

Executive Summary

The Bree Collaborative aims to play an integral role in improving health care quality, outcomes, affordability, and therefore value in Washington State. We engage public and private health care leaders to transform the health care delivery system through:

- Identifying health care services with high variation, that have high use and poor outcomes (i.e., low value), or patient safety issues,
- Gaining consensus around evidence-based best practice protocols, and
- Supporting the shift to rewarding value.

While the legislation that founded the Bree Collaborative, House Bill 1311, lays a framework for comprehensive and collaborative development of guidelines, we hope to move from guideline development to guideline implementation through purchasers and health plans incorporating recommendations into contracts. This supports the business case for our guidelines. This report focuses on implementation of Bree Collaborative recommendations, providing guidance and support for clinicians, medical groups, hospitals, health plans, and purchasers based on implementation science, interviews, and surveys of these and other stakeholders for recommendations developed from 2012 – mid 2016 (thirteen topics).

This report is supported by a webpage that will be updated to reflect current recommendations here: www.breecollaborative.org/implementation/.

Assessing the Community

We surveyed medical group, hospital, and health plan implementation of Bree Collaborative recommendations and found varying degrees of adoption. We discuss level of implementation for all of our topics and acknowledge that some providers had already adopted clinical best practices on their own corresponding to our recommendations. Recommendations within the obstetrics topic and topics that worked within existing, established programs such as hospitals participating in outcomes registries for heart surgery were most fully implemented. Among hospitals and medical groups, screening and treatment for alcohol and substance use disorder showed the lowest level of adoption. Among health plans the surgical bundles were least adopted. Within the topic-specific recommendations, we found trends such as low adoption of patient screening and assessment tools and patient decision aides.

Addressing Barriers and Enablers to Implementation

Common elements that support and hinder implementation were found for hospitals, medical groups, and health plans. Our report includes strategies to overcome barriers and highlights the methods that practices have used for successful implementation. The lack of a business case or financial incentive was among the top barriers to implementation for care providers while insufficient market share was a top barrier for health plans. Multiple health plans, each with their own performance measures and incentives, individually have diminished influence in a fragmented system. To address this barrier, we describe efforts within Washington State and include examples from other states where health plans

Read the full Implementation Roadmap here: www.breecollaborative.org/wp-content/uploads/Bree-Implementation-Roadmap-Final-17-04.pdf

have combined efforts to create a shared, common set of performance measures and financial incentives. Through collaboration and alignment, health plans will not only enhance the effectiveness of incentives, they will also simplify reporting requirements of providers.

Table 1: Top implementation barriers and enablers for providers (hospitals and medical groups) and health plans

	Top <u>enablers</u>	Top <u>barriers</u>
Providers	<ul style="list-style-type: none"> Existing organizational improvement program for minimizing errors and waste 	<ul style="list-style-type: none"> Lack of availability and credibility of data, and the burden of collecting it
	<ul style="list-style-type: none"> Business case- evidence of economic reward 	<ul style="list-style-type: none"> Business case- no economic reward, and lack of contract partners interested in value-based purchasing
	<ul style="list-style-type: none"> Consensus on what constitutes quality of care 	<ul style="list-style-type: none"> Lack of consensus on what constitutes quality of care
	<ul style="list-style-type: none"> Individual provider-level performance feedback 	
Health Plans	<ul style="list-style-type: none"> Sufficient market share/volume 	<ul style="list-style-type: none"> Insufficient market share/volume
	<ul style="list-style-type: none"> Contract partners interest in value-based purchasing 	<ul style="list-style-type: none"> Burden/ease of collecting or obtaining data
	<ul style="list-style-type: none"> Consistency in findings across multiple measures 	<ul style="list-style-type: none"> Business case- evidence of economic reward

Next Steps to Implementation

This report outlines a roadmap to implement existing Bree Collaborative recommendations, the how and why of adoption. The first step on our roadmap toward broad adoption is awareness, followed by gaining buy-in from the health care community, assessing the current state (part of this document), transitioning to the ideal state (e.g., through pilot projects), and finally sustainability. For each of our recommendations we outline steps that provider organizations and health plans can take to move from the current state to the ideal state. We list transition activities and methods to sustain best-practice care. We include tools for assessment, communication, and planning to help facilitate adoption of our recommendations into clinical practice.