Bree Collaborative Meeting

January 27th, 2021 | Zoom Meeting

Agenda

- **Welcome and Introductions**
  - Meeting Minutes
  - Membership update
  - Social determinants of health update
- **Presentation:** Implementation Update
- **Final Adoption:** Primary Care
- **Final Adoption:** Perinatal Bundle Addendum
- **Topic Update:** Social Determinants of Health
- **New Topic:** Cervical Cancer Screening
- **New Topic:** Opioid Use in Older Adults
- **New Topic:** Telehealth
- **New Topic:** Total Joint Replacement
- **Next Steps and Close**

November 18th Meeting Minutes

Dr. Robert Bree Collaborative Meeting Minutes
November 18th, 2020 | 12:30-3:30
Held Virtually

Members Present

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

Thank You
Retirements

- **Rick Goss, MD**
- **Bob Mecklenburg, MD**

New Members Nominated
(Awaiting Governor's Office)

- **DC Dugdale, MD, FACP**
  Medical Director, Value Based Care, UW Medicine
  Professor of Medicine, University of Washington School of Medicine
- **Mark Haugen, MD**
  Family Medicine
  Walla Walla Clinic
- **Norifumi (Norris) Kamo, MD, MPP**
  Department of Primary Care
  Virginia Mason Medical Center
- **Jennifer Kreidler-Moss PharmD, CMPE**
  Chief Executive Officer
  Peninsula Community Health Services
- **Susanne Quistgaard, MD**
  Medical Director, Provider Strategies and Solutions
  Premera Blue Cross
- **Kevin Pieper, MD, MHA**
  Chief Medical Officer
  Kadlec Regional Medical Center

Social Determinants of Health

Nick Locke, MPH

Program Coordinator, The Foundation for Health Care Quality

He/Him/His

705 Second Ave, Suite 410 | Seattle, WA | 98104

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Final Adoption: Primary Care

DR. ROBERT BREE COLLABORATIVE

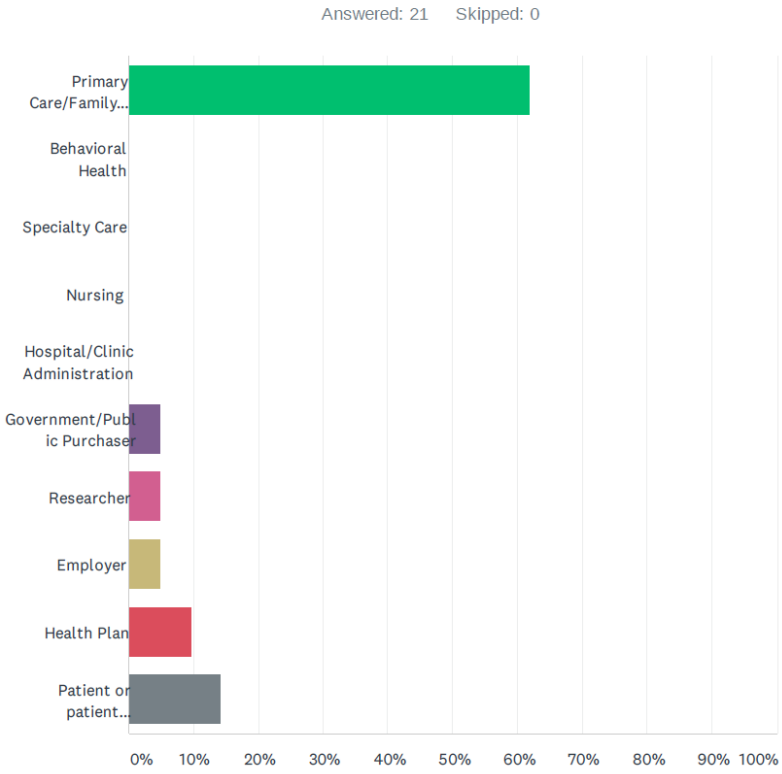
January 27, 2021| Zoom Meeting

Thank You!
Workgroup Members

- Chair: Judy Zerzan, MD, MPH, Chief Medical Officer, Washington State Health Care Authority
- Patricia Auerbach, MD, MBA, Senior Medical Director, United Health Care
- Cynthia Burdick, MD, Medical Director, Medicare and Medicaid , Kaiser Permanente Washington
- Tony Butruille, MD, Family Physician, Cascade Medical
- Jason Fodeman, MD, Associate Medical Director, Washington State Department of Labor and Industries
- Bianca Frogner, PhD, Associate Professor, Family Medicine; Director of Center for Health Workforce Studies, University of Washington School of Medicine
- Ingrid Gerbino, MD, FACP, Chief, Department of Primary Care, Virginia Mason
- Karen Johnson, PhD, Director, Performance Improvement & Innovation , Washington Health Alliance
- Louise Kaplan, PhD, ARNP, FNP-BC, FAANP, FAAN, Associate Professor, Associate Academic Director, Washington State University Vancouver College of Nursing
- Cat Mazzawy, RN, MSN, CPPS, Sr. Director for Safety & Quality, Washington State Hospital Association
- Carl Olden, MD, Family Physician, Virginia Mason Memorial
- Julie Osgood, DrPH, VP Clinic Operations, Valley Medical Center
- Mary Kay O'Neill, MS, MBA, Partner, Mercer
- Ashok Reddy, MD, MS, Assistant Professor, Medicine, University of Washington School of Medicine, Veterans Administration
- Keri Waterland, PhD, MAOB, Division Director, Division of Behavioral Health and Recovery, Health Care Authority
- Laura Kate Zaichkin, MPH, Director, Health Plan Performance and Strategy, SEIU 775 Benefits Group

