Bree Collaborative Meeting

March 24th, 2021 | Zoom Meeting

Agenda

- **Welcome and Introductions**
  - Meeting Minutes
  - Social determinants of health update
- **Presentation:** Implementation Update
- **Topic Update:** Total Joint Replacement
- **Topic Update:** Cervical Cancer Screening
- **Topic Update:** Opioid Use in Older Adults
- **Topic Update:** Telehealth
- **Next Steps and Close**

January 27th Meeting Minutes

Dr. Robert Bree Collaborative Meeting Minutes
January 27th, 2021 | 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
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
Sonja Kellen, Global Health & Wellness Benefits, Microsoft

Staff and Members of the Public

Amy Etzel, Bree Collaborative
Alex Kushner, Bree Collaborative
Ginny Weir, MPH, Bree Collaborative
Nick Locke, MPH, Bree Collaborative
Amy Florence, Premera
Jackie Barry, APTA Washington
Leah Hole-Marshall, JD, Washington Health Benefit Exchange
Jason Fodeman, MD, Washington State Department of Labor and Industries
Tricia Daniel, RN, CCM, Washington Self-Insurers Association
Cat Mazzawy, RN, MSN, CPPS, Washington State Hospital Association
Tiffany Knouff, Director, Family Birth Center, Virginia Mason/CHI Franciscan
Lin Beuerle, United HealthCare
Miriam Mauzi
Amber Pedersen
Karen Johnson, PhD, MHSA, Washington Health Alliance
Susie Dade, MS, Patient Representative
DC Dugdale, MD, MS, Medical Director, Value Based Care, University of Washington School of Medicine
Mark Haugen, MD, Physician, Walla Walla Clinic
Norifumi Kamo, MD, MPP, Attending Physician, Department of Primary Care, Virginia Mason
Susane Quistgaard, MD, Medical Director, Premera Blue Cross
Kevin Pieper, MD, MHA, Chief Medical Officer, Kadlec Regional Medical Center
Shawn West, MD, Embright

Agenda and all meeting materials are posted on the Bree Collaborative's website, here, under 2021, January 27th materials.

Thank You

- **Stepping Down:** Sonja Kellen, Global Health & Wellness Benefits, Microsoft

- **Applying:** Colleen Daly, PhD, Global Wellness Manager, Microsoft Corporation.

New Members Appointed

- **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
- **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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Topic Update: Total Joint Replacement Bundle

DR. ROBERT BREE COLLABORATIVE

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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

Process

- ✓Members recruited
- ✓Charter Approved
- ✓Review Cycle I: February and March
- ✓Review Cycle II: March

- Review Cycle III – April
- Review Cycle IV – May
- Review Metrics – June/July
- Other changes – June/July
- Present draft – July
- Public Comment
- Final Adoption – September

Cycle I: Appropriateness

1. Document patient-reported functional impairment
2. Document radiological findings of osteoarthritis
3. Shared Decision-Making: discussion in process
   - Procedure: risks/benefits/tradeoffs of surgical and non-surgical care, volumes, readmissions, complications, disclosures
   - Implant: spec sheet including lifespan, complications, surgeon's experience with device, institutional surveillance
   - Patient preference
4. Trial of non-surgical care
   - Corticosteroids contraindicated within three months of surgery
   - Bundle silent on platelet-rich plasma

Cycle II: Fitness for Surgery

1. Requirements related to patient safety: 43 new citations
   - No change in standards for BMI, hemoglobin A1c, tobacco, opioids, alcohol, peripheral blood circulation, depression, nutritional status, adequate liver function
   - Add: measure serum albumen, screen for chronic use of corticosteroids, and concomitant inflammatory disease
   - Change: absence of disability from other conditions to management of disability from other conditions
2. Patient engagement: Care Partner
3. Preparation for surgery
4. Multidisciplinary conference for exceptions

Topic Update:
Cervical Cancer Screening

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Members

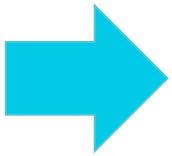
- **Chair:** Laura Kate Zaichkin, MPH, SEIU 775 Benefits Group
- Virginia Arnold, DNP ARNP, Neighborcare Health at Pike Place Market
- Diana Buist, PhD, MPH, Kaiser Permanente Washington Health Research Institute
- LuAnn Chen, MD, MHA, FAAFP, Community Health Plan of Washington
- Leslie Edwards, CNM, Nurse Midwife
- Colleen Haller, MPH, Community Health Plan of Washington
- Beth Kruse, CNM, Public Health Seattle King County
- Jordann Loehr, MD, Toppenish Medical-Dental Clinic
- Constance Mao, MD, University of Washington School of Medicine
- Michelle Sullivan, Yakima Neighborhood Health
- Sandra White, MD, Cellnetix
- Rachel Winer, PhD, University of Washington

Mapping Population Need(s)
What problem are we trying to solve?

