

Bree Collaborative Meeting

May 26, 2021 | Zoom Meeting



Agenda



- **Welcome and Introductions**
 - Meeting Minutes
- **Presentation:** Building a Community Standard to Address Systemic Racism
- **Presentation:** Social Determinants in Clinical Care Final Guidelines
- **Dissemination for Public Comment:** Cervical Cancer Screening
- **Discussion:** From Topic Selection to Implementation
- **Next Steps and Close**

March 24 Meeting Minutes



Dr. Robert Bree Collaborative Meeting Minutes March 24th, 2021 | 12:30-2:30 Held Virtually

Members Present

Hugh Straley, MD, Bree Collaborative (Chair)
Susie Dade, MS, Patient Representative
DC Dugdale, MD, MS, University of Washington
School of Medicine
Gary Franklin, MD, Washington State Department
of Labor and Industries
Stuart Freed, MD, Confluence Health
Richard Goss, MD, Harborview Medical Center
Norifumi Kamo, MD, MPP, Virginia Mason Medical
Center
Darcy Jaffe, MN, ARNP, NE-BC, FACHE, Washington
State Hospital Association
Rick Ludwig, MD, Providence Health Accountable
Care
Greg Marchand, The Boeing Company

Kimberly Moore, MD, Franciscan Health System
Drew Oliveira, MD, Regence
Mark Haugen, MD, Physician, Walla Walla Clinic
Susane Quistgaard, MD, Premera Blue Cross
Kevin Pieper, MD, MHA, Kadlec Regional Medical
Center
Karen Johnson, PhD, Washington Health Alliance
Carl Olden, MD, Pacific Crest Family Medicine
John Robinson, MD, SM, First Choice Health
Jeanne Rupert, DO, PhD, The Everett Clinic
Angie Sparks, MD, Kaiser Permanente
Shawn West, MD, Embright
Laura Kate Zaichkin, MPH, SEIU 775 Benefits Group
Judy Zerzan, MD, MPH, Washington State Health
Care Authority

Presentation:

Building a Community Standard to Address Systemic Racism

Ben Danielson, MD
University of Washington Medical Center



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Presentation: Social Determinants in Clinical Care Final Guidelines

Nick Locke, MPH
Program Coordinator,
Foundation for Health Care Quality

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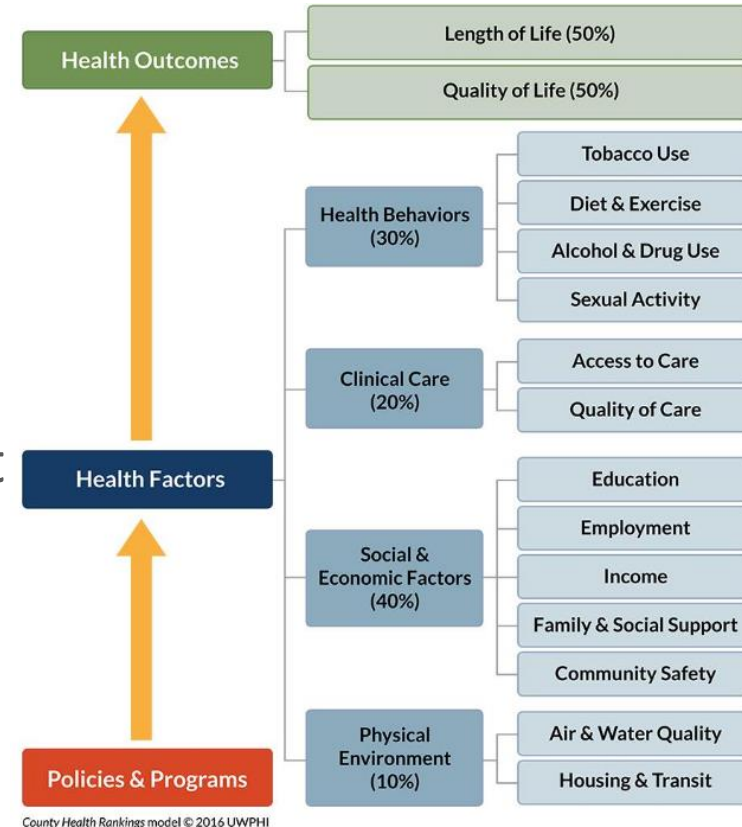
“Not everything that is faced can be changed. But nothing can be changed until it is faced.”