Public Comments

Q1 What sector do you represent? (Choose the option that is the best fit.)



- Majority positive
- Nomenclature changes
- Removal of Naturopath as specifically designated
- Additional examples of who is part of team
- Oral health coordination

Additional Comments (x5)

- "…screening for reproductive health or provision of related services (aside from cancer screenings) is not included as part of the proper clinical scope of primary care. Why is this? With more than 50% of all hospital beds statewide and the growing number of areas in WA where 100% of all hospital beds are controlled by Catholic healthcare systems, patients are regularly denied access to certain legal healthcare services prohibited by the Ethical and Religious Directives (ERDs) a document based on religious doctrine, not sound medical practice (https://bit.ly/3m95Ezb). Please take time now to amend the Primary Care Report and Recommendations to properly address this oversight, particularly in light of your own recommendations regarding Sexual and Reproductive Health found in their 2020 report available at https://bit.ly/3p7u9hf (see Table 1, pgs. 6-7)"
- "I was dismayed to note that a wide range of **reproductive** and **end of life services** were not mentioned in the 2021 report, *Primary Care Report and Recommendations*. These include abortion, voluntary sterilization and services for miscarriage management. About half of Washington state hospital beds are controlled by Catholic services, so I am left with the impression that there omissions were intentional. Complete health care must be complete. Please work to amend this report and recommend these necessary services."

Reminder
What IS it about primary care that leads to better health outcomes?

- Care coordination
- Integrated behavioral health
- Disease prevention and screening
- Chronic condition management
- Medication management
- Health promotion
- Person-centered care that considers physical, emotional, and social needs

Leads to our definition

Team-based care led by an accountable provider that serves as a person's source of first contact with the larger healthcare system and coordinator of services that the person receives.

Primary care includes a comprehensive array of appropriate, evidence-informed services to foster a continuous relationship over time.

This array of services is coordinated by the accountable primary care provider but may exist in multiple care settings or be delivered in a variety of modes.

Definition
If primary care, must meet all:

- **Accountable** through a team and/or provider that includes physical and behavioral health (MD, DO, ARNP, PA, OPA, ND)
- **First Contact** assess, triage, direct
- **Comprehensive** whole person
- **Continuous** long-term relationship
- **Coordinated** care plan and referrals
- **Appropriate** evidence-based

That leads to measurement

Based in claims, care delivered in an ambulatory setting by a predefined group of providers and team members as a proportion of total cost of care

Primary Care Site – must check the boxes

Must have elements:

- ☐ Team-based care strategies (e.g., huddles, care management meetings, high-risk patient panel review) are consistently used through co-located or integrated models. The team can include the clinical team including nursing, social services, community services, and home-based care.
- ☐ Behavioral health provider(s) are part of the care team through co-located or integrated models
- ☐ Active patients are assigned or attributed to a primary care provider or team for advanced clinical judgment, the primary care team may/may not reside in the same physical setting and does not need to have the same organizational affiliation to act as a team
- ☐ Care is evidence-based or evidence informed

Primary Care Site – must check the boxes

- ☐ Services that address the whole person (multiple organ systems) are regularly offered including:
  - ☐ Active management of chronic diseases
  - ☐ Acute care for minor illnesses and injuries
  - ☐ Office-based procedures and diagnostic tests
  - ☐ Preventive services including USPSTF recommended cancer screenings
  - ☐ Patient education
  - ☐ Self-management support
  - ☐ Medication management
  - ☐ Chronic condition management
  - ☐ Behavioral health support
- ☐ Convenient and flexible care options allow easy access to the right care in the right setting when needed.
  - ☐ At least one alternative to traditional physical and behavioral health office visits is offered (e.g., e-visits, phone visits, group visits, home visits, alternate location visits)
  - ☐ Site also offers expanded hours (e.g., early mornings, evenings, weekends)
- Health information technology is in place that supports management of the patient panel at a population health level while also supporting optimal care at the individual patient level.

