

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

Members Absent

Mary Kay O'Neill, MD, MBA, Mercer

Staff and Members of the Public

Susie Dade, MS
Amy Etzel, Bree Collaborative
Alex Kushner, Bree Collaborative
Ginny Weir, MPH, Bree Collaborative
Nick Locke, MPH, Bree Collaborative
Karen Johnson, PhD, MHSA, Washington Health
Alliance
Amy Florence, Premera
Jackie Barry, APTA Washington
Janice Tufte, PCORI
Hilary Getz, Kaiser
Phyllis Cavens, MD, Child and Adolescent Clinic,
Vancouver

Billie Dickinson, Washington State Medical
Association
Steve Levy, Washington Patient Safety Coalition
Leah Hole-Marshall, JD, Washington Health Benefit
Exchange
Natalie Bell, Kaiser
Jason Fodeman, MD, Washington State Department
of Labor and Industries
Tricia Daniel, RN, CCM, Washington Self-Insurers
Association
Shawn West, MD, Embright
David Wilson, GlaxoSmithKline

Agenda and all meeting materials are posted on the Bree Collaborative's website, [here](#), under 2020, November 18 materials.

CHAIR REPORT & APPROVAL OF SEPTEMBER 23 MEETING MINUTES

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

Motion: Approve the September 23rd, 2020 Meeting Minutes

Outcome: Passed with unanimous support

Ginny Weir, MPH, Bree Collaborative, reviewed the 2021 workgroups (and their respective chairs) and asked for members to join them, if interested.

IMPLEMENTATION: BEHAVIORAL HEALTH INTEGRATION UPDATE

Amy Etzel, Bree Collaborative, reviewed the attendance numbers for the most recent webinars (including the Value-Based Care Summit) and announced the topics for the next two webinars. She also reviewed the pilot group's accomplishments in 2020, which included work-flow mapping on warm handoff processes and, at two clinics, creating a PDSA of the new warm handoff process with tracking capability in the EHR. Other implementation efforts included monthly office hours and shared learning calls, an upcoming web-based resource library, and online assessments for the broader community.

PRESENTATION PUBLIC COMMENT: PERINATAL BUNDLE

Ms. Weir spoke about the progress of the Perinatal Bundle workgroup and added that there would be a vote to approve the recommendations for dissemination for public comment. The purpose of this group was to explore the feasibility of community consensus on including pediatric care in the 2019 Maternity Care Bundle. Ms. Weir discussed what stayed the same from the 2019 Bundle and what was added. The group added coverage of 30 days of pediatric care post-delivery and a new quality metric: pediatric visit scheduled or referral process initiated during inpatient stay (or while obstetric care provider is present, if delivery occurred outside of inpatient). Robert Mecklenburg, MD, Virginia Mason Medical, asked if the bundle lines up with HCA interests. Ms. Weir answered that it does—the HCA's main ask was inclusion of pediatric care. Darcy Jaffe, MN, ARNP, NE-BC, FACHE, Washington State Hospital Association, asked how much workflow and behavior change this would require from providers. Answer: the main ask is the communication piece between the OB and pediatric doctors.

Motion: Approve Perinatal Bundle w/ Pediatric Care Report and Recommendations for dissemination for public comment.

Outcome: Passed with unanimous approval.

SOCIAL DETERMINANTS OF HEALTH WORKGROUP UPDATE

Ms. Weir spoke about the Social Determinants of Health (SDoH) workgroup, which is being funded by the Washington Health Care Forum. The goal of the group is to research and recommend evidence-informed assessment of and strategies to address (1) the social determinants of health and (2) health disparities including from racism within and outside of clinical care. The next meeting of the workgroup will establish a charter that Ms. Weir can present to the Collaborative at the next meeting.

PRESENTATION FOR PUBLIC COMMENT: PRIMARY CARE

Judy Zerzan, MD, MPH, Washington State Health Care Authority, told the collaborative that the Primary Care Recommendations were ready to submit for public comment. Dr. Zerzan reviewed the definition of primary care that this group came to: it must be accountable, the point of first contact, comprehensive, continuous, coordinated, and appropriate (i.e. evidence-based). This led to the group's recommendation for measuring primary care spend: measurement would be based in claims and be calculated by measuring care delivered in an ambulatory setting by a predefined group of providers and team members as a proportion of total cost of care. She reviewed the requirements for primary care sites (including team-based care strategies and including behavioral health providers as part of the care team), and then went over Health Plan and Purchaser checklists. Susie Dade, MS, asked if there was any insight gained around if our system is any closer to requiring PCP selection/assignment. Dr. Zerzan said that there is still work to be done in this regard.

