Bree Collaborative | Shared Decision Making Workgroup
April 26th, 2019 | 9:00-10:30
Foundation for Health Care Quality

Members Present

Emily Transue, MD, MHA, Associate Medical Director, Washington State Health Care Authority (Chair)
David Buchholz, MD, Medical Director, Premera
Leah Hole-Marshall,* JD, General Counsel and Chief Strategist, Washington Health Benefit Exchange
Steve Jacobson MD, MHA, CPC, Associate Medical Director Care Coordination, The Everett Clinic, a DaVita Medical Group
Dan Kent, MD,* Medical Director, United Health Care
Randal Moseley,* MD, Medical Director of Quality Confluence Health
Martine Pierre Louis,* MPH, Director of Interpreter Services, Harborview
Karen Posner, PhD, Research Professor, Laura Cheney Professor in Patient Safety, Department of Anesthesiology & Pain Medicine, University of Washington
Angie Sparks,* MD, Family Physician and Medical Director Clinical Knowledge Development Kaiser Permanente
Anita Sulaiman,* Patient Advisor & Consultant, IBEX

Staff and Members of the Public

Steve Levy,* Washington Patient Safety Coalition
Tracy Moran-Patton,* Kadlec Foundation
Alicia Parris, Bree Collaborative
Sarah Pearson, Washington State Health Care Authority
Laura Pennington, Washington State Health Care Authority
Ginny Weir, MPH, Bree Collaborative

* By phone/web conference

CHAIR REPORT AND APPROVAL OF MINUTES

Emily Transue, MD, MHA, Washington State Health Care Authority, and Ginny Weir, MPH, Bree Collaborative opened the meeting those present introduced themselves.

Motion: Approval of 03/22/19 Minutes.
Outcome: Unanimously approved with corrections

SHARED DECISION MAKING FOCUS AREAS

Workgroup viewed *Shared Decision Making Focus Areas 2019* and provided discussed:

- David Buchholz, MD, Medical Director, Premera, suggested spine surgery in addition to the other health services discussed as decision aids have been certified by the Health Care Authority and are being used by some centered including Virginia Mason.
    - 10 focus areas can be manageable if they can be grouped in a cohesive way
        - Grouping by implementation and operationalizing
- Categorizing focus areas by stages of implementation 1 to 4 (4-aids exist but not certified, 3-aids exist but not widely used, 2-developed and widely used, 1-embedded in Bree bundles and/or pilots taking place)
    - Stage 1 – Knee and Hip, spine surgery, advanced care planning, trial of labor after cesarean (could be embedded in the Bree maternity bundle)

    - Stage 3 – Abnormal uterine bleeding, antidepressants, ADHD, breast cancer, prostate cancer
    - Stage 4 – Opioid use disorder treatment
- Two stages, prostate cancer screening and what to do with early stage prostate cancer
    - Group discussed expanding prostate cancer screening to prostate management
        - Two different populations of providers
    - Group agreed to focus on screening as a start
        - Angie Sparks, MD, Family Physician and Medical Director Clinical Knowledge Development Kaiser Permanente, suggested the Preventative Services Taskforce infographic would feed into a good decision aid
            - Recommendations have been recently updated
    - Some tools/aids address the consequences of a positive screen
- Three of the largest employers send breast cancer screening reminders to employees that contribute to variation in testing
    - Randal Moseley, MD, Medical Director of Quality Confluence Health, discussed the over-diagnosis of breast cancer. Results in women getting needless treatment for tumors that would never have become clinically meaningful.
        - There is a challenge in widespread disagreement of the estimation of harm
    - Leah Hole-Marshall, JD, General Counsel and Chief Strategist, Washington Health Benefit Exchange, suggested engaging employers to have the same education tools or Washington Health Alliance's own your health as a partner
        - Dr. Buchholz shared the experience of difficulty Premera had trying to engage employers to send a consistent message
    - Major questions that would need to be addressed with breast cancer screening are:
        - When to start?
        - What interval?
        - When to stop?
- Dr. Transue suggested not requiring specific aids, drawing on Dr. Moseley's experiences with Confluence doing shared decision making work using home grown aids, allowing organizations to choose which aids to use and what the content is
    - Dan Kent, MD, Medical Director, United Health Care, suggesting including guidelines about what the aids should contain
    - Group could modify IPDAS criteria
    - Specify as a best practice that reminders and quality assessments should be focused on the lowest amount of utilization appropriate
- Opioid management
    - No aids currently
    - Three aid developers interested
    - Possible scope of aids
        - Inpatient, outpatient, or intensive outpatient treatment
        - Tapering
        - Post-operative opioids
        - Chronic opioids for non-cancer patients
        - Group would like to focus on medication assisted treatment
            - HCA aid submission requests are usually very broad

DETERMINING NEXT STEPS FOR ADOPTION

- Martine Pierre Louis, MPH, Director of Interpreter Services, Harborview pointed out the missing piece of provider competencies
    - Tools will not take care of the skills necessary to facilitate
    - Any training or support for providers?
        - Karen Posner, PhD, Research Professor, Laura Cheney Professor in Patient Safety, Department of Anesthesiology & Pain, Medicine, University of Washington, thought training link send to workgroup was excellent unsure how widely available it is
        - Available free this year to any physician in Washington
    - Laura Pennington, Washington State Health Care Authority, discussed how the Accountable Care Program saw varied success based with adoption of aids around trial of labor after cesarean (required or not)
        - Site that didn't require felt it was already in practice and didn't see the value and only saw 23% of providers complete training
        - Must be required to achieve real rates of training
            - Possible code so providers are paid for doing shared decision making
            - Must show value not just incentivize
            - WSMA CME credit may apply

Action Item: Ms. Pennington will look into CME credit for the offering through the Health Care Authority

            - Dr. Sparks shared the barrier of access issues created when providers are not seeing patients
                - One site did a paid after-hours training
        - Still a financial issue, HCA was able to fund for the year but are looking for stakeholders to help support for the next year such as malpractice carriers due to lower likelihood of lawsuits
            - Dr. Posner cited malpractice insurance discounts given to anesthesiologists to improve adoption of certain devices in the past
        - Ms. Weir asked group members to publicize training within their organizations and look for interest

NEXT STEPS AND PUBLIC COMMENTS

Dr. Transue and Ms. Weir asked for final comments and thanked all for attending. The meeting adjourned.