Health Plan Checklist

- ☐ Members receive information about the value of primary care, how to access primary care within the network, and are asked or otherwise encouraged to select a primary care provider/team at enrollment
- ☐ Members select or are paneled to a primary care provider/team through a claims-based attribution process or other assignment mechanism that is transparent to the purchaser (employer/union), as well as to the individual member.
- ☐ Members are notified when a primary care provider is held accountable for their care through a claims-based attribution process or other assignment mechanism. Members should be able to change this by notifying the health plan of their preferred primary care provider within the available network.
- ☐ Data from care delivery sites is collected and aggregated to understand variation in care and look for underlying issues such as disparities in access or services provided within and across:
  - Race and ethnicity
  - Language
  - Sex
  - Screening for relevant cancers of the sexual and reproductive health system
  - Prenatal care utilization
  - Perinatal care outcomes reported for those who are Black, indigenous, and people of color

Health Plan Checklist

- ☐ Health plan records accurately reflect a person's gender, pronouns, and chosen name. If gathered at a health plan level such as upon enrollment, this is communicated to care delivery sites with the required permissions to do so in place at the member/individual level
- ☐ A payment mechanism supports primary care features that are not reimbursed through traditional fee-for-service payments. These mechanisms include value-based reimbursement such as fee-for-service enhancements or prospective payments made in the form of per member per month (PMPM) payments that could include incentives for transformation, performance-based incentives, or more expansive forms of capitation
  - Multipayor models to increase consistency and reduce unnecessary administrative complexity are prioritized
  - Health plans partner with providers and practices to share relevant data
  - Payment mechanisms are clearly articulated to employers with the stipulation that the qualifications for payment eligibility and the measures of success are clearly understood and openly shared

Purchaser Checklist

- Those who are covered under the selected plan(s) receive information about the value of primary care, how to access primary care within the available plan options, and are asked or encouraged to select a primary care provider/team at enrollment
- Benefit designs are structured to encourage the use of primary care including Value-Based Insurance Design (VBID) mechanisms tied to primary care, such as:
  - $0 cost for specified in-person or virtual care services delivered by the individual's named primary care provider (that provider is named by the individual or assigned through an attribution or other mechanism)
  - Lower out-of-pocket cost for specialty care accessed after seeing one's primary care provider/team
  - When qualified high deductible health plans with Health Savings Accounts (HSA's) are in place, the new rules allowing for first dollar coverage under an expanded definition of "preventive services" have been incorporated.
- Agree to support non-fee-for-service payment mechanisms for primary care in partnership with other purchasers to reduce administrative complexity. Non-fee-for-service forms of primary care payment must be clearly articulated by health plans and supported by employers with the stipulation that the qualifications for payment eligibility and the measures of success are also clearly understood and openly shared.

Purchaser Checklist

- Contracts with health plans and/or directly with delivery systems require:
  - Measurement of primary care spend
  - Total cost of care
  - Measurement of quality of care
  - Measurement of disparities in care outcomes by race
  - Reporting of primary care spend
  - Targets for primary care spend
  - Requirement that consumers select or be paneled to a primary care provider or team
  - When individual selection is not in place, the primary care provider/team to whom the individual is assigned is clearly communicated and the individual has the ability to change that assignment
  - Penalties for indicators of not-managed and not-coordinated care, like avoidable hospital readmissions or avoidable ED

Questions/Comments

Recommendation

Vote to adopt

Final Adoption: Perinatal Bundle

January 27th, 2021| Bree Collaborative Meeting

Perinatal Bundle

- Purpose: Explore feasibility of community consensus of including **pediatric care** in the 2019 Maternity Care Bundle in response to **HCA feedback**

- Monthly meetings July – October
  - See minutes and materials www.breecollaborative.org/topic-areas/current-topics/perinatal-bundle/

- Today's purpose – review public comments, vote on final adoption

Thank you to our participants…

- Rita Hsu, MD, FACOG, Obstetrics and Gynecology, Confluence Health
- Janine Reisinger, MPH Director, Maternal-Infant Health Initiatives Washington State Hospital Association
- Dale Reisner, MD, Obstetrics and Gynecology, Swedish Medical Center
- Blair Dudley, Pacific Business Group on Health
- Beth Tinker, Health Care Authority
- Tami Hutchison, Signify Health
- Mike Barsotti, MD, Neonatologist, Providence Medical Group Hospitalists
- Josephine Young, MD, Premera Blue Cross
- Brian Simmerman, MD, General Pediatrician,Providence Health
- Andrew Busz, Policy Director, Washington State Hospital Association
- Bat-Sheva Stein, RN, MSN, Washington State Department of Health
- Sarah Doxey, Director, Providence Health
- Edna Maddalena, Program Manager, Washington Chapter of the American Academy of Pediatrics
- Mark Schemmel, M.D., Obstetrics and Gynecology, Providence Health
- Mia Nafziger, Senior Health Policy Analyst, Washington State Health Care Authority
- Kate McLean, MD, MPH, FACOG, Director of Clinical Programs, Quilted Health
- Mandy Weeks-Green, Senior Health Policy Analyst, Officer of the Insurance Commissioner
- Maggie Bolton, CNM, ARNP, Clinical Program Manager, Quilted Health
- Judy Zerzan, MD, MPH, Chief Medical Officer, Washington State Health Care Authority
- Francois De Brantes, Senior Vice President, Commercial Business Development, Signify Health
- Molly Firth, MPH, Patient Advocate