-James Baldwin

The Facts



- Social determinants of health (SDoH) = conditions in which we live, work, + play
- Contribute ~40% our overall health and length of life
- Experience of racism embedded within social determinants AND highly prevalent within and outside of clinical care
- Both racism and social needs = highly stigmatized + largely unrecognized in clinical care



County Health Rankings model © 2016 UWPHI

2020 = SARS-COV-2 pandemic → economic downturn → increased food + housing insecurity → anxiety + depression AND Murder of black men → #blacklives matter

The Ask



...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 Process



Date	Summary of Discussion
September 17, 2020	<ul style="list-style-type: none"> • Review of Bree Collaborative and scope of work. • Preliminary discussion of pilots in Washington state • ACH contribution to standard making • Best- and worst-case outcomes for community standard
October 15, 2020	<ul style="list-style-type: none"> • Gravity project scope, outcomes, and ability to inform WA process • Deciding on a suite of tools or on domains to be screened • Role for health plans
November 19, 2020	<ul style="list-style-type: none"> • Presentation from Greater Columbia ACH • Workflows from Intermountain Health and Kaiser Permanente • Finalizing scope as outlined in charter • Tracking with Z-Codes
December 17, 2020	<ul style="list-style-type: none"> • Discussion of possible SDOH workflows • Member presentations from Kaiser Permanente, Virginia Mason, and the WA Association of Community Health Centers. • Screening details including who, what, when, and how.
January 21, 2021	<ul style="list-style-type: none"> • Discussion of SDOH data and interoperability • Presentation from Mark Savage of the Gravity Project • Concerns about data barriers, data ownership, and transparency. • Encouraging utilization of existing coded elements
February 18, 2021	<ul style="list-style-type: none"> • Discussion of interventions for identified SDOH need – care coordination, case managers, closed loop referrals. • Member spotlights on Child and Adolescent Clinic and Mobile Integrated Health. • Presentation from Unite Us • Concerns about funding mechanisms, level of support given to CBOs who are at capacity
March 18, 2021	<ul style="list-style-type: none"> • Presentation from Molina about the role of health plans in SDOH interventions. • Discussion of investments and incentives for SDOH work. • Review of the Bree SDOH recommendation framework and outline.
April 15, 2021	<ul style="list-style-type: none"> • In-depth review of the Bree SDOH recommendation framework and checklist by the Bree workgroup. • Discussion of public comment survey being sent out prior to the next SDOH workgroup meeting.
May 13, 2021	<ul style="list-style-type: none"> • Review of public comment on Bree SDOH recommendation framework and checklist for final report edits.

The Process



Research and Literature Review:

- Articles
- Reports
- Implementation Guides

Goals: Identify key topics and best practices from around the nation.



Workgroup Meetings:

- Shared learning
- Discussion of common barriers and facilitators

Goals: Identify local needs. Share best practices and begin collaboration.



Stakeholder Interviews:

- Health Systems
- Plans/Benefits
- State Agencies
- CBOs

Goals: Engage community, evaluate best practices in place.

Result: Social determinants and health equity best practices tailored to our community and laying the groundwork for collaborative implementation.

The Interviews



SDoH

- 2-1-1
- ACH Social Investment Fund Model
- American Indian Health Commission
- Child and Adolescent Clinic of Longview
- Community Health Plan of Washington
- DOH
- First Choice Health Network
- Gravity Project
- Greater Columbia ACH
- HCA
- Health Care for the Homeless Network
- Healthier Here ACH
- Highline Public Schools
- Kaiser Permanente, Unite Us
- KP/OCHIN
- Mercer
- Molina
- North Central ACH
- Oregon Primary Care Association
- Premera
- Refugee Women's Alliance
- SEIU 775
- SFD, Mobile Integrated Health
- Veteran's Affairs Health
- Virginia Mason
- Washington Association for Community Health
- Washington State Hospital Association
- West Side Baby
- YMCA of Greater Seattle
- Unite Us

Equity

- Amerigroup
- Boeing
- Foundation for Health Care Quality
- Health Care Authority
- One Health Port
- Seattle Children's Hospital Center for Diversity and Health Equity
- United Health
- Urban Indian Health Institute
- VA of Puget Sound
- Washington Academy of Family Physicians

The Standards



What should be standard

- Screening for housing security, food security, and transportation
- Race/ethnicity demographic fields
- Coding for social risk and race/ethnicity
- FHIR defined resources
- Annual implicit bias training

