## Bree Collaborative Meeting



#### Agenda



- Welcome and Introductions
  - Adopt November Meeting Minutes
- Topic Update: Opioid Prescribing in Older Adults
- New Topic Update: Infection Control
  - Adopt Charter and Roster
- New Topic Update: Hepatitis C
  - Adopt Charter and Roster
- New Topic Update: Pediatric Asthma
  - Adopt Charter and Roster
- Discussions: Social Need and Health Equity, COVID-19
- Next Steps and Close

#### **November 17 Meeting Minutes**



#### Dr. Robert Bree Collaborative Meeting Minutes November 17<sup>th</sup>, 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
Medical Center
Gary Franklin, MD, Washington State Department
of Labor and Industries
Stuart Freed, MD, Confluence Health
Mark Haugen, MD, Physician, Walla Walla Clinic
Norifumi Kamo, MD, MPP, Virginia Mason
Franciscan Medical Center
Carl Olden, MD, Pacific Crest Family Medicine

Rick Ludwig, MD, Providence Health
Greg Marchand, The Boeing Company
Kimberly Moore, MD, Franciscan Health System
Drew Oliveira, MD, Regence
Susane Quistgaard, MD, Premera Blue Cross
John Robinson, MD, SM, First Choice Health
Angie Sparks, MD, Kaiser Permanente
Shawn West, MD, Embright
Judy Zerzan, MD, MPH, Washington State Health
Care Authority

# Topic Update: Opioid Prescribing for Older Adults



#### **Workgroup Members**



- Gary Franklin, MD, MPH (Co-chair),
   Washington State Department of Labor and Industries
- Darcy Jaffe, MN, ARNP, NE-BC, FACHE (Cochair), 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
- 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

#### **Timeline**



✓ Jan: Charter and scope defined

✓ Mar: Acute prescribing I

✓ Apr: Acute prescribing II

✓ May: Co-prescribing with opioids

√ Jun: Non-pharmacologic pain management I

✓ July: Non-pharmacologic pain management II & Co-prescribing with opioids review

✓ Aug: Non-pharmacologic pain management

✓ Sept: Non-opioid pharmacologic pain management

✓ Oct: Non-pharmacologic pain management

✓ Dec: **Tapering** 

✓ Jan: Medication review & Intermittent use

✓ Feb: Review draft guideline recommendations

✓ Mar: Public comment

#### Mapping Focus Areas to Objectives



#### **Focus Areas**

- ✓ Acute prescribing
- **✓** Co-prescribing with opioids
- ✓ Non-opioid pharmacologic pain management
- ✓ Non-pharmacologic pain management
- √ Tapering and de-prescribing
- **✓** Intermittent use
- ✓ Medication therapy management

#### Goals

- ✓ Prevent transition to chronic prescribing
- ✓ Reduce impact on cognition, falls, delirium
- ✓ Outline/compare risks and benefits
- ✓ Reduce use of long-acting opioids and chronic opioid therapy

#### **Tapering/Deprescribing**



Taper of LTOT is possible but holds risks related to:

- 1. How quickly the dose is reduced
- 2. Who is being selected for taper

Taper should be supported, gradual and as patient-centered as possible

#### **Draft Recommendations**

- Take time to develop patient buy-in
- Offer behavioral health support and nonpharmacologic pain treatment early in taper plan
- Connect patient with peer-topeer support

<u>2020 Bree Opioid Prescribing: Long-Term Opioid Therapy Report and Recommendations</u>

#### **Medication Therapy Management**



Medication Therapy
Management (MTM) must be
included in Medicare Part D
plans, but the interventions are
not always implemented
consistently

#### **Draft Recommendations**

- When possible, plan's MTM should involve pharmacists who have an established relationship with the patient
- Facilitate integration of MTM service elements into providers' EHRs
- Plan's MTM should address opioid safety and management for all eligible Medicare beneficiaries

#### **Intermittent Use**



Intermittent use that is greater than de minimis use appears to have a similar risk profile to chronic daily use

