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

May 26, 2021| Zoom Meeting
Presentation: Social Determinants in Clinical Care Final Guidelines

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

May 26, 2021 | Zoom Meeting
“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

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Summary of Discussion</th>
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<tr>
<td>September 17, 2020</td>
<td>• Review of Bree Collaborative and scope of work.</td>
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<td>• Preliminary discussion of pilots in Washington state</td>
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<td>• ACH contribution to standard making</td>
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<td>• Best- and worst-case outcomes for community standard</td>
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<td>October 15, 2020</td>
<td>• Gravity project scope, outcomes, and ability to inform WA process</td>
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<td>• Deciding on a suite of tools or on domains to be screened</td>
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<td>• Role for health plans</td>
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<td>November 19, 2020</td>
<td>• Presentation from Greater Columbia ACH</td>
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<td>• Workflows from Intermountain Health and Kaiser Permanente</td>
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<td>• Finalizing scope as outlined in charter</td>
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<td>• Tracking with Z-Codes</td>
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<td>December 17, 2020</td>
<td>• Discussion of possible SDOH workflows</td>
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<td>• Member presentations from Kaiser Permanente, Virginia Mason, and the WA Association of Community Health Centers.</td>
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<td>• Screening details including who, what, when, and how.</td>
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<td>January 21, 2021</td>
<td>• Discussion of SDOH data and interoperability</td>
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<td>• Presentation from Mark Savage of the Gravity Project</td>
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<td>• Concerns about data barriers, data ownership, and transparency.</td>
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<td>• Encouraging utilization of existing coded elements</td>
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<td>February 18, 2021</td>
<td>• Discussion of interventions for identified SDOH need – care coordination, case managers, closed loop referrals.</td>
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<td>• Member spotlights on Child and Adolescent Clinic and Mobile Integrated Health.</td>
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<td>• Presentation from Unite Us</td>
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<td>• Concerns about funding mechanisms, level of support given to CBOs who are at capacity</td>
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<td>March 18, 2021</td>
<td>• Presentation from Molina about the role of health plans in SDOH interventions.</td>
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<td>• Discussion of investments and incentives for SDOH work.</td>
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<td>• Review of the Bree SDOH recommendation framework and outline.</td>
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<td>April 15, 2021</td>
<td>• In-depth review of the Bree SDOH recommendation framework and checklist by the Bree workgroup.</td>
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<td>• Discussion of public comment survey being sent out prior to the next SDOH workgroup meeting.</td>
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<tr>
<td>May 13, 2021</td>
<td>• Review of public comment on Bree SDOH recommendation framework and checklist for final report edits.</td>
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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
- West Side Baby
- YMCA of Greater Seattle
- Unite Us
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

<table>
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<tr>
<th>Ongoing Coalition</th>
<th>Data Registry</th>
<th>Systems Transformation</th>
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<tr>
<td>• Aggregate emerging best practices from national and local organizations</td>
<td>• Collect standard SDOH and race data</td>
<td>• Facilitate public-private partnerships</td>
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<tr>
<td>• Synthesize national best practices to be meaningful to our region</td>
<td>• Analyze and benchmark data to inform broad learning community and to demonstrate value</td>
<td>• Develop resources and support for local SDOH pilot projects</td>
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<td>• Disseminate findings to stakeholders</td>
<td>• Target gaps for quality improvement</td>
<td>• Partner with community-based organizations to expand capacity</td>
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Bree’s Role

• Decide whether to adopt
Dissemination for Public Comment:
Cervical Cancer Screening

Laura Kate Zaichkin, MPH
SEIU 775 Benefits Group

May 26, 2021 | Bree Collaborative Meeting
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

- Cervix
- HPV vaccine
- No HPV vaccine
- CC Screen*
- Normal result
- Abnormal result
- Colposcopy
- Treatment Management

CC Death
## Patient, Provider, and System-Level Barriers

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<tr>
<th>Level</th>
<th>HPV Vaccine</th>
<th>CC Screen</th>
<th>Follow-Up</th>
<th>Colposcopy</th>
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</thead>
</table>
| **Patient** | • Parental objection or hesitancy  
• Stigma around sex and sexually transmitted infections (STI) | • 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 | • Fear of cancer  
• Unclear next steps  
• Unstable contact information | • Missed appointments (fear, avoidance, time, transportation, childcare etc.)  
• Limited referral colposcopists  
• Cost of colposcopy or treatment |
| **Provider** | • Does not bring up  
• Stigma around sex and STIs  
• Incorrect assumptions about risk | • Unknown patient population  
• Insensitive or painful pelvic exam or procedure | • Incorrect clinical plan (failure to follow ASCCP)  
• Failure of tracking/care coordination system  
• Plan not well communicated to patient | • Insensitive or painful pelvic exam or procedure |
| **System** | • Tracking HPV vaccinations | • Tracking of population who is up to date on CC screen | • Unreliable interface between lab and providers, provider and care coordinators, provider, and patients  
• Unstable system for care coordination | • 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
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

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<th>Congenital Anomalies</th>
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**Data Source:** National Vital Statistics System, National Center for Health Statistics, CDC.

**Produced by:** National Center for Injury Prevention and Control, CDC using WISQARS™.
Hard things are hard

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