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**Dr. Robert Bree Collaborative Meeting Minutes**  
**January 27th, 2021 | 12:30-3:30**  
**Held Virtually**

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**Members Present**

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

**Members Absent**

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Mary Kay O'Neill, MD, MBA, Mercer	Sonja Kellen, Global Health & Wellness Benefits, Microsoft
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**Staff and Members of the Public**

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

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

## **CHAIR REPORT & APPROVAL OF NOVEMBER 18 MEETING MINUTES**

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Hugh Straley, MD, opened the meeting and all present introduced themselves. Dr. Straley thanked Richard Goss, MD, Harborview Medical Center and Robert Mecklenburg, MD, Virginia Mason Medical Center for both of their tenures on the Bree Collaborative. They are both retiring.

Dr. Straley welcomed six new members to the collaborative and asked for brief introductions from each. The six new members are (see above for full information): DC Dugdale, Mark Haugen, Norifumi Kamo, Jennifer Kreidler-Moss, Susanne Quistgaard, and Kevin Pieper.

*Motion:* Approve the November 18<sup>th</sup>, 2020 Meeting Minutes

*Outcome:* Passed with unanimous support

## **UPDATE: SOCIAL DETERMINANTS OF HEALTH**

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Nick Locke, MPH, Bree Collaborative gave the group an update on the Social Determinants of Health (SDoH) workgroup. He reviewed the foundational work that was done before the group began and then summarized the work that has been done thus far by the workgroup. The group has come up with a charter and is now meeting monthly to dive into specific topics, which include screening, referrals, data, and coding. He has also been conducting key stakeholder interviews outside of the workgroup. Similar themes keep coming up in these interviews: worries around COVID combined with hope from the increased awareness of our country's need for health equity. He also reviewed the second track for the Bree's SDoH work: to review the impact of racism on clinical care. No workgroup will be made for this topic, but they are hoping to collaborate with experts on health disparities data and come up with a plan for moving forward. The hope is to finish a draft of the SDoH recommendations by April.

## **PRESENTATION AND VOTE FOR FINAL ADOPTION: PRIMARY CARE**

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Judy Zerzan, MD, MPH, Washington State Health Care Authority reviewed the Public Comments that were received for the Primary Care recommendations. Most of the comments were positive. They removed Naturopath as specifically designated, made nomenclature changes, added additional examples of who is part of the team, and added a line on oral health coordination. Comments about catholic doctrine impacting provision of reproductive care and end of life care were discussed. In response to a member question, Dr. Zerzan clarified that the workgroup did not develop metrics because the other HCA Primary Care workgroup was responsible for metrics.

*Motion:* Approve Primary Care Report and Recommendations for final adoption.

*Outcome:* Passed with unanimous approval.

## **IMPLEMENTATION UPDATE**

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Amy Etzel, Bree Collaborative, gave an update on the Bree's implementation work. She reviewed the recent and upcoming implementation webinars. She also gave an update on implementation resources that she is creating using prior Bree guidelines. Ms. Etzel then spoke about the pilot work she is doing with her 10 clinics. For assessment, she is using a crosswalk of the Bree guidelines and MeHAF. She showed a graph of 2020 scores compared to 2021 scores; overall there was forward movement across all of the areas from 2020 to 2021. The largest improvement this year for the clinics was in the area of Data for Quality Improvement. Ms. Etzel also created Bree guideline assessments in the style of the MeHAF, and reviewed those scores (improvement in all areas, again). She saw an increase in scores on naloxone prescribing and on provider support after patient suicide. Other implementation efforts include monthly office hours, shared learning calls with the Pilot Group, a

web-based resource library, online self-assessments, assessments with the Pilot Group January and early February of 2021 (and ongoing QI support), and partnerships with community stakeholders. Amy opened the floor for questions and discussion. A member commented that it would be great to have a sense for the work that is going on outside of the Bree in terms of Primary Care reform. Another member mentioned that it would be nice to see how the work that is being done now is going to spread in the community and influence ACHs.

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#### **PRESENTATION AND VOTE FOR FINAL ADOPTION: PERINATAL BUNDLE**

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Ms. Weir presented the Perinatal Bundle for review for final adoption. She spoke about what was kept from the 2019 recommendations and what was added in 2020, including adding 30 days post-delivery of pediatric care and a new quality metric, “Pediatric visit scheduled or referral process initiated.” She then reviewed the public comments received for the perinatal bundle. Feedback was given on metrics, added data burden, information exchange, difficulty of coordinating outside of system, and integrated substance abuse disorder treatment (which is not included in the bundle). She reviewed some of the individual changes made on pages 3 and 4. A member asked why there was not more detail on pathways for referrals and communication between OBs and pediatrics. Ms. Weir answered that the group did not want to be too prescriptive here. A question was asked about exclusionary criteria for the bundle in terms of the mother; Ms. Weir answered that this topic was already covered in the original bundle.