Review
What stayed the same from 2019

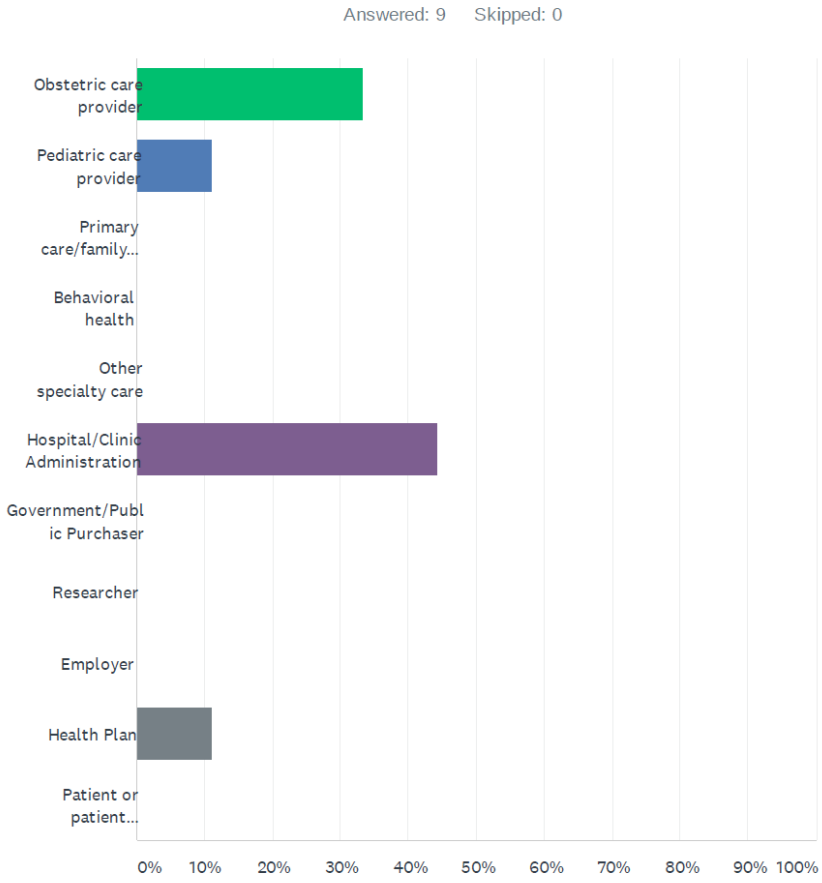
- Prospective reimbursement
- Obstetric care provider = accountable entity
- Timing for gestational parent
- Workflow for prenatal care + labor and delivery

Added in 2020

- Inclusion of 30 days post delivery of pediatric care
  - Newborn exam
  - 2-5 days of birth
  - 30 days of birth
- Quality Metric: **Pediatric visit scheduled or referral process initiated**
  Developed by the workgroup. Percentage of newborns with first pediatric visit scheduled or referral to pediatric care made prior to leaving inpatient care or if delivery occurred outside of the inpatient setting, while the obstetric care provider is present in the delivery setting including transfer of pediatric discharge information.

Public Comments

Q1 What sector do you represent? (Choose the option that is the best fit.)



Feedback

- Metrics
- Added data burden
- Information exchange
- Difficulty of coordinating outside of system
- Integrated substance abuse disorder treatment (not included in bundle)

Changes from public comments

Page 3

- Care should consider a person and family's culture and be culturally humble.
- Visits should at a minimum include the following services although this list is not exhaustive:
- Feeding evaluation with support of breastfeeding where appropriate or needed
- Safety discussion including sleep position, car seat safety, water temperature, and any other topics as indicated or needed
- Postpartum depression screening with appropriate referral if necessary See the AAP's guidance on Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice

Page 4

- The workgroup recommends that in the first year (at least) metrics should be used for tracking rather than reimbursement.
- Replaced Appendix K: Major Congenital Malformations with link to CDC list

Comments, Questions?