#### **Draft Recommendations**

- Consider intermittent use in select situations only if it improves physical and social function
- Prescribe low dose and limit to once or twice weekly
- Re-evaluate frequently for opioid-related adverse effects (e.g., falls, sedation)

#### **Summary**



- There is little high-grade evidence on opioid prescribing/use specific to advancing age by decade of life
  - ~6% opioid naïve adults ≥ 65 transitioned to chronic opioid use
- Approaches to opioid prescribing and pain management should be focused on function and safety
- Start low, go slow and "stop soon"
- Key recommendations:
  - Make use of non-pharmacologic pain management modalities
  - Individual care plans
  - Perform comprehensive medication review
  - Coordinate care
  - Use pharmacists in multidisciplinary teams

#### **THANK YOU!**



## Questions or Comments?

## New Topic: Outpatient Infection Control



### Background



- The past several decades have seen a significant shift in healthcare delivery from inpatient to outpatient settings, yet outpatient settings often lack the infrastructure or resources to support infection prevention and surveillance activities.
- The COVID-19 pandemic has demonstrated the need for infection control measures, with over 800,000 Washingtonians infected with COVID-19 by December 2021.
- Additional infection control policies implemented during the COVID-19 pandemic, such as physical distancing and masking, have proven useful in disrupting the circulation of other respirator viruses and infectious disease.

 <sup>1</sup> Centers for Disease Control and Prevention. (September 2016). Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care. https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf
 2 WA Department of Health. (December 2021) COVID-19 Data Dashboard. https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard

<sup>• 3</sup> Centers for Disease Control and Prevention. (July 2021) Changes in Influenza and Other Respiratory Virus Activity During the COVID-19 Pandemic. https://www.cdc.gov/mmwr/volumes/70/wr/mm7029a1.htm

#### Members



- Chair: Mark Haugen, MD, Walla Walla Clinic & Surgical Center
- Rhonda Bowen, CIC, CPPS, CPHQ, CPHRM, Comagine Health
- · Lisa Hannah, CIC, Washington State Department of Health
- Stephanie Jaross, BSN, RN, Proliance Center for Outpatient Spine and Joint Surgery
- · Lisa Waldowski, DNP, CIC, Kaiser Permanente Washington
- Faiza Zafar, DO, FACOI, Community Health Plan of Washington

#### Aim



To standardize infection control practices in the outpatient setting to mitigate the spread of prevalent infectious diseases.

#### **Purpose**



To propose evidence-based recommendations to the full Bree Collaborative on:

- Transmission-based protocols, sterilization and disinfectant protocols
- Surveillance of infectious disease transmissibility
- Developing clinical workflows for high-risk/crisis situations
- Partnering with patients to provide education about disease risk
- Engaging community leaders to mitigate community spread
- Benefit designs and incentives to help encourage behavior change
- Applying existing infection control guidelines to the varied resources of outpatient settings.

#### Recommendation



#### **Adopt Charter**

### New Topic: Hepatitis C



### Background



- Hepatitis C virus (HC) is the most common chronic blood-borne pathogen in the United States and a leading cause of complications from chronic liver disease
- In 2018, an estimated 59,100 Washingtonians were living with HCV, prompting Governor Inslee to issue Directive of the Governor 18-13: "Eliminating Hepatitis C in Washington by 2030 through combined public health efforts and a new medication purchasing approach."
- While an estimated 88% of HCV infections are properly diagnosed, only about 12% of patients with HCV receive treatment due to barriers to treatment access
- US Preventative Services Task Force (2020). Screening for Hepatitis C Virus Infection in Adolescents and Adults. JAMA. doi:10.1001/jama.2020.1123
- HEP C Free Washington (2019). Plan to Eliminate Hepatitis C in Washington State by 2030. http://www.doh.wa.gov/HepCFreeWA

#### Members



- Yumi Ando, MD, Kaiser Permanente
- Omar Daoud, PharmD, Community Health Plan of Washington
- Emalie Huriaux, MPH, Washington State Department of Health
- Patrick Judkins, Thurston County Health Department
- Ryan Pistoresi, Washington State Health Care Authority
- Abha Puri, MPH, Community Health Plan of Washington
- John Scott, MD, MSc, University of Washington
- Jon Stockton, MHA, Washington State Department of Health
- Tony Stupski, MD, SeaMar
- Judith Tsui, MD, MPH, University of Washington
- Wendy Wong, PharmD, Providence

#### Aim



To increase evidence-informed screening, monitoring, and access to treatment for Hepatitis C virus (HCV) to reduce the burden of HCV in Washington state.

#### **Purpose**



To propose evidence-based recommendations to the full Bree Collaborative on:

- Monitoring HCV prevalence and treatment
- Access to patient-centered preventative and screening services for HCV
- Improving clinical workflows to diagnose and treat HCV
- Improving equitable access to HCV treatment and intervention services
- Identifying and engaging underserved patients with HCV
- Training and incentivizing primary care providers to treat HCV
- Increasing HCV awareness, education, and reducing stigma
- Developing reimbursement models to reach patients with HCV in outside of traditional delivery systems

#### Recommendation



#### **Adopt Charter**

### New Topic: Pediatric Asthma



### Background



- Asthma is the most common chronic disease among children
- Nearly 120,000 children have been diagnosed with asthma in Washington, accounting for between 8 – 11% of children in middle and high school.
- Additionally, in Washington State there are about 5,000 hospitalizations and 100 deaths due to asthma annually.
- Asthma cannot be cured, but can be effectively managed
- WA Department of Health. (2010). Children and Youth with Asthma: Washington State 2009-2010. <a href="https://www.doh.wa.gov/Portals/1/Documents/Pubs/345-305-ChildAsthmaFactSheet.pdf">https://www.doh.wa.gov/Portals/1/Documents/Pubs/345-305-ChildAsthmaFactSheet.pdf</a>
- WA Department of Health. (2022). Asthma Data.
   <a href="https://www.doh.wa.gov/dataandstatisticalreports/diseasesandchronicconditions/asthmadata">https://www.doh.wa.gov/dataandstatisticalreports/diseasesandchronicconditions/asthmadata</a>

#### Members



- Brad Kramer, MPA, Public Health, Seattle & King County
- Dave Ricker, MD, FAAP, MultiCare
- Doreen Kiss, MD, University of Washington
- Edith Shreckengast, MS, Community Health Plan of Washington
- Kate Hastings, Scientific Consulting Group
- Katie Paul, MD, MPH, Kaiser Permanente
- · LuAnn Chen, MD, MHA, Community Health Plan of Washington
- Mark LaShell, MD, Kaiser Permanente
- Michael Dudas, MD, Virginia Mason Medical Center
- Sheryl Morelli, MD, MS, Seattle Children's Care Network

#### Aim



To increase evidence-informed prevention, screening, diagnosis, monitoring, and treatment for pediatric asthma to reduce the burden of disease in Washington state.

#### **Purpose**



To propose evidence-based recommendations to the full Bree Collaborative on:

- Preventing new asthma cases
- Appropriately diagnosing asthma and defining medically high-risk asthma
- Improving access to and implementation of treatment protocols
- Developing metrics for medication compliance and treatment process
- Partnering with patients to ensure medication compliance and educate families
- Engaging community support and broader public health programs
- Addressing home, school, and community environment
- Disseminating and informing clinicians of ongoing evidence-based guidelines