Allowable variances

- Internal processes for level-setting, fostering buy-in
- Specific screening questions/tool
- Screening for SDoH domains beyond housing security, food security, transportation
- Stratification process

The Clinical Framework



Plan

- Embed diversity, equity, and inclusion into organizational principles
- Level-setting/buy-in
- Annual implicit bias training for all staff and board members
- Collaborate with patients and staff on pilot planning and workflow

Identify

Universal FHIR-defined screening with validated tool(s) for:

- Race
- Housing security,
- Food security,
- Transportation need, and
- Other high priority domain(s)

Track and Measure

- Integrate SDoH into existing disease or diagnosis registry or develop new registry
- Use FHIR-defined resources and bill using z-codes
- Stratify population by social need(s) into 2+ tiers
- Stratify process, patient-reported outcomes, and health outcomes by race categories

Follow-Up

- Resource lists for low-risk patients
- Case management for higher-risk patients
- Closed loop referrals
- Plan-Do-Study-Act where disparity is identified

Incentivize and Invest

- Reimbursement mechanisms supporting above pathway aligned with value-based payment
- Interoperable community information exchanges, learning collaboratives, and social care integration
- Organizing body to align state-wide stakeholders

The Next Steps



Ongoing Coalition

- Aggregate emerging best practices from national and local organizations
- Synthesize national best practices to be meaningful to our region
- Disseminate findings to stakeholders

Data Registry

- Collect standard SDOH and race data
- Analyze and benchmark data to inform broad learning community and to demonstrate value
- Target gaps for quality improvement

Systems Transformation

- Facilitate public-private partnerships
- Develop resources and support for local SDOH pilot projects
- Partner with community-based organizations to expand capacity

Bree's Role



- Decide whether to adopt

Dissemination for Public Comment: Cervical Cancer Screening

Laura Kate Zaichkin, MPH
SEIU 775 Benefits Group



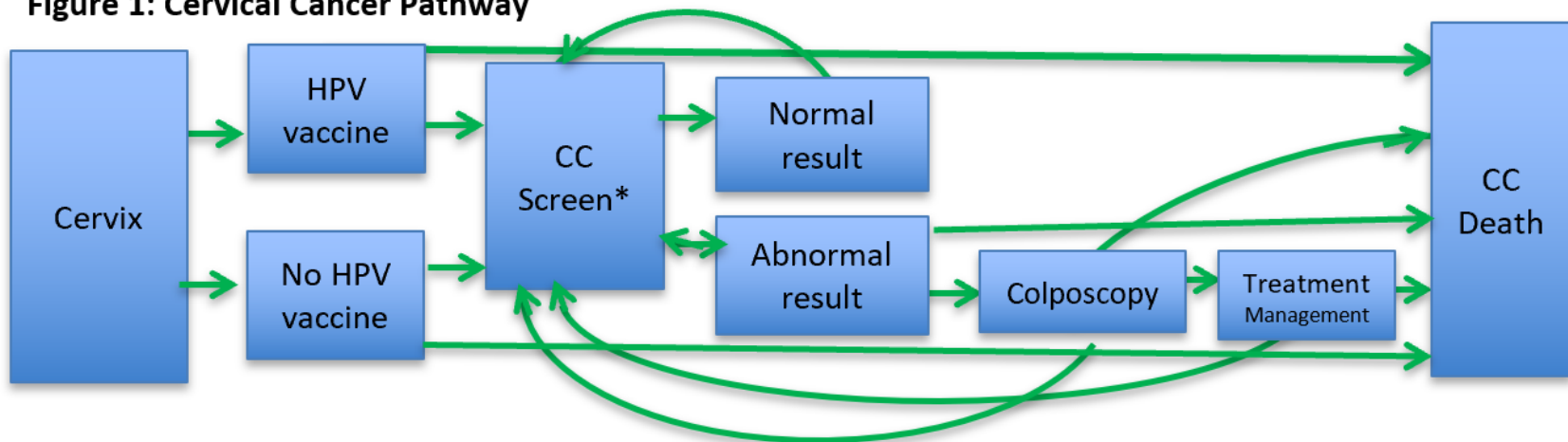
Members



- **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 the Cervical Cancer (CC) Pathway Exposures vs Interventions