Recommendation

Vote to Adopt

New Topic:
Cervical Cancer Screening

January 27, 2021 | Bree Collaborative Meeting

Background

- Deaths from cervical cancer decreased significantly since introduction of Pap test in the middle of the last century
- BUT percent of people with up to date screening remain at about 50-66% depending on age group
- USPSTF recommends those with cervical tissue be screened for cervical cancer every three or five years (depending on the modality) between the 21 - 65
- Appropriate, up to date, screening rates also vary based on race, region, and income resulting in disparities in incidence and mortality

- https://www.cdc.gov/cancer/cervical/statistics/index.htm
- MacLaughlin K, Jacobson R, Breitkopf C, et al. Trends over time in Pap and Pap—HPV cotesting for cervical cancer screening [published online January 7, 2019]. J Womens Health.
- https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening
- Pratte MA, Griffin A, Ogazi C, et al. Racial/Ethnic Disparities in Cervical Cancer Screening Services Among Contractors of the Connecticut Breast and Cervical Cancer Early Detection Program. Health Equity. 2018;2(1):30-36. Published 2018 Apr 1. doi:10.1089/heq.2017.0038

Members

- **Chair:** Laura Kate Zaichkin, MPH, SEIU 775 Benefits Group
- Virginia Arnold, DNP ARNP, Neighborcare Health at Pike Place Market
- Diana Buist, PhD, MPH, Kaiser Permanente Washington Health Research Institute
- LuAnn Chen, MD, MHA, FAAFP, Community Health Plan of Washington
- Colleen Haller, MPH, Community Health Plan of Washington
- Jordann Loehr, MD, Toppenish Medical-Dental Clinic
- Constance Mao, MD, University of Washington School of Medicine

Aim

To increase the appropriate cervical cancer screening process in Washington State to decrease incidence of and mortality from cervical cancer.

Purpose

To propose evidence-based recommendations to the full Bree Collaborative on:

- Mechanisms to increase appropriate use of screening including work-up after a positive screen (e.g., last mile of screening)
- Appropriate education and engagement of consumers based on individual risk factors and experience (e.g., those who were assigned female at birth and have transitioned to gender queer or male, age, HPV vaccination status, past trauma especially of a sexual nature)
- Appropriate cervical cancer screening modalities
- Addressing disparities in screening, follow-up, and outcomes (e.g., geographic, by race, by payer)

Recommendation

Adopt Charter

New Topic:
Opioid Prescribing for Older Adults

DR. ROBERT BREE COLLABORATIVE

January 27th, 2021 | Zoom Meeting

Workgroup Members

- Gary Franklin, MD, MPH (Co-chair) Washington State Department of Labor and Industries
- Darcy Jaffe, MN, ARNP, NE-BC, FACHE (Co-chair) Washington State Hospital Association
- Mark Sullivan, MD, PhD (Co-chair) University of Washington
- Judy Zerzan-Thul, MD, MPH (Co-chair), Washington State Health Care Authority
- Carla Ainsworth, MD, MPH, Iora Primary Care - Central District
- Denise Boudreau, PhD, RPh, MS, Kaiser Permanente Washington Health Research Institute
- Siobhan Brown, MPH, CPH, CHES, Community Health Plan of Washington
- Pam Davies, MS, ARNP, FAANP, University of Washington / Seattle Pacific University
- Elizabeth Eckstrom, MD, Oregon Health Sciences University
- James Floyd, MD, University of Washington School of Medicine
- Nancy Fisher, MD, Ex Officio
- Jason Fodeman, MD Washington State Department of Labor and Industries
- Debra Gordon, RN, DNP, FAAN, University of Washington School of Medicine
- Shelly Gray, PharmD University of Washington
- Jaymie Mai, PharmD Washington State Department of Labor and Industries
- Blake Maresh, MPA, CMBE Washington State Department of Health
- Wayne McCormick, MD, University of Washington
- Kushang Patel, MD University of Washington
- Elizabeth Phelan, MD, University of Washington
- Yusuf Rashid, RPh, Community Health Plan of Washington
- Dawn Shuford-Pavlich, Department of Social and Health Services
- Angela Sparks, MD, Kaiser Permanente Washington
- Gina Wolf, DC , Wolf Chiropractic Clinic