Motion: Approve Primary Care Report and Recommendations for dissemination for public comment.
Outcome: Passed with unanimous approval.

PRESENTATION AND VOTE FOR FINAL ADOPTION: ONCOLOGY CARE

Dr. Straley presented on the final changes that were made to the Oncology Care Recommendations based on feedback received from the public comment period. There was only one survey respondent. Changes made included addition of screening for transportation SDoH needs, adding culturally-humble care, clarification of inclusion of post-ED outreach, and nurse care management protocols including evidence-based symptom guides. Dr. Straley reviewed how each of these additions fit into the 4 main categories of the recommendations: Assessment and Risk Stratification, Person-Centered Care, Care Management, and Availability of Integrated Palliative Care.

Motion: Approve Oncology Care Report and Recommendations for final adoption.
Outcome: Passed with unanimous approval.

PRESENTATION AND VOTE FOR FINAL ADOPTION: COLORECTAL CANCER SCREENING

Rick Ludwig, MD, Providence Health Accountable Care, presented on the final changes that were made to the Colorectal Cancer Screening Recommendations based on feedback received from the public comment period. More information on CRC screening and survival rates by race, insurance, and urban/rural was added. "Target" was replaced with "Prioritize" when discussing outreach to populations with historical or demonstrated lower CRC screening rates. These populations were also listed individually for clarity and emphasis. The group also added requirement to discuss a person's individual risk factors as appropriate during a visit with a patient decision aid as informing a screening modality by appropriate age. Other changes were reviewed in each of the main focus areas: Tracking, Measurement, Person-Centered Care, and Payment. Laura Kate Zaichkin, MPH, SEIU 775 Benefits Group, asked if the workgroup discussed language barriers for patients in scheduling screening. Dr. Ludwig said that language should be added around this in the final draft. Another member asked if specific fecal tests were looked at. The group decided not to go into detail about specific tests but instead included information about which tests were approved by the USPSTF. A question was asked about institutions besides Kaiser with CRC registries and/or best practices. There are, but they may be lacking the navigation piece that will lead to greater improvement for patients.

Motion: Approve Colorectal Cancer Screening Report and Recommendations for final adoption.
Outcome: Passed with unanimous approval.

PRESENTATION AND VOTE FOR FINAL ADOPTION: REPRODUCTIVE AND SEXUAL HEALTH

Ms. Weir presented on the final changes that were made to the Reproductive and Sexual Health Recommendations based on the feedback received from the public comment period. There were only a small number of survey respondents (4 over the internet plus 1 written). This led to changes and additional outreach for comment. Some key changes included changing "culturally humble care" to "culturally humble and responsive care", ensuring access to gender-affirming services, and providing patients with relevant information including reassuring around safety of information and care. A question was posed about the ask that this group is making to the Washington State Health Care Authority to collect only the minimum amount of information necessary to process applications for public assistance programs. Leah Hole-Marshall, JD, Washington Health Benefit Exchange, suggested a slight rewording to specifically ask for the elimination of questions on immigration status because there is other demographic information that is important to collect (especially in terms of SDoH work).

Motion: Approve Reproductive and Sexual Health Report and Recommendations for final adoption.
Outcome: Passed with unanimous approval.

OPEN DISCUSSION ON THE VALUE-BASED VIRTUAL SUMMIT

Dr. Straley initiated a follow up discussion on the Value-based summit. He asked the group for thoughts on how to develop multi-stakeholder alignment around value-based care. Karen Johnson, PhD, MHSA, Washington Health Alliance, added that the HCA is working on a specific call to action for those who attended the summit. There is a desire to have some kind of public attestation from organizations that they will work towards these goals. Members discussed the types of people who should take this pledge (someone who is in a position of power within an organization), the roadblocks to change from a provider standpoint (not enough plans presenting capitation as an option), and the need for data interoperability across health systems.

NEXT STEPS AND CLOSING COMMENTS

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

Next Bree Collaborative Meeting: January 27th, 2021 | 12:30 – 3:30 | Zoom

DRAFT