- Goal: Reduce mortality from cancer
  WA in top 1/3 for screening
- Population who does not come in for screening
  - Talking to people about cancer (fear of a positive, sexual trauma, obesity)
  - More at risk for death
  - Do not think they need to come in (bimodal communication based on age)
- Population who needs follow-up from screening
  - Interpretation may be difficult for PCPs
  - Lack of colposcopists
  - System-level follow-up often lacking
- Primary prevention − HPV vaccine

Building from Previous Frameworks

- Colorectal Cancer Screening
  - Tracking
  - Measurement
  - Person-centered care
  - Payment
- Reproductive and Sexual Health
  - Cultural humility
  - Access
  - Person-centered care
  - Appropriate care



- Cervical Cancer Screening
  - Tracking + measurement relevant – race and prioritized populations
  - Trauma-informed pelvic exam
  - Include HPV vaccine focus
  - Communication addressing fear + stigma

Topic Update: Opioid Prescribing for Older Adults

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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
- Rose Bingham, Patient Advocate
- 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
- Clarissa Hsu, PhD, Kaiser Permanente Washington Research Institute
- Michael Parchman, MD, Kaiser Permanente Washington Research Institute
- 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
- Steven Stanos, DO, Swedish
- Angela Sparks, MD, Kaiser Permanente Washington
- Gina Wolf, DC , Wolf Chiropractic Clinic

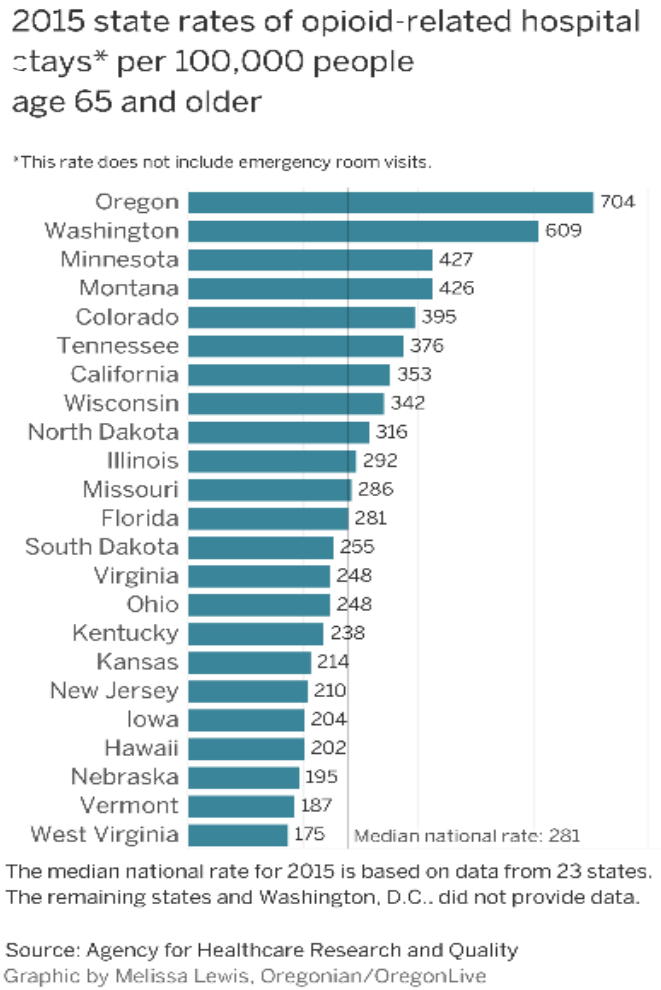
AMDG
agency medical directors' group

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



Focus Areas

1. **Acute prescribing including acute injuries and peri-operative**
   (Debra Gordon, Darcy Jaffe, Gary Franklin)
   Goal: Prevent transition to chronic prescribing
2. **Co-prescribing with opioids** (e.g., sedative hypnotics, gabapentinoids, z-drugs)
   (Gary Franklin, Jaymie Mai, *James Floyd, Michael Parchman*)
   Goal: Reduce impacts on cognition, falls, delirium
3. **Non-opioid pharmacologic pain management**
   (Pam Davies, Shelly Gray, Jason Fodeman, *Denise Boudreau, Michael Parchman*)
   Goal: Evidence base and risk/benefit
4. **Non-pharmacologic pain management**
   (Elizabeth Eckstrom, Yusuf Rashid/Siobhan Brown, Kushang Patel, *Gina Wolf,* Gary Franklin, Clarissa Hsu)
   Goal: Evidence base and risk/benefit (e.g., CBT, active exercise)
5. **Types of opioid therapy-intermittent, low dose, short acting vs others**
   (Judy Zerzan-Thul, Jaymie Mai, Steven Stanos)
   Goal: Reduce use of long-acting opioids and COT
6. **Tapering/deprescribing in this population**
   (Angie Sparks, Mark Sullivan, Carla Ainsworth, Jason Fodeman, Clarissa Hsu)
   Goal: Differentiators with recent Bree recommendations for legacy patients

Timeline

- ✓**January: Charter Adopted**
- ✓**March: Acute prescribing**
- April: Co-prescribing with opioids
- May: Non-opioid pharmacologic pain management
- June: Non-pharmacologic pain management
- July: Types of opioid therapy-intermittent, low dose, short acting vs others
- August: Tapering/de-prescribing