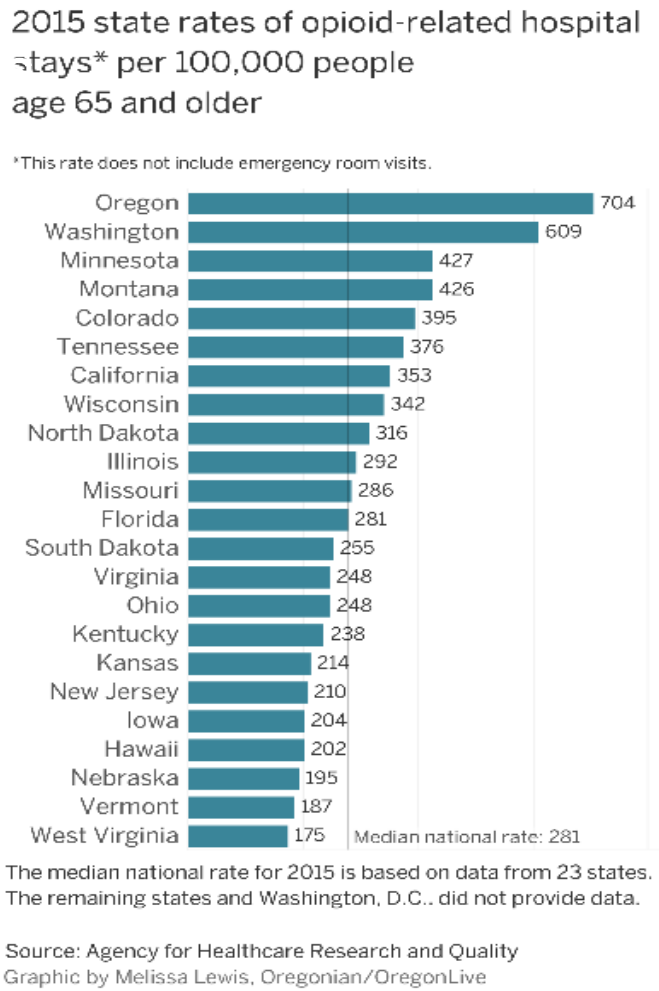
AMDG
agency medical directors' group

A collaboration of state agencies, working together to improve health care quality for Washington State citizens

DR. ROBERT BREE COLLABORATIVE

- Goal – Reduce risk of falls
  - Follow same best practices for prescribing opioids (AMDG)
  - Prescribe immediate-release opioids at the lowest effective dose (AMDG)
    - Initiate opioid therapy at a 25% to 50% lower dose than that recommended for younger adults

Source: AHRQ



Opioid and Drug-involved overdose deaths-United States, 2017-2018
MMWR 2020 (March); 69: 290-97

Death rates declined for prescription opioids between 2017-2018 for all age groups except those >= 65 yrs, where rates increased 4.8 %; for all opioids including heroin the rate increased 11.8% in this age group

BMJ Open. 2019 Sep 6;9(9):e030858. doi: 10.1136/bmjopen-2019-030858.
Characterisation of concurrent use of prescription opioids and benzodiazepine/Z-drugs in Alberta, Canada: a population-based study.
Sharma V[1], Weir D[2], Samanani S[3], Simpson SH[4], Gilani F[5], Jess E[5], Eurich DT[6].

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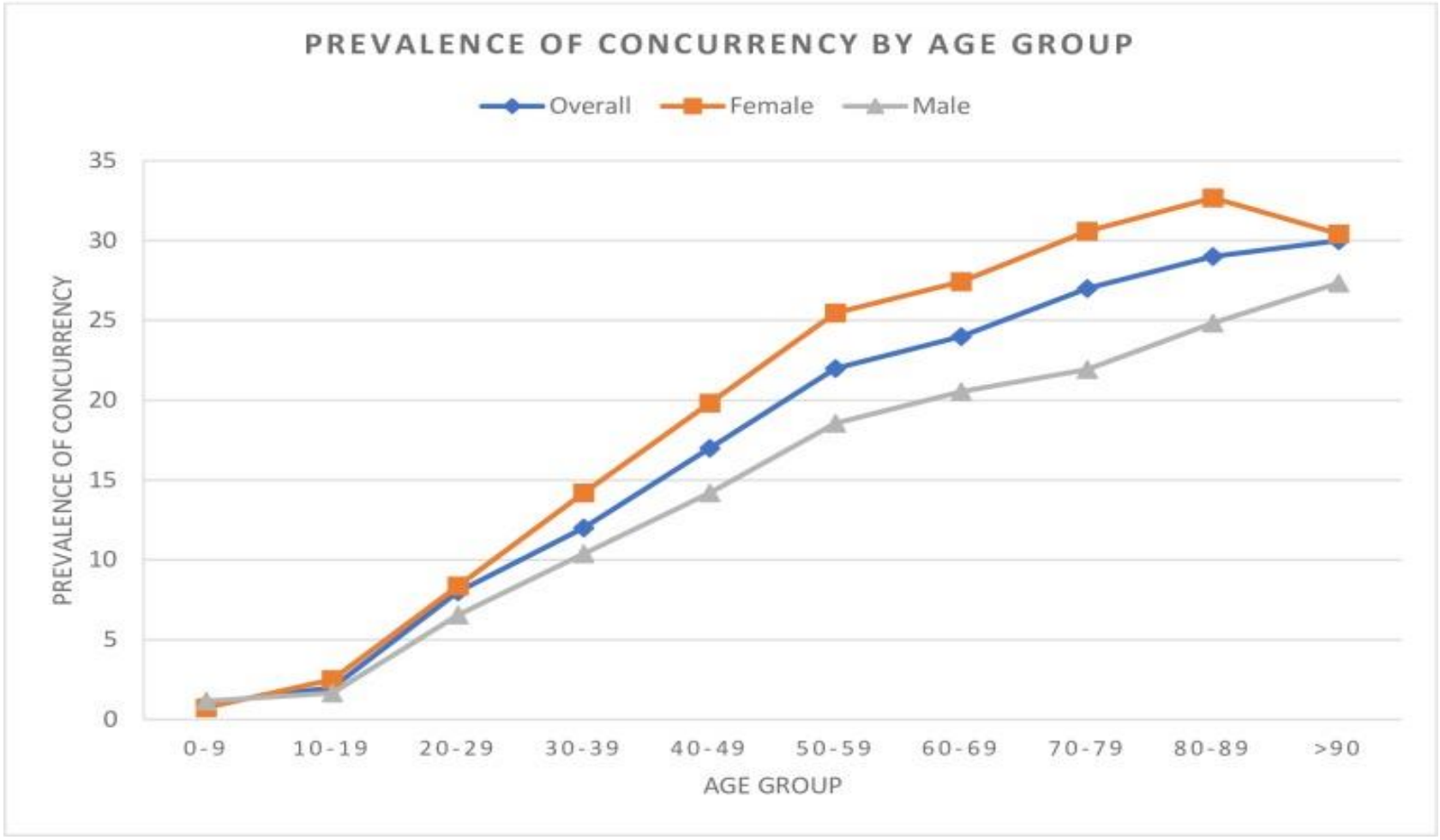

