

The Bree Collaborative Alzheimer's Disease and Other Dementias Charter and Roster

Problem Statement

Washington State has the third highest rate of death from Alzheimer's disease of any state.¹ This is expected to increase 40% in next 10 years and 181% over the next 30 years.¹ In many practices in Washington State, there are no guidelines to increase quality of care for screening, diagnosis, or treatment of Alzheimer's disease and other dementias.² This is costly to the health care system and overly burdensome to primary care clinicians, and patients, their caregivers, and the community.

Aim

To align care delivery with existing evidence-based standard of care for diagnosis, treatment, supportive care, and advance care planning within primary care for patients with Alzheimer's disease or other dementias and their families and caregivers while decreasing variation in quality of treatment across the state of Washington.

Purpose

To propose evidence-based recommendations to the full Bree Collaborative on:

- Aligning with the [Alzheimer's State Plan](#) and the Alzheimer's Disease Working Group.
- Diagnostic tools for Alzheimer's disease and other dementias.
- Offering supportive or palliative care to patients and their family and other caregivers including medication management and managing co-morbid conditions.
- Support with late-stage dementia and advance care planning.
- Referring to other resources such as counseling, senior day programs, or palliative care of those with dementia.
- Identifying other areas of focus.

Duties & Functions

The Alzheimer's Disease and Other Dementias workgroup will:

- Research evidence-based guidelines and best practices (emerging and established).
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

¹ Alzheimer's Association. Alzheimer's Statistics Washington. Available: www.alz.org/documents_custom/facts_2016/statesheet_washington.pdf

² Washington State Department of Social and Health Services. Washington State Plan to Address Alzheimer's Disease and Other Dementias. January 1, 2016. Available: www.dshs.wa.gov/sites/default/files/SESA/legislative/documents/2016%20WA%20Alzheimer%27s%20State%20Plan%20-%20Full%20Report%20Final.pdf

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative or the workgroup chair.

The chair of the workgroup will be appointed by the chair of the Bree Collaborative.

The Bree Collaborative program director will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. The program director will conduct meetings along with the chair, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members to be added at the discretion of the chair.

| Name | Title | Organization |
|--------------------------------|---|---|
| Kristoffer Rhoads, PhD (Chair) | Primary Neuropsychologist, Memory and Brain Wellness Center | University of Washington Medicine |
| Kimiko Domoto-Reilly, MD | Alzheimer's Research Center | University of Washington Medicine |
| Richard Furlong, MD | Primary Care | Virginia Mason Medical Center |
| Barak Gaster, MD | Professor of Medicine | University of Washington Medicine |
| Kelly Green, LCISW | Social Worker | Evergreen Health |
| Debbie Hunter | Family Caregiver | |
| Nancy Isenberg, MD, MPH, FAAN | Neurologist, Clinical Associate Professor of Neurology, Center for Healthy Aging & Memory | Virginia Mason Medical Center |
| Arlene Johnson | Family Caregiver | |
| Kerry Jurges, MD | Primary Care | Confluence Health |
| Todd Larson | Family Caregiver | |
| Myriam Marquez | Patient Advocate | |
| Shirley Newell, MD | Chief Medical Officer | Aegis Living |
| Darrell Owens, DNP, ARNP | Clinic Chief, Director | University of Washington Outpatient Primary, Palliative and Supportive Care Program |
| Tatiana Sadak, PhD, ARNP | Psychiatric Nurse Practitioner | University of Washington Medicine School of Nursing |
| Bruce Smith MD | Medical Director | Regence Blue Shield |