*Motion:* Approve Perinatal Bundled Payment Model for final adoption.

*Outcome:* Passed with unanimous approval.

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#### **PRESENTATION AND ADOPTION OF CHARTER: OPIOID PRESCRIBING FOR OLDER ADULTS**

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Gary Franklin, MD, Washington State Department of Labor and Industries updated the Collaborative on his workgroup’s progress. He reviewed the members of the workgroup and the group’s six focus areas: Acute prescribing including acute injuries and peri-operative; co-prescribing with opioids; non-opioid pharmacologic pain management; non-pharmacologic pain management; types of opioid therapy—intermittent, low dose, short acting vs others; and tapering/deprescribing in this population. The group is going to address one area per meeting going forward. Other cross-cutting considerations for all focus areas are social determinants of health, patients with cognitive issues (such as with dementia), those in nursing homes, and borders between scope and palliative or end-of-life care. A member of the public commented on Buprenorphine use.

*Motion:* Approve the Opioid Prescribing for Older Adults charter for adoption.

*Outcome:* Passed with unanimous approval.

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#### **PRESENTATION AND ADOPTION OF CHARTER: TELEHEALTH**

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Shawn West, MD, presented on the progress of the Telehealth workgroup. Telehealth utilization has increased significantly during the pandemic; however, there is a knowledge gap in terms of appropriateness. This group has an opportunity to help clinicians and patients understand best practices. He reviewed the members of the workgroup. The aim statement for the group is, “To increase the appropriateness and quality of the delivery of clinical care via telehealth.” Dr. West also reviewed the Purpose statements for the group, including “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” and others. A collaborative member asked if the group has consumer members; they are currently doing outreach to consumers. Susie Dade, MS, Patient Representative, and Greg Marchand, Benefits & Policy, The Boeing Company both volunteered as consumer members. A question was also asked about what “appropriateness” means for this workgroup. Dr. West said that the group should clarify what it means by this word. Comments were made about the importance of connecting care via telehealth to the rest of

a patient's care, the importance of addressing equity and access in the recommendations, and the need to define telehealth.

*Motion:* Approve the Telehealth charter for adoption.

*Outcome:* Passed with unanimous approval.

#### **PRESENTATION AND ADOPTION OF CHARTER: TOTAL JOINT REPLACEMENT BUNDLE**

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Dr. Mecklenburg presented on the progress of the total joint replacement bundle rereview. He reviewed the structure of the bundle and announced the current group members. He also reviewed the charter, including the aim and purpose statements. The aim is, "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." Finally, he related what the group discussed in its January meeting, which was on the first of the four cycles of the bundle, "Impairment due to osteoarthritis despite non-surgical therapy". A member asked about the feedback that the group has received from Virginia Mason (who have implemented this bundle). Dr. Mecklenburg said that one piece of feedback that the group received is that Virginia Mason has found it difficult to get patients to complete follow up questionnaires months after surgery is complete. Dr. Mecklenburg will stay on as the chair of this group even though he is retiring.

*Motion:* Approve the Total Joint Replacement Bundle charter for adoption.

*Outcome:* Passed with unanimous approval.

#### **PRESENTATION AND ADOPTION OF CHARTER: CERVICAL CANCER SCREENING**

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Ms. Weir presented on the progress of the cervical cancer screening workgroup. She gave background on this topic's importance, reviewed the current group members, and went over the aim and purpose sections. The group is still hoping to recruit new members, including finding patient advocates. The Aim is "to increase the appropriate cervical cancer screening process in Washington State to decrease incidence of and mortality from cervical cancer." There was a comment that Diana Buist from the Kaiser Research Institute might have good suggestions for patient advocate group members who are part of a study that is currently happening. There was a suggestion to add to the charter the creation of a better metric than the current NCQA one. There were suggestions for the following new group members: a nurse-midwife, a laboratory pathologist, and a gynecologic oncologist. A question was asked about the relationship of HPV vaccination to screening; Laura Kate Zaichkin, MPH, SEIU 775 Benefits Group said that there is work to do around patient education and shared decision-making to determine the most appropriate form of screening. Another member brought up the importance of health information technology to help patients know their screening history. The final comment was on the need to reach out to the African American community specifically as they experience lower rates of screening.

#### **NEXT STEPS AND CLOSING COMMENTS**

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Dr. Straley spoke briefly about the need to move to value-based payment. The group would love to hear from organizations how this work could proceed, especially in terms of using value-based payment for primary care.

**Next Bree Collaborative Meeting:** March 24<sup>th</sup>, 2021 | 12:30 – 3:30 | Zoom