a group of people who have worked together for years which in many ways is beneficial. It's important to include people who have not been part of this group, and explore opportunities to include other healthcare professionals and patients in a meaningful way
- The state has and will realize significant reduced medical expenses from state-funded programs, so the state should provide administrative funding to staff the Bree



## What Aspects of the Bree Should Change (cont'd)?

- There is a fair amount of murkiness about how/if there is coordination between the work of the Bree, PSHA, FHCQ, and other ad hoc efforts such as Mercer's Grand Rounds. It's hard to see if this diversity of efforts is good or dysfunctional. Also, there is still a resounding lack of purchaser interest and drive in these efforts; plans and providers will not be motivated to change if they believe purchasers will continue to pay for the current system
- Not getting hung up on the details that the work groups should be addressing and getting each of our organizations to agree to implement something that will have a lasting impact





## What Aspects of the Bree Should Change (cont'd)?

- Acknowledge that to make real changes, the Bree needs to be aggressive and steadfast in its recommendations and the application of those agreements. Acknowledge that the work to make change is hard on many parties, but still must be done
- I would like to see representation from the legislature and governor's office at every meeting
- More visibility of Bree activity and mission to the healthcare community of our state, the purchasers of healthcare (employers) and most importantly, to patients





## What Aspects of the Bree Should Change (cont'd)?

- Closer communication with the Health Technology Assessment Project
- More background work followed by specific ideas and/or recommendations coming from staff and/or workgroup leaders for the full Bree group to work with/respond to (vs. coming to the full Bree with open-ended "what do you want to do next" type questions)
- I would prefer that the anti-hospital mentality go away and let's focus on facts and policy. Some of the egos need to be put in check in the meetings so there can be safe discussion
- Add implementation capabilities to the group; receive a strong, clear endorsement from the new Governor



## Other Comments to Share?

- Where possible, attempt to use Bree to bring together all key groups on a given topic and attempt to explicitly integrate roles and responsibilities while acknowledging that each existing group has stakeholders, boards and deliverables. I think Bree is in the best position to motivate integration if there are divergent groups
- No time to be reticent or shy. This body comes as close as one can get to representing the broad overall community. We **MUST** stand up to that challenge and responsibility and place our individual interests in a distant secondary position. The Bree can really make things happen, and we must take the initiative and keep the pressure on





## Comments...

- Of the many things I have been involved with in 29 years of practice, this is one of the most rewarding and fascinating because we have employers and purchasers of health care actively participating and articulating their concerns plus helping create solutions
- I feel that Bree members should represent the interests of the community from the perspective of their stakeholder group rather than representing the interests of their organization or stakeholder group





## Comments ...

- If we are transparent with the citizens of Washington about the intent of the Bree, the activities of the Bree and with our ongoing results, we will build the power to accomplish our goals through accountability, not mandate or policy. At the end of the day, that is what we want, a responsible, accountable healthcare community, doing the right thing, because they feel accountable to do so, not because of some law or policy