
Dr. Robert Bree Collaborative Meeting Minutes

May 20th, 2020 | 12:30-4:30

Held Virtually

Members Present

	Company
Hugh Straley, MD, (Chair)	
Susie Dade, MS	Robert Mecklenburg, MD, Virginia Mason Medical Center
Gary Franklin, MD, Washington State Department of Labor and Industries	Drew Oliveira, MD, Regence
Stuart Freed, MD, Confluence Health	Carl Olden, MD, Pacific Crest Family Medicine
Richard Goss, MD, Harborview Medical Center	Mary Kay O’Neill, MD, MBA, Mercer
Sonja Kellen, Global Health & Wellness Benefits, Microsoft	John Robinson, MD, SM, First Choice Health
Dan Kent, MD, United Health Care	Jeanne Rupert, DO, PhD, Provider, One Medical
Darcy Jaffe, MN, ARNP, NE-BC, FACHE, Washington State Hospital Association	Angie Sparks, MD, Kaiser Permanente
Rick Ludwig, MD, Providence Health Accountable Care	Shawn West, MD, Embright
Greg Marchand, Benefits & Policy, The Boeing	Laura Kate Zaichkin, MPH, SEIU 775 Benefits Group
	Judy Zerzan, MD, MPH, Washington State Health Care Authority

Members Absent

Kimberly Moore, MD, Franciscan Health System

Staff and Members of the Public

Amy Etzel, Bree Collaborative	Berry Edwards, MD
Alex Kushner, Bree Collaborative	Janice Tufte, PCORI
Ginny Weir, MPH, Bree Collaborative	Van Chaudhari, University of Washington
Katerina LaMarche, JD, Washington State Medical Association	Pamela Stitzlein Davies, University of Washington
John Vassall, MD, Comagine Health	Karen Johnson, PhD, MHSA, Washington Health Alliance

Agenda and all meeting materials are posted on the Bree Collaborative’s website, [here](#), under 2020, May 20th materials.

CHAIR REPORT & APPROVAL OF March 18th MEETING MINUTES

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

Motion: Approve the March 18th, 2020 Meeting Minutes

Outcome: Passed with unanimous support

THE ROLE OF THE DELIVERY SYSTEM IN ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH

Alison Bradywood, MN, MPH, RN, NEA-BC, Virginia Mason Medical Center presented on Virginia Mason's work to screen and intervene around social determinants of health. These inequities are magnified in the care of chronic disease. Virginia Mason has elected to screen within the bundled payment arrangements using five questions developed in Ohio with two additional questions relevant for surgical recovery added. Members discussed implications for other areas of work and the limit of hospital ownership over these multifactorial contributors.

IMPACT OF COVID-19 ON WA HEALTH CARE SYSTEM

Given the impact of COVID-19 on all sectors, Hugh Straley, MD, Bree Collaborative led a discussion on how the work of the Collaborative should address the pandemic. Sue Birch, RN, MSN, MBA, Health Care Authority discussed her priorities of primary care with integrated behavioral health, data infrastructure, and addressing the social determinants of health. Members discussed the inequitable impact on different populations, changes in rules around telehealth, and the financial impact.

IMPLEMENTATION: BEHAVIORAL HEALTH INTEGRATION UPDATE

Amy Etzel, Bree Collaborative, gave an update on work to integrate behavioral health into primary care including her reengagement of the pilot group and the positive reception of the webinars. One success is greater naloxone prescribing for appropriate patients. Webinars on screening, brief intervention, and referral to treatment; suicide care; and behavioral health integration have been well received. Future work involves planning for the opioid use disorder webinar and the virtual summit.

TOPICS FOR 2021

Ginny Weir, MPH, Director, Bree Collaborative led a discussion of the process for selecting new topics including a review of previous topics, new research published in the last year, and suggestions from the community. To be considered a viable topic, health care services must have variation, a patient safety issue, high cost, or be an equity issue; have a proven impact strategy within health care; have a unique role for the Collaborative; and have data available. Bob Mecklenburg, MD, Virginia Mason, presented the case for re-reviewing the total joint bundle. After discussion and voting the top seven topics for further development and final vote in July are:

1. Telehealth 12
2. Cervical cancer screening 10
3. Opioids in the elderly 9
4. Total Joint Bundle Re-review 9
5. Annual cardiac screening 5
6. Asthma 4
7. Co-occurring substance abuse and mental health 3

PRESENTATION AND VOTE FOR ADOPTION: LONG-TERM OPIOID THERAPY

Gary Franklin, MD, Washington State Department of Labor and Industries, Charissa Fotinos, MD, MS, Health Care Authority, and Andy Saxon, MD, Veterans Administration, co-chairs, of the Long-Term Opioid Therapy workgroup, presented on the public comments received and changes made to the report and recommendations. Comments included that the protocol is time-consuming, that engagement should include trauma-informed care, assessment should include sleep hygiene, treatment should include interventional pain procedures, and edits to language to increase patient-centeredness. Changes were made to address the majority of comments that are in scope of the document including to involve a multidisciplinary team or specialists if available. Members were appreciative of the work and acknowledged reimbursement limitations.

Motion: Adopt Long-Term Opioid Therapy recommendations

Outcome: Passed with unanimous approval

REPRODUCTIVE AND SEXUAL HEALTH WORKGROUP UPDATE

Ms. Weir presented to the collaborative on the progress of the reproductive and sexual health workgroup. Individual workgroup meetings have focused on clinical examples and literature review for immigrants and refugees, people of color, and people with disabilities. Due to barriers to high-quality care being shared across groups, focus areas for all groups will include: access, patient-centeredness, appropriate care, and cultural sensitivity and being humble. Members asked about implementability of the recommendations.

COLORECTAL CANCER SCREENING WORKGROUP UPDATE

Rick Ludwig, MD, Providence Health Accountable Care, presented on the progress of the colorectal cancer screening workgroup. Dr. Ludwig reviewed the burden of colorectal cancer by mortality rates, current guidelines for the US Preventive Services Task Force, and barriers as discussed in the Washington Health Alliance Community Checkup (i.e., stigma, colonoscopy preparation, financial uncertainties, system inconsistencies, disparities in screening and treatment). Recommendations will focus on increasing screening rates through the mailed fecal test, shared decision making, and reducing financial issues.

ONCOLOGY CARE WORKGROUP UPDATE

Dr. Straley presented to the collaborative on the progress of the oncology care workgroup. The workgroup has discussed various methods of risk stratifying patients by likelihood of inpatient care use who are receiving cancer treatment to better utilize resources. Methods range in sophistication and implementability. Focus areas include assessment, risk stratification, symptom management (often through nurse care management), caregiver needs, and palliative care.

PRIMARY CARE WORKGROUP UPDATE

Judy Zerzan, MD, MPH, Washington State Health Care Authority, presented on the primary care workgroup's progress. Conversation has shifted to include the impact of COVID-19 on primary care including through better utilization of telehealth. Discussion in the workgroup has also focused on defining primary care using an aspirational vision and one that is able to be measured using available claims data. The workgroup feels the primary care provider should essentially be a quarterback for a person who addresses multiple organ systems.

NEXT STEPS AND CLOSING COMMENTS

Dr. Straley thanked all for attending and adjourned the meeting.

Next Bree Collaborative Meeting: July 15th, 2020 | 12:30 – 4:00 | Zoom

Virtual Summit Days: June 16 and 23 | Zoom