Two examples of where New Bree Guidance could help

- BMJ Open Respir Res. 2020 Mar;7(1):e000483. doi: 10.1136/bmjresp-2019-000483
  - Increased respiratory events (hosp/ED with COPD exacerbation or respiratory depression) among COPD patients on concomitant opioid and sedative use
- J Arthroplasty. 2020 Apr 14;S0883-5403(20)30349-1. doi: 10.1016/j.arth.2020.04.019
  - Almost 10% rate of persistent opioid use among THA patients receiving the highest post-op prescribing

JAMA Network™

DR. ROBERT BREE COLLABORATIVE

From: **Association Between Benzodiazepine Use With or Without Opioid Use and All-Cause Mortality in the United States, 1999-2015**

JAMA Netw Open. 2020;3(12):e2028557. doi:10.1001/jamanetworkopen.2020.28557

Table 2. Risk of All-Cause Mortality Associated With BZD With or Without Opioids in Unadjusted and Propensity Score–Weighted Analyses

Characteristic	Unweighted HR (95% CI)	*P* value	Weighted HR (95% CI)	*P* value
BZDs only vs neither (active comparator, SSRIs)				
All participants	1.36 (1.13-1.64)	.001	1.60 (1.33-1.92)	<.001
Age, y				
20-65	1.52 (1.06-2.18)	.02	1.81 (1.29-2.54)	<.001
>65	0.86 (0.68-1.07)	.17	0.84 (0.67-1.05)	.12
Follow-up time				
<50th percentile (6.6 y)	1.03 (0.82-1.31)	.79	1.17 (0.92-1.50)	.21
≥50th percentile (6.6 y)	1.81 (1.31-2.50)	<.001	2.17 (1.59-2.98)	<.001
BZDs plus opioids vs neither (active comparator, SSRIs)				
All participants	1.71 (1.34-2.19)	<.001	2.04 (1.65-2.52)	<.001
Age, y				
20-65	2.66 (1.77-4.00)	<.001	3.27 (2.40-4.47)	<.001
>65	1.10 (0.80-1.51)	.55	1.21 (0.86-1.70)	.28
Follow-up time				
<50th percentile (6.6 y)	1.21 (0.90-1.63)	.20	1.35 (1.04-1.76)	.02
≥50th percentile (6.6 y)	1.73 (1.09-2.75)	.02	1.93 (1.29-2.88)	.002

Abbreviations: BZD, benzodiazepine; HR, hazard ratio; SSRI, selective serotonin reuptake inhibitor.

Risk of All-Cause Mortality Associated With BZD With or Without Opioids in Unadjusted and Propensity Score–Weighted AnalysesAbbreviations: BZD, benzodiazepine; HR, hazard ratio; SSRI, selective serotonin reuptake inhibitor.

Focus Areas

1. **Acute prescribing including acute injuries and peri-operative**
   Goal: Prevent transition to chronic prescribing
2. **Co-prescribing with opioids** (e.g., sedative hypnotics, gabapentinoids, z-drugs)
   Goal: Reduce impacts on cognition, falls, delirium
3. **Non-opioid pharmacologic pain management**
   Goal: Evidence base and risk/benefit
4. **Non-pharmacologic pain management**
   Goal: Evidence base and risk/benefit (e.g., CBT, active exercise)
5. **Types of opioid therapy-intermittent, low dose, short acting vs others**
   Goal: Reduce use of long-acting opioids and COT
6. **Tapering/deprescribing in this population**
   Goal: Differentiators with recent Bree recommendations for legacy patients

Other Considerations

- Social Determinants of Health
  - Evidence-based filter for specificity with individual recommendations
- Patients with cognitive issues, such as with dementia
- Those in nursing homes
- Borders between scope and palliative or end-of-life care

Recommendation

Adopt Charter

New Topic:
Telehealth

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Background

- Telehealth utilization increased significantly from pandemic
- Approximately 34.5 million telehealth services delivered to Medicaid and CHIP beneficiaries March – June 2020
  - Increase of 2,632% compared 2019
- Rapid acceleration identified knowledge gap in appropriateness
  - Issues related to confidentiality and access

Centers for Medicare and Medicaid Services. Services Delivered via Telehealth Among Medicaid & CHIP Beneficiaries During COVID-19. Accessed: January 2021. Available: www.medicaid.gov/resources-for-states/downloads/medicaid-chip-beneficiaries-COVID-19-snapshot-data-through-20200630.pdf

Members

- Shawn West, MD (Chair), Embright
- Christopher Cable, MD, Kaiser Permanente Washington
- Christopher Chen, MD, Health Care Authority
- Crystal Wong, MD, University of Washington Medicine
- Cara Towle, RN, MSN, University of Washington Psychiatry & Behavioral Sciences
- Darcie Johnson, MSW, CPHQ, Premera Blue Cross
- David Tauben, MD, FACP, University of Washington Medicine
- Janna Wilson, King County Public Health
- Jeb Shepard, Washington State Medical Association
- Jennifer Polello MHPA, MCHES, PCMH-CCE, Community Health Plan of Washington
- Laura Groshong, LICSW, Private Practice Psychotherapist
- Lindsay Mas, SEIU 775 Benefits Group
- Lydia Bartholomew, MD, Aetna
- Mandy Weeks-Green, Washington Office of the Insurance Commissioner
- Omar Daoud, PharmD, Community Health Plan of Washington
- Stephanie Shushan, MPH, Community Health Plan of Washington
- Sarah Levy, MD, Kaiser Permanente Washington
- Todd Wise, MD, MBA, Providence
- Wendy Brzezny, North Central Accountable Community of Health

Aim

To increase the appropriateness and quality of the delivery of clinical care via telehealth.

Purpose

To propose evidence-based recommendations to the full Bree Collaborative on

- Appropriateness of telehealth as a modality of care delivery for both physical and behavioral health
- How telehealth can increase equitable access to health care including individual patient characteristics that optimize outcomes or serve as barriers to
- Positive patient experience in telehealth services including efficiency
- Measuring success in how telehealth meets patient and provider need
- Addressing barriers to integrating telehealth as a modality of care into current systems
- Identifying other areas of focus or modifying areas, as needed

Recommendation

Adopt Charter

Topic Re-review: Total Joint Replacement Bundle

DR. ROBERT BREE COLLABORATIVE

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Structure

- 2013 - First Bundle + Warranty
- 2017 - Rereview
- 2021 - Rereview

- I. Impairment Due to Osteoarthritis Despite Non-Surgical Therapy
- II. Fitness for Surgery
- III. Repair of the Osteoarthritic Joint
- IV. Post-Operative Care and Return to Function

- Quality Standards
- Warranty

2021 Workgroup Members

- **Chair:** Bob Mecklenburg, MD, Virginia Mason Medical Center
- Matt Albright; Kevin Fleming, MBA; Michael Griffin, Providence St. Joseph Health
- Lydia Bartholomew, MD, MHA, FAAPL, FAAFP, CHIE, Aetna
- LuAnn Chen, MD, MHA , Community Health Plan of Washington
- Michael Chen, Premera Blue Cross
- Andrew Friedman, MD, Virginia Mason Medical Center
- Kevin Macdonald, MD, Virginia Mason Medical Center
- Paul Manner, MD, University of Washington
- Cat Mazzawy, RN, Washington State Hospital Association
- Linda Radach, Patient advocate
- Tom Stoll, MD, Kaiser Permanente Washington
- Emily Transue, MD, MHA, Health Care Authority

Charter

- Aim: To increase the occurrence of appropriate total joint replacement surgery including provision of conservative therapy and positive patient outcomes through a bundled payment model in Washington State.

- Purpose: To update the 2017 Bree Collaborative Total Joint Replacement Bundled Payment Model with relevant evidence and administrative processes

January Meeting Content

I. Impairment Due to Osteoarthritis Despite Non-Surgical Therapy

- Document impairment
- Document radiological findings
  - Weight bearing vs non weight bearing
  - When to use MRI
- Shared decision-making
  - Content of discussion including manufacturer, not year introduced
  - Reported failure rates (whatever available) from known registry

Recommendation

Adopt Charter

Bree Collaborative Meeting

March 24, 2021

12:30 – 3:30pm

DR. ROBERT BREE COLLABORATIVE