Dr. Robert Bree Collaborative Meeting Minutes
March 18th, 2020 | 12:30-2:30
Held Remotely Due to COVID-19

Members Present

Hugh Straley, MD, (Chair)
Susie Dade, MS, Washington Health Alliance
Gary Franklin, MD, Washington State Department of Labor and Industries
Rick Ludwig, MD, Providence Health Accountable Care
Robert Mecklenburg, MD, Virginia Mason Medical Center
Laura Kate Zaichkin, MPH, SEIU 775 Benefits Group
Angie Sparks, MD, Kaiser Permanente
Judy Zerzan, MD, MPH, Washington State Health Care Authority
Shawn West, MD, Embright
Drew Oliveira, MD, Regence
Mary Kay O'Neill, MD, MBA, Mercer
Stuart Freed, MD, Confluence Health

Members Absent

Richard Goss, MD, Harborview Medical Center
Greg Marchand, Benefits & Policy, The Boeing Company
Darcy Jaffe, MN, ARNP, NE-BC, FACHE, Washington State Hospital Association
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
Dan Kent, MD, United Health Care
Sonja Kellen, Global Health & Wellness Benefits, Microsoft

Staff and Members of the Public

Amy Etzel, Bree Collaborative
Tracey Hugel, Regence
Alex Kushner, Bree Collaborative
Ginny Weir, MPH, Bree Collaborative
Katerina LaMarche, JD, Washington State Medical Association
John Vassall, MD, Comagine Health
Ethan Norris
Pam Sheffield, Aetna (attending for Lydia Bartholomew)
Amy Florence
Negar Golchin, PharmD, MPH, Comagine Health
Jessica Martinson, WSMA
Jason Fodeman, MD, Washington State Department of Labor and Industries
Steve Levy, Washington Patient Safety Coalition
Aruna Broota
Srivani Kanumuri, MD, MPH University of Washington
David Tauben, MD, University of Washington Medical Center

Agenda and all meeting materials are posted on the Bree Collaborative's website, here, under 2020, March 18th materials.

CHAIR REPORT & APPROVAL OF JANUARY 15th MEETING MINUTES

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

Motion: Approve the January 15th, 2020 Meeting Minutes
Outcome: Passed with unanimous support

IMPLEMENTATION: BEHAVIORAL HEALTH INTEGRATION UPDATE

Amy Etzel, Bree Collaborative, gave an update on her behavioral health integration work, including the report she is giving to clinics to help them develop a six-month action plan for implementation. The pilot clinics are fully in the Improvement phase of implementation; however, work will need to be paused during the COVID-19 outbreak. The addiction and opioid use webinars have also been postponed due to the outbreak.

PRESENTATION AND VOTE TO DISSEMINATE FOR PUBLIC COMMENT: LONG-TERM OPIOID THERAPY

Gary Franklin, MD, Washington State Department of Labor and Industries, and chair of the Long-Term Opioid Therapy workgroup, presented on workgroup's progress. He reviewed the main goal of the workgroup to help primary care and other providers support patients in managing chronic pain. The group agreed heavily with the HHS guidelines on long-term opioid use and included the guidelines in an appendix. The group also used the WAC Pain Rules and included WAC language throughout their recommendations in blue font (for easy identification). Dr. Franklin reviewed recommendations for patient engagement, assessment, the three main treatment pathways, and health systems. Multiple members asked about implementation—Dr. Franklin wants to engage multidisciplinary teams seeing opioid patients.

Motion: Disseminate Long-Term Opioid Therapy recommendations for public comment
Outcome: Passed with unanimous approval

PRESENTATION AND VOTE TO APPROVE WORKGROUP CHARTER: COLORECTAL CANCER SCREENING

Rick Ludwig, MD, Providence Health Accountable Care, presented on the progress of the Colorectal Cancer Screening Workgroup. Colorectal Cancer (CRC) screening decreases incidence of the cancer as well as mortality. The goal, then, is to make sure appropriate screening is taking place for everyone. One topic that the group will tackle is the appropriate age range for screening. Dr. Ludwig reviewed the data on CRC screening, including a slide on modifiable screening failure types and risk of death from CRC (from a study conducted at Kaiser). There is a clear increase in risk of mortality with a failure to screen. There are also large disparities in screening rates between Medicare and Medicaid populations and urban and rural populations. There are five recommended effective screening modalities, but some doctors only offer colonoscopy without the other options. Dr. Ludwig reviewed the best ways to increase screening rates and some of the barriers to improvement. Dr. Straley asked if the group would address the use of anesthesia in colonoscopy; Dr. Ludwig said that the focus will be on shared-decision making around anesthesia, including the option of no anesthesia. Susie Dade, MS, Washington Health Alliance, remarked on the importance of "appropriate screening" since over-screening can also be a risk.

