

Dr. Robert Bree Collaborative Meeting Minutes
September 23rd, 2020 | 12:30-3:30
Held Virtually

Members Present

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

Members Absent

Mary Kay O'Neill, MD, MBA, Mercer	Angie Sparks, MD, Kaiser Permanente
Dan Kent, MD, United Health Care	

Staff and Members of the Public

Amy Etzel, Bree Collaborative	Bill Weeks, Microsoft Health Next
Alex Kushner, Bree Collaborative	Amy Florence, Premera
Ginny Weir, MPH, Bree Collaborative	Laura Crooks, CEO, Children's Village Yakima
John Vassall, MD, Comagine Health	Paige Davison, Northeast Tri County Health
Pam Sheffield, Aetna (attending for Lydia Bartholomew)	Michele Ritala, King County
Nancy Giunto, Washington Health Alliance	Jackie Barry, APTA Washington
Karen Johnson, PhD, MHSA, Washington Health Alliance	Janice Tufte, PCORI
	Huma Zarif, NoHLA
	Kahanu Kahoonei, Highline Medical Services

Agenda and all meeting materials are posted on the Bree Collaborative's website, [here](#), under 2020, September 23 materials.

CHAIR REPORT & APPROVAL OF MAY 20 MEETING MINUTES

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

Motion: Approve the July 22nd, 2020 Meeting Minutes

Outcome: Passed with unanimous support

IMPLEMENTATION: BEHAVIORAL HEALTH INTEGRATION UPDATE

Amy Etzel, Bree Collaborative, notified attendees of the upcoming Value-Based Care Virtual Summit on November 12. She reviewed past implementation webinars and spoke about her work on guideline checklists and core process measures. She reviewed other implementation efforts she has made this year and spoke about the difficulty many clinics are having with finding time to do implementation work given the impacts of COVID leading to a focus on community building efforts to keep momentum with these clinics. She also reviewed her behavioral health integration measurement questions and displayed slides showing the results of her measurement questions. In response to a member question about whether clinics are asking about how to finance behavioral health integration, Ms. Etzel added that most questions she received in this regard were about how to bill for behavioral health in primary care. She plans to create a resource containing this information for clinics.

SOCIAL DETERMINANTS OF HEALTH

Ginny Weir, MPH, Bree Collaborative transitioned to a discussion of the Bree's new work on the social determinants of health (SDoH). The Bree has received funding for this new group and the scope is to assess how to improve clinical assessment of SDoH needs and to look at measuring the impact of racism and implicit bias on healthcare. The group is also mindful that they do not want to ask clinicians to do SDoH screening without also having next steps to take (e.g. referral systems, resources, etc.). Ms. Weir reviewed a number of slides on the current thinking and data behind SDoH work and on the types of screenings being done, including the HCA's Medicaid Managed Care questions, the Core 5 from Ohio, and Virginia Mason's expanded Core 5. The collaborative had a discussion about whether clinical care is the most effective place to spend money/effort on addressing the social determinants of health. Carol Olden, MD, Pacific Crest Family Medicine spoke about the moral injury that occurs for clinicians when they have to provide care for patients who have no external resources for recovery; he suggested involving medical student organizations who may be already thinking about these issues.

PRIMARY CARE WORKGROUP UPDATE

Judy Zerzan, MD, MPH, Washington State Health Care Authority, presented on the primary care workgroup's progress and the results of a survey that was sent out about the HCA workgroups' proposed primary care plan. 65% of respondents were healthcare providers and most who strongly opposed the plan were court ordered substance abuse providers who thought that the plan would cut their funding (this is not the case). The HCA groups should dovetails nicely with the Bree workgroup's work. Members discussed insurer and specialist responses to the survey. Dr. Zerzan said that the survey was mostly focused on providers and that there will be a signed memorandum of understanding in October that the HCA hopes to have all payers sign—this would support the work to keep talking about implementation of the new plan.

PRESENTATION FOR PUBLIC COMMENT: COLORECTAL CANCER SCREENING

Rick Ludwig, MD, Providence Health Accountable Care, presented on the progress of the colorectal cancer screening workgroup and added that there would be a vote to approve the recommendations for public comment. He also mentioned how the death of Chadwick Boseman has highlighted the need to screen African American men earlier than 50 years of age (this is included in the recommendations). The group focused on obstacles to screening with the belief that the best screen is the one you get done. Reviewed slides on failure points along the screening pathway and how those failure points led to the 4 focus areas: tracking, measurement, person-centered care, and payment. Dr. Ludwig reviewed the most important recommendations that the group would be making for each of these categories, including that race and ethnicity should be tracked to understand disparities. Susie Dade, MS, suggested that a future Bree topic could be around collecting self-reported race and ethnicity data in the medical system. Janice Tufte, PCORI mentioned that there is recent

research that advanced adenoma sometimes does not show up in FIT. Michele Ritala, King County spoke about the large variation in the price of colonoscopies and how that can impact purchasers and patients with cost sharing. Dr. Ludwig noted these two comments to bring back to the workgroup for further discussion.

Motion: Approve Colorectal Cancer Screening Report and Recommendations for dissemination for public comment.

Outcome: Passed with unanimous approval.

PRESENTATION FOR PUBLIC COMMENT: ONCOLOGY CARE WORKGROUP UPDATE

Dr. Straley presented on the progress of the oncology care workgroup to address unnecessary and potentially harmful utilization of emergency department services during cancer treatment. The group is ready to present its draft for public comment. Dr. Straley reviewed the main recommendations to come out of each of the group's four focus areas: Assessment and Risk Stratification, Person-Centered Care, Care Management, and Availability of Integrated Palliative Care. For assessment, the group recommends— in addition to development of a standard process for assessing a patient's risk of inpatient care use— that patients are also assessed for social determinants of health including housing, food security, and patient ability to care for self or presence of a caregiver.

Motion: Approve Oncology Care Report and Recommendations for dissemination for public comment.

Outcome: Passed with unanimous approval.

PRESENTATION FOR PUBLIC COMMENT: REPRODUCTIVE AND SEXUAL HEALTH WORKGROUP UPDATE

Ms. Weir presented on the progress of the reproductive and sexual health workgroup. This group is ready to present its draft for public comment. She reviewed the four areas that comprise the group's framework: cultural humility, increasing access, patient-centeredness of care, and appropriate care. She elaborated on the group's attention to culturally humble care; part of the goal is for providers to understand the historical and cultural background of their patient population including the role of the state or medical establishment in causing harm or oppression and self-awareness of implicit bias. Dr. Straley asked if there is a priority for implementation of these recommendations given their wide scope. Ms. Weir said that accurate data on race and language and culturally humble care would be good places to start.

Motion: Approve Reproductive and Sexual Health Report and Recommendations for dissemination for public comment.

Outcome: Passed with unanimous approval.

NEXT STEPS AND CLOSING COMMENTS

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

Next Bree Collaborative Meeting: November 18th, 2020 | 12:30 – 3:30 | Zoom