

Bree Collaborative Meeting



March 23, 2022 | Zoom Meeting

Agenda



- **Welcome and Introductions**
 - Adopt January Meeting Minutes
- **Discussion:** COVID-19 Check-In
- **Topic Update:** Opioid Prescribing in Older Adults
- **Topic Update:** Infection Control
- **Topic Update:** