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**Dr. Robert Bree Collaborative Meeting Minutes**

January 15<sup>th</sup>, 2020 | 12:30-4:00

**Puget Sound Regional Council**

**1101 Western Ave | Seattle, WA 98104**

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**Members Present**

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Hugh Straley, MD, (Chair)  
Susie Dade, MS, Washington Health Alliance  
Peter Dunbar, MB ChB, MBA, Foundation for Health  
Care Quality  
Gary Franklin, MD, Washington State Department  
of Labor and Industries  
Darcy Jaffe, MN, ARNP, NE-BC, FACHE, Washington  
State Hospital Association  
Rick Ludwig, MD, Providence Health Accountable  
Care  
Robert Mecklenburg,\* MD, Virginia Mason Medical  
Center  
Kimberly Moore, MD, Franciscan Health System

Carl Olden, MD, Pacific Crest Family Medicine  
John Robinson,\* MD, SM, First Choice Health  
Jeanne Rupert, DO, PhD, Provider, One Medical  
Laura Kate Zaichkin, MPH, SEIU 775 Benefits Group  
Dan Kent, MD, United Health Care  
Angie Sparks, MD, Kaiser Permanente  
Judy Zerzan, MD, MPH, Washington State Health  
Care Authority  
Shawn West,\* MD, Embright  
Sonja Kellen,\* Global Health & Wellness  
Benefits, Microsoft

**Members Absent**

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Richard Goss, MD, Harborview Medical Center  
Greg Marchand, Benefits & Policy, The Boeing  
Company

Drew Oliveira, MD, Regence  
Stuart Freed, MD, Confluence Health  
Mary Kay O'Neill MD, MBA, Mercer

**Staff and Members of the Public**

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Amy Etzel, Bree Collaborative  
Tracey Hugel,\* Regence  
Alex Kushner, Bree Collaborative  
Leah Hole-Marshall, JD, Counsel and Chief  
Strategist, Washington Health Benefit Exchange  
Ginny Weir, MPH, Bree Collaborative  
Margaret Dennis,\* Health Benefits Exchange  
Katerina LaMarche\*, JD, Washington State Medical  
Association

Jackie Barry,\* Physical Therapy Association of  
Washington  
Jennifer Wyatt,\* King County Behavioral Health and  
Recovery Division  
Rick Ruben, OneHealthPort  
John Vassall, MD, Comagine Health  
Ethan Norris  
Pam Sheffield\*  
Amy Florence \*

\* By phone/web conference

Agenda and all meeting materials are posted on the Bree Collaborative's website, [here](#), under 2020, January 15<sup>th</sup> materials.

## **CHAIR REPORT & APPROVAL OF SEPTEMBER 18<sup>TH</sup>, 2019 MEETING MINUTES**

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Hugh Straley, MD, opened the meeting and all present introduced themselves.

*Motion:* Approve the November 20<sup>th</sup>, 2019 Meeting Minutes

*Outcome:* Passed with unanimous support

### **IMPLEMENTATION: BEHAVIORAL HEALTH INTEGRATION UPDATE**

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Amy Etzel, Bree Collaborative, reviewed the Bree's upcoming implementation schedule. Ms. Etzel displayed a map of all participating clinics—12 total, with 9 counties represented, one tribal clinic, and two rural clinics. Ms. Etzel reviewed the Bree's Behavioral Health Integration Guideline Checklist and explained the types of assessments that she will be using to gather data on implementation. The Bree has also developed Core Measures for each of the four guidelines. The Bree will be hosting monthly webinars for implementation, and the Bree Summit happens on March 17<sup>th</sup>.

### **PRESENTATION: APPLYING CLINICAL INFORMATION TO IMPROVE HEALTH CARE QUALITY**

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Rick Rubin, OneHealthPort, gave a presentation about Washington's use of health information exchanges to gather health care data. Mr. Rubin gave some background on OneHealthPort—they are working on low-cost ways to implement info exchanges in the state. Clinical information is becoming more available and presents opportunities for the Bree to improve its processes. Mr. Rubin reviewed some of the factors involved in clinical information exchanges, including: changing incentives from health plans, maturing standards, moving data to the cloud (which makes tools available to smaller organizations like the Bree), and national influences. A hypothetical quality improvement platform would allow the Bree to use health information exchanges to collect clinical data, match patient identity, normalize clinical data, and store and route data. This would allow the Bree to create a dashboard, inquiry tools, and a sandbox. Ms. Dade asked if the CDR will be available for performance measurement and public reporting. Mr. Rubin said that this would be possible now. Dr. Straley said that the Bree would be interested in a pilot and will talk to Mr. Rubin about next steps.

### **PRESENTATION: PUBLIC OPTION**

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Leah Hole-Marshall, WA Health Benefit Exchange and Rachel Quinn, WA Health Care Authority gave a presentation on the public option. They reviewed some of the federal actions that have undermined the ACA and what the state has done to counteract those actions. The three main facets of Cascade Care (Senate Bill 5526) were reviewed. Cascade Care will be a multi-agency effort and the HCA is in charge of procurement. For plans to be Cascade Plans in 2021, they must achieve certain quality, value, and affordability requirements. Ms. Quinn reviewed these standards—one of these standards is that the plans must incorporate recommendations from the Bree. Drafts of these standards have been released for public comment. Each provider must report on their progress to implement eight total Bree collaborative standards. The five topics that HCA is proposing all providers report on are: Elective Total Knee and Total Hip Replacement Bundle and Warranty, Hospital Readmissions, Behavioral Health Integration, Opioid Use Disorder Treatment, and Low Back Pain. Dr. Straley asked if it would be possible to use clinical data to help measure implementation; currently there is not data for the exchange population. A member asked if the Cascade standards will be applied to more buyers across the state. The HCA said it will continue to consider that possibility. Finally, the HCA's proposed primary care definition to measure the primary care reimbursement floor was reviewed.

## **PRESENTATION AND VOTE FOR FINAL ADOPTION: RISK OF VIOLENCE TO OTHERS**

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Kimberly Moore, MD, Franciscan Health System, presented the draft *Risk of Violence to Others Report and Recommendations* and reviewed the public comments that the workgroup received. Dr. Moore gave a summary of Public Comments and the changes that the workgroup made as a result. Some of those changes included: including intimate partner violence in history of criminal acts and abuse, defining the group of mental health professionals who have obligation to protect third parties, adding in more intensive treatment paradigms, and clarifying who Volk applies to. Dr. Moore then reviewed the recommendations that the group is making to the state legislature: chiefly, to define one standard to address the duty to protect third parties across all treatment settings. The workgroup also wanted to specify that the trigger to warn third parties needs to be a specific threat of actual physical violence.

*Motion:* Adopt the Risk of Violence to Others Report and Recommendations

*Outcome:* Passed with unanimous approval

## **PRESENTATION AND VOTE FOR ADOPTION: MATERNITY BUNDLED PAYMENT MODEL**

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Carl Olden, MD, Pacific Crest Family Medicine, presented the draft *Maternity Bundled Payment Model Report and Recommendations* and reviewed the public comments that the workgroup received. Dr. Olden gave a summary of Public Comments and the changes that the workgroup made as a result. Dr. Olden also reviewed the structure, care pathway, stakeholder groups, and quality metrics for the bundle. He concluded by emphasizing that social factors are the leading determinates of maternal morbidity and mortality and by relating what he learned about Ohio's system of using social determinants to predict which mothers are at highest risk of maternal morbidity.

Dr. Zerzan expressed that she felt that the bundle fell short—that is was not aspirational enough to reduce maternal morbidity and mortality. She added a paragraph about where the conversation should go in the future. She feels that the group got stuck on how the OB bundle connects with pediatricians and family docs to make sure that mothers have proper support after birth. Dr. Straley asked Dr. Zerzan how the current recommendations will be used by the HCA; Dr. Zerzan said that they will be used as information and as a jumping off point, but that the HCA will probably spend another year to develop its own recs. Ms. Weir gave some background about why the group decided that including pediatric services in the bundle would not be feasible in our current payment system; she also reviewed the groundwork for positive change that the current bundle lays. The collaborative members debated whether or not to adopt the bundle. Some members expressed concern at adoption given Dr. Zerzan's comments, others felt that the current bundle does make positive changes and that not adopting it loses momentum on the issue.

*Motion:* Adopt Maternity Bundled Payment Model Report and Recommendations

*Outcome:* Passed with a split vote of 11 yes and 7 no.

## **BREE RETREAT**

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Ms. Weir broke the meeting into four groups (and one group of those who called in) to discuss four big picture questions regarding the Bree: member role, selecting topics, developing recommendations, and implementation. The groups discussed each area for 10 minutes, and then the meeting reconvened and each group shared their conclusions:

- Ms. Weir asked what success looks like for the Bree.
  - Quality goes up, cost goes down, less administrative burden on the system.
  - Influencing the market to use evidence-based practices.
  - Influencing health care as a multi-stakeholder collaborative.

- The group discussed the role that members should have in the collaborative. One of the chief questions is who should members represent:
  - There was a desire to increase input from non-urban, non-Puget Sound regions.
  - Some expressed confusion regarding whether or not members are supposed to represent their organization, the larger health care system, or citizens. There is a balancing act between these different obligations.
  - Dr. Straley brought up the missing perspective of the patient and family in the collaborative. Health care has a huge impact on individual family budgets, and the decisions that the collaborative makes affect individuals and families. Ms. Weir asked, more broadly, if the collaborative is missing any members.
  - Some members asked whether or not there are enough patients and non-clinicians.
  - Ms. Dade voiced that members bring perspective rather than representation—they bring the perspective of the industry or vocation that they work in. Ms. Dade asked for clarity about what the responsibility is of members to push for implementation through whatever avenues are available to that member.
- Ms. Weir asked the collaborative to recap their group discussions on the subject of selecting topics for workgroups. She asked how the Bree’s process can better facilitate selection and feedback:
  - Ms. Weir reviewed members’ suggestions of which workgroups were most and least successful.
  - A suggestion to have implementation and metrics in mind when determining topics—there needs to be a defined way to make a difference and measure that difference. Another suggestion to have workgroups create a driver diagram early on. Groups can still be aspirational but also need a concrete change that is measurable.
  - There is tension between choosing topics where change is realistically implementable versus topics that serve as aspiration beacons.
  - Dr. Straley mentions needing clarity on what a workgroup’s charge is from the outset of their work. Need to make sure that the work will be used by the HCA since that is where the Bree has leverage. Ms. Weir also asked that members pay careful attention to what the chairs of each workgroup bring back to the collaborative so that problems are caught earlier on in the process.
- The collaborative may have opportunity to further utilize existing collaborative bodies that use data to inform selection of topics and implementation—the Washington Health Alliance is a good example.
- The group did not have time to discuss implementation—it will be picked up in a later meeting.

**Action Item: Dr. Straley and Ms. Weir will go over data from the small groups.**

#### **NEXT STEPS AND CLOSING COMMENTS**

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Ms. Dade announced that this would be her last meeting as a representative from the Washington Health Alliance. Dr. Straley thanked all for attending and adjourned the meeting.

#### **Next Bree Collaborative Meeting:**

March 17<sup>th</sup>, 2020 | All Day | The Conference Center at Sea-Tac Airport