Figure 1: Cervical Cancer Pathway



Patient, Provider, and System-Level Barriers



Level	HPV Vaccine	CC Screen	Follow-Up	Colposcopy
Patient	<ul style="list-style-type: none"> • Parental objection or hesitancy • Stigma around sex and sexually transmitted infections (STI) 	<ul style="list-style-type: none"> • No provider • Cost of visit • Time, transportation, childcare etc. • Knowledge of when to come in • Fear of cancer • Fear of pain • Fear/distress and/or discomfort with pelvic exam 	<ul style="list-style-type: none"> • Fear of cancer • Unclear next steps • Unstable contact information 	<ul style="list-style-type: none"> • Missed appointments (fear, avoidance, time, transportation, childcare etc.) • Limited referral colposcopists • Cost of colposcopy or treatment
Provider	<ul style="list-style-type: none"> • Does not bring up • Stigma around sex and STIs • Incorrect assumptions about risk 	<ul style="list-style-type: none"> • Unknown patient population • Insensitive or painful pelvic exam or procedure 	<ul style="list-style-type: none"> • Incorrect clinical plan (failure to follow ASCCP) • Failure of tracking/care coordination system • Plan not well communicated to patient 	<ul style="list-style-type: none"> • Insensitive or painful pelvic exam or procedure
System	<ul style="list-style-type: none"> • Tracking HPV vaccinations 	<ul style="list-style-type: none"> • Tracking of population who is up to date on CC screen 	<ul style="list-style-type: none"> • Unreliable interface between lab and providers, provider and care coordinators, provider, and patients • Unstable system for care coordination 	<ul style="list-style-type: none"> • Limited or no local colposcopists accepting under/uninsured patient referrals

Led to: Focus Areas



- HPV Vaccine
- Cervical Cancer Screen
- Abnormal Result Follow-Up
- Colposcopy

Stakeholder Checklists

Health Care Delivery

Site/Organization

Patients and Family Members

Providers

Health Plans

Employers

WA Health Care Authority

WA Department of Health

WA Legislature

HPV Vaccine



- Raise the importance of the HPV vaccine during adolescent visits
- Address myths around the HPV vaccine through person-centered education
- Frame the HPV vaccine as cancer prevention not STI prevention
- Require HPV vaccine for public school enrollment
- Track HPV vaccination at a delivery site level by age, race and ethnicity

Cervical Cancer Screen



- Frame as preventative screening for pre-cancerous conditions
- Track and clearly communicate the process and frequency for cervical cancer screen
- Practice trauma-informed pelvic exams
- USPSTF screening recommendations
- Discuss type of screening test being conducted with the patient
- When approved by the FDA, available, recommended by national quality organizations, and lab-validated, offer self-swab for HPV-alone
- Track outcomes and identify disparities
- Prioritize outreach to populations with historical or demonstrated lower screening rates
- Report screening completion by race and ethnicity by site and health plan

Abnormal Result Follow-Up



- Designate process owner for the site-level cancer screening registry follow-up and outreach (e.g., from care coordinator)
- Ensure communication is understandable, person-centered, guideline-consistent, with clear next steps for patients

Colposcopy



- Practice trauma-informed gynecology includes assessing and accommodating for past trauma)
- List of colposcopists and warm handoff to referral providers
- Waive member cost share for follow-up evaluation on abnormal screening

Recommendation



Approve for Dissemination for Public Comment

Discussion: New Topics

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38 sets of recommendations



- **Pain (chronic and acute)**

- *Collaborative care for chronic pain (2018)*
- *Low back pain management (2013)*
- *Opioid prescribing metrics (2017)*
- *Opioid prescribing for postoperative pain (2018)*
- *Opioid prescribing in dentistry (2017)*
- *Long-term opioid prescribing management (2019)*
- *Opioid Prescribing in older adults (2021)*

- **Behavioral Health**

- *Integrating behavioral health into primary care (2016)*
- *Addiction and substance use disorder screening and intervention (2014)*
- *Suicide care (2018)*
- *Treatment for opioid use disorder (2016)*
- *Prescribing antipsychotics to children and adolescents (2016)*
- *Risk of Violence to Others (2019)*

- **Oncology**

- *Oncology care: breast and prostate (2015)*
- *Prostate cancer screening (2015)*
- *Oncology care: inpatient service use (2020)*
- *Colorectal cancer screening (2020)*
- *Cervical cancer screening (2021)*

- **Procedural (surgical)**

- *Bundled payment models and warranties:*
- *Total knee and total hip replacement (2013, re-review 2017, re-review 2021)*
- *Lumbar fusion (2014, re-review 2018)*
- *Coronary artery bypass surgery (2015)*
- *Bariatric surgery (2016)*
- *Hysterectomy (2017)*
- *Data collection on appropriate cardiac surgery (2013)*
- *Spine SCOAP (2013)*

