**Problem Statement**

Hysterectomy is one of the most frequent surgical procedures in the United States with approximately 600,000 performed annually. The most common indications for hysterectomy are uterine fibroids, endometriosis, and prolapse, however the procedure has a risk of complications including bladder or bowel injury, bleeding, and urinary incontinence among others. Hysterectomy rates are also highly variable, being one of the first published surgical procedures with rates differing primarily based on location, indicating overuse. Rates continue to be highly variable based on location in Washington State.

**Aim**

To align care delivery with existing evidence-based indications, route, and use of robotics for benign hysterectomy across Washington State and decrease inappropriate use.

**Purpose**

To propose recommendations to the full Bree Collaborative on:

- Evidence-based indications for, route, and use of robotics for benign hysterectomy.
- Increasing state-wide adherence to appropriate benign hysterectomy indications, route, and use of robotics.
- Measuring improvements in appropriate hysterectomy procedures.
- Identifying additional areas for recommendations within the scope of the workgroup.

**Duties & Functions**

The Hysterectomy 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 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.
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 project 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Jeanne Rupert, DO, PhD</td>
<td>Chair</td>
<td>Washington State Section of ACOG</td>
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<tr>
<td>Pat Kulpa MD,MBA</td>
<td>Medical Director</td>
<td>Regence BlueShield</td>
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<tr>
<td>John Lenihan, MD</td>
<td>Medical Director of Robotics and Minimally Invasive Surgery</td>
<td>MultiCare Health System</td>
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<tr>
<td>Jennie Mao, MD</td>
<td>Clinical Assistant Professor, Department of Obstetrics and Gynecology</td>
<td>University of Washington</td>
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<tr>
<td>Sarah Prager, MD</td>
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<td>Kevin Pieper, MD</td>
<td>Chief, Women's and Children's</td>
<td>Providence Regional Medical Center</td>
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<td>Kristin Riley, MD, FACOG</td>
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<tr>
<td>Anita Showalter, DO, FACOOG</td>
<td>Associate Professor and Chair, Women's Health</td>
<td>Pacific Northwest University of Health Sciences</td>
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<tr>
<td>Susan Warwick, MD</td>
<td>Obstetrics and Gynecology</td>
<td>Kaiser Permanente</td>
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