Literature Search: Acute prescribing

Thank you: Debra Gordon, Darcy Jaffe

For: Inpatient, outpatient, dental

Search terms

- opioid and older adult and postoperative (11,076 results)
- opioid and elderly and acute pain (2116 results)
- opioid and geriatrics (967 results)
- opioid and transition and geriatrics (14 results)
- opioid and transition and older adults (405 results)
- prevention and opioid use and older adults (7463 results)
- older adults and opioid use disorder (7283 results)
- strategies and prevention of transition to chronic opioid (results 23)

Challenges

- ❑ Sorting literature by age
- ❑ Finding solutions specific to subsection
- ❑ Drafting recommendation that are practical

Brief Summary

- Little high-grade evidence on transition to chronic opioid use specific to advancing age by decade of life.
- ~6% opioid naïve adults ≥ 65 transitioned to chronic opioid use
- No new evidence since 2018 guideline to suggest factors other than
  - Patient, prescriber, system
  - Individual patient characteristics more important than surgical procedure
- Approaches to reduce transition include mobile phone therapies, motivational interviewing, transitional pain service, de-prescribing algorithms, education, state rules & reimbursement policies

Draft Recommendations

- Perform a risk assessment for severe acute pain and adverse effects of opioids prior to prescribing as outlined in 2018 BREE guidelines and 2015 AMDG perioperative supplement.
- Establish realistic goals and expectations including plans to reduce and discontinue opioid therapy. Use shared decision-making to set goals to maximize quality of life, minimize risk of adverse events, side effects and persistent opioid use.
- Optimize pain care by involving the patient and family or caregiver in discussing and agreeing on a pain management plan BEFORE any elective procedures
- Discharge planning and transition coordination – provider who "owns" care trajectory (list of who can do this e.g., PCMH, clinical pharmacist)
  All care transitions for older adults who are on opioids should include a clear plan for insuring that patient benefit is greater than harm and specifically name who is responsible for that activity."
- While multi-modal approaches are important, avoid complicated regimens. Take into consideration other medications the patient is taking such as sedatives, muscle relaxers, antihistamines, anticholinergics.
- When used, opioid should be used at the lowest dose and for the briefest duration.

Draft Recommendations

- Start at 25%-50% of what would be initiated in a younger adult and extend the dosing intervals.
- Avoid using long-acting opioids for acute pain (methadone, levorphanol, fentanyl patch or opioid delivered by extended-release forms).
- Maintain a high vigilance for exaggerated side effects including respiratory depression, constipation with need for bowel prophylaxis, delirium and psychomotor effects leading to falls
- Track opioid use and signs of potential misuse including the development of opioid use disorder during acute recovery and related functional status with outcome measures such as mood, mobility, ADLs, sleep, appetite, cognitive impairment, weight changes.
- Optimize pain care by involving the patient and family or caregiver in the discharge and provide clear oral and readable written instructions on:
  - The risks, safe use, and storage of opioids and proper disposal of controlled substances through Safe Medication Return Program.
  - Which provider will be responsible for managing acute and/or postoperative pain, including who will be prescribing any opioids.
  - Planned taper of postoperative opioids, including a timeline for return to preoperative or lower opioid dosing for those on chronic opioids.
- Perform medication review and reconciliation at follow up visits to ensure the patient is not continuing medication that s/he no longer needs.

Current guidelines simply suggest lowest dose for shortest duration of time

- "Transitions from acute to long-term therapy can begin to occur quickly: the chances of chronic use begin to increase after the third day supplied and rise rapidly thereafter. Consistent with CDC guidelines, treatment of acute pain with opioids should be for the shortest durations possible. Prescribing <7 days (ideally ≤3 days) of medication when initiating opioids could mitigate the chances of unintentional chronic use. When initiating opioids, caution should be exercised when prescribing >1 week of opioids or when authorizing a refill or a second opioid prescription because these actions approximately double the chances of use 1 year later"
  - Shah et al, 2017.

Topic Update: Telehealth

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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

What we are watching: HB 1196

- Audio-only telehealth
- Passed house, currently in Senate
- Services must be provided by a provider with whom the patient has an established relationship
- Services must be covered, medically necessary, and/or essential health benefits under the ACA
- *Services must be determined to be safely and effectively provided through telemedicine or store and forward technology according to generally accepted health care practices and standards*

Draft Framework

Focus Area	Key questions to lead to concrete clinical Steps
Appropriate Service	Strong opportunity for success What types of services are good fits for telehealth (video or audio-only)
Patient Characteristics	Patient preference for in-person vs. virtual Consent process How can the care team make sure the patient is set up to optimize outcomes
Person-centered Interactions	Clearly identify self Effective Professionalism Integrated into medical record
Measurement and Follow-up	What needs to be measured or tracked to ensure equitable, high-quality care was delivered?

How to define appropriateness

- Services that are appropriate
  - Define clearly inappropriate
  - Define clearly appropriate
  - Move to middle
- For which patients is this appropriate?
  - Align with patient preference
  - Broadband
  - Attention to equity and quality

Bree Collaborative Meeting

May 26th, 2021

12:30 – 2:30pm

DR. ROBERT BREE COLLABORATIVE