- **Reproductive Health**

- *Obstetric care (2012)*
- *Perinatal bundle (2019-2020)*
- *Reproductive and sexual health (2020)*

- **Aging**

- *Advance care planning for the end-of-life (2014)*
- *Alzheimer's disease and other dementias (2017)*

- **Palliative care (2019)**

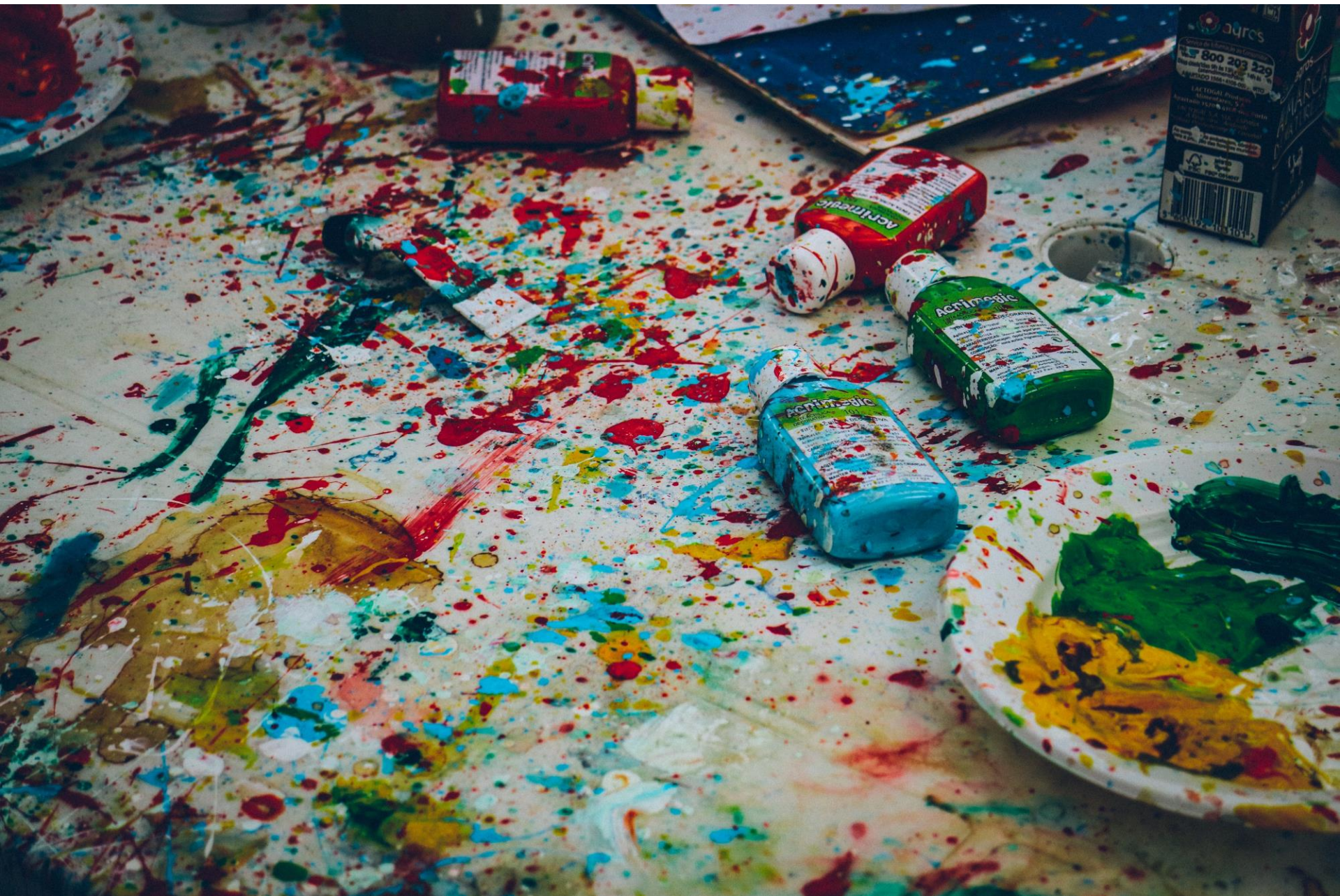
- **Hospital readmissions (2014)**

- **LGBTQ health care (2018)**

- **Shared decision making (2019)**

- **Primary care (2020)**

- **Telehealth (2021)**



We think about...



What makes us ill
AND
How and when we die

Or...



What is it to be healthy?

Who gets to be healthy?

How we can live longer?

Who gets to live a long life?

AND

How do we know?

10 Leading Causes of Death by Age Group, United States – 2018

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 4,473	Unintentional Injury 1,226	Unintentional Injury 734	Unintentional Injury 692	Unintentional Injury 12,044	Unintentional Injury 24,614	Unintentional Injury 22,667	Malignant Neoplasms 37,301	Malignant Neoplasms 113,947	Heart Disease 526,509	Heart Disease 655,381
2	Short Gestation 3,679	Congenital Anomalies 384	Malignant Neoplasms 393	Suicide 596	Suicide 6,211	Suicide 8,020	Malignant Neoplasms 10,640	Heart Disease 32,220	Heart Disease 81,042	Malignant Neoplasms 431,102	Malignant Neoplasms 599,274
3	Maternal Pregnancy Comp. 1,358	Homicide 353	Congenital Anomalies 201	Malignant Neoplasms 450	Homicide 4,607	Homicide 5,234	Heart Disease 10,532	Unintentional Injury 23,056	Unintentional Injury 23,693	Chronic Low. Respiratory Disease 135,580	Unintentional Injury 167,127
4	SIDS 1,334	Malignant Neoplasms 326	Homicide 121	Congenital Anomalies 172	Malignant Neoplasms 1,371	Malignant Neoplasms 3,684	Suicide 7,521	Suicide 8,345	Chronic Low. Respiratory Disease 18,804	Cerebrovascular 127,244	Chronic Low. Respiratory Disease 159,486
5	Unintentional Injury 1,168	Influenza & Pneumonia 122	Influenza & Pneumonia 71	Homicide 168	Heart Disease 905	Heart Disease 3,561	Homicide 3,304	Liver Disease 8,157	Diabetes Mellitus 14,941	Alzheimer's Disease 120,658	Cerebrovascular 147,810
6	Placenta Cord. Membranes 724	Heart Disease 115	Chronic Low. Respiratory Disease 68	Heart Disease 101	Congenital Anomalies 354	Liver Disease 1,008	Liver Disease 3,108	Diabetes Mellitus 6,414	Liver Disease 13,945	Diabetes Mellitus 60,182	Alzheimer's Disease 122,019
7	Bacterial Sepsis 579	Perinatal Period 62	Heart Disease 68	Chronic Low Respiratory Disease 64	Diabetes Mellitus 246	Diabetes Mellitus 837	Diabetes Mellitus 2,282	Cerebrovascular 5,128	Cerebrovascular 12,789	Unintentional Injury 57,213	Diabetes Mellitus 84,946
8	Circulatory System Disease 428	Septicemia 54	Cerebrovascular 34	Cerebrovascular 54	Influenza & Pneumonia 200	Cerebrovascular 567	Cerebrovascular 1,704	Chronic Low. Respiratory Disease 3,807	Suicide 8,540	Influenza & Pneumonia 48,888	Influenza & Pneumonia 59,120
9	Respiratory Distress 390	Chronic Low. Respiratory Disease 50	Septicemia 34	Influenza & Pneumonia 51	Chronic Low. Respiratory Disease 165	HIV 482	Influenza & Pneumonia 956	Septicemia 2,380	Septicemia 5,956	Nephritis 42,232	Nephritis 51,386
10	Neonatal Hemorrhage 375	Cerebrovascular 43	Benign Neoplasms 19	Benign Neoplasms 30	Complicated Pregnancy 151	Influenza & Pneumonia 457	Septicemia 829	Influenza & Pneumonia 2,339	Influenza & Pneumonia 5,858	Parkinson's Disease 32,988	Suicide 48,344

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

Source: @petesouza, the Obama White House,
<https://www.instagram.com/p/BRCdveTIWQ3/?hl=en>

Why do we exist? What is our role?



- Who is the customer and what do they want?
 - State political agenda
 - Legislature
 - Health Care Authority
 - Private Employers
- Are we comfortable selecting topics that serve to elevate/highlight issues (less implementable)?
- Funding for implementation?

My proposal



- Low Back Pain
- Adverse Childhood Experiences
- Asthma (potentially bundle)
- ???

Bree Collaborative Meeting

July 28th, 2021

12:30 – 2:30pm