Motion: Approve the colorectal cancer screening workgroup charter
Outcome: Passed with unanimous approval

PRESENTATION AND VOTE TO APPROVE WORKGROUP CHARTER: PRIMARY CARE

Judy Zerzan, MD, MPH, Washington State Health Care Authority, presented on the primary care workgroup's progress. Consistently primary care spend is in the 5-7% range. Defining primary care is harder than it seems—who are the providers, where is the care provided? As such, the workgroup's purpose is to create a common definition of primary care, determine the components of primary care with the largest impact on individual and population health, and create a mechanism for measuring primary care spend. The workgroup is looking to add members who deal with claims to help with the measurement piece of their work. Dr. Zerzan reviewed the two parallel HCA workgroups on primary care. Our workgroup will focus on definition of primary care and percentage spend (topics that the HCA groups are not addressing). A couple of workgroup members asked clarifying questions. Dr. Zerzan explained that any metrics that the group creates will relate to measuring the percentage of primary care spend. The HCA group will be handling payment methodology (how providers are paid). The group will not address the primary care workforce. It will also not address bad or unnecessary referrals (outside of scope). Finally, a member mentioned that the goal of the group should be to improve patient care rather than only changing the percentage of money spent on primary care.

Motion: Approve the primary care workgroup charter
Outcome: Passed with unanimous approval

PRESENTATION AND VOTE TO APPROVE WORKGROUP CHARTER: ONCOLOGY CARE

Dr. Straley presented to the collaborative on the progress of the oncology care workgroup. Many patients who are getting cancer treatment end up visiting emergency departments or hospitalized, and much of this could be prevented with symptom management. The aim of the group is to reduce potentially avoidable emergency department visits and therefore improve patient experience and care outcomes for patients undergoing cancer treatment. He reviewed the purpose section of the group's charter which includes: assessment including of patient satisfaction with oncology care, risk stratification mechanisms to better meet patient needs, wrap-around supportive services through interdisciplinary team-based care, assessing and addressing caregiver need(s), integrating palliative care alongside life-prolonging and/or curative care, addressing health disparities in appropriateness of health services utilization during oncology care. Dr. Straley reviewed presentations received by the group so far: nurse navigator program at Kaiser, nurse-led symptom support, and the HICOR presentation of deep-learning risk stratification.

Motion: Approve the oncology care workgroup charter
Outcome: Passed with unanimous approval

PRESENTATION AND VOTE TO APPROVE WORKGROUP CHARTER: REPRODUCTIVE AND SEXUAL HEALTH

Ms. Weir presented to the collaborative on the progress of the reproductive and sexual health workgroup. This workgroup was mandated by a senate bill. The group is using the WHO definition of reproductive and sexual health. Ms. Weir reviewed the charter's Aim: "to improve quality, equity, and cultural appropriateness of reproductive and sexual health care services across the lifespan in Washington State." She also reviewed the Purpose section of their charter. The workgroup has discussed the CLAS standard for culturally and linguistically appropriate services. One problem that the group is running into is that a lot of the research that has been done does not address the populations that the group is most concerned with. As such, the eventual recommendations will be referred to as being "evidence informed. Robert Mecklenburg, MD, Virginia Mason Medical Center, asked about eventual implementation; Ms. Weir replied that measurement will be a barrier to assessing implementation. Once the group has a sense for what should be measured, they can address

implementation. Dr. Straley asked if the group would be looking at metrics. They will, but existing metrics may not fully gauge whether care is culturally appropriate.

Motion: Approve the reproductive and sexual health workgroup charter
Outcome: Passed with unanimous approval

NEXT STEPS AND CLOSING COMMENTS

Dr. Zerzan asked about the possibility of the Bree creating rapid guidance on telehealth given the COVID-19 outbreak. The collaborative agreed that the primary care workgroup will address this. Mary Kay O'Neill, MD, MBA, Mercer, asked that the Bree function as a mechanism for collaborative members to disseminate COVID-19 information to each other. Members can send information to Ginny which she can then forward to the rest of the collaborative. Dr. Straley thanked all for attending and adjourned the meeting.

Next Bree Collaborative Meeting:

May 20th, 2020 | 12:30pm – 4:30pm | Puget Sound Regional Council 5th Floor Board Room