#### Recommendation



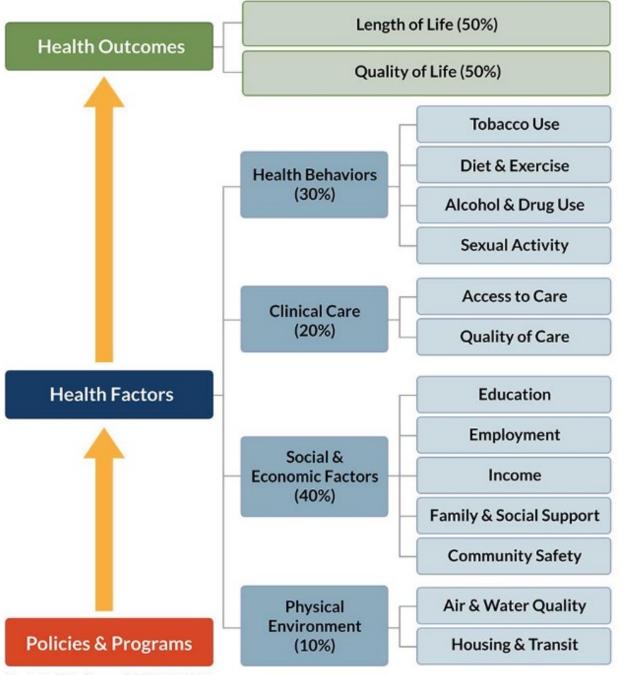
#### **Adopt Charter**

# Update and Discussion: Social Needs and Health Equity

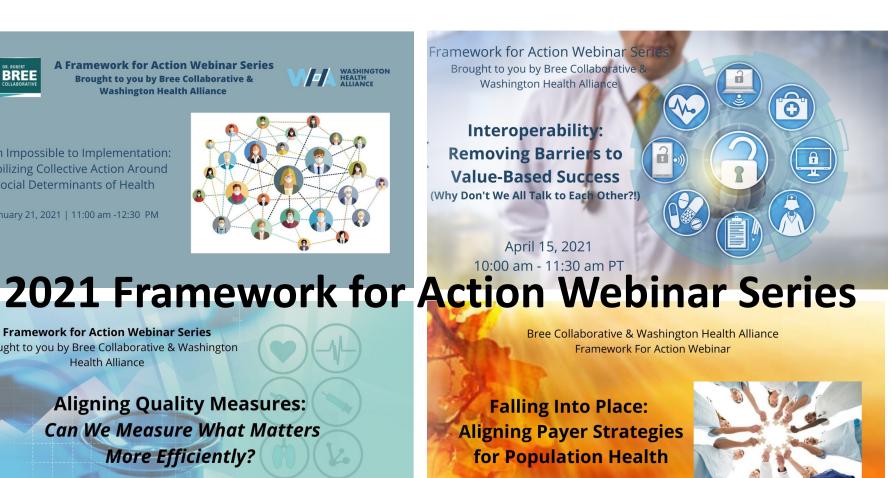


## Discussion: COVID-19 Impact and Resources









**Thursday October 14, 2021** 

10:00 am - 11:30 am PT



Value-Based Care Change in Action Webinar Series

January 27, 2022 | 10:00 - 11:30am

Source: NASA via Unsplash

## Our 2021 Social Needs Guideline 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 FHIRdefined screening with validated tool(s) for:
  - o Race
  - o Housing security
  - Food security
  - Transportation need
  - 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, patientreported 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

#### 2022 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 communitybased organizations to expand capacity
- Monthly workgroup meetings through 2022

## Partnership with Comagine Health

- Identifying a gap in defining health equity
- Convening to map current state – environmental scan
- Continuing to iterate next steps

State of Washington 67th Legislature 2021 Regular Session

By Senators Keiser, Randall, Cleveland, Conway, Das, Frockt, Hasegawa, Kuderer, Lovelett, Nguyen, Nobles, Robinson, Saldaña, Salomon, and Wilson, C.

Prefiled 12/31/20. Read first time 01/11/21. Referred to Committee on Health & Long Term Care.

- AN ACT Relating to the creation of health equity zones; adding a new section to chapter 43.70 RCW; and creating a new section.
- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 4 <u>NEW SECTION.</u> **Sec. 1.** FINDINGS AND INTENT. (1) The legislature
- finds that people of color and immigrant populations experience
- 6 significant health disparities compared to the general population,

#### ACH Regions Map



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SB 5052

## **Discussion:** COVID-19 Impact and Resources



Next Bree Collaborative Meeting Wed, March 23<sup>rd</sup>, 1:00 - 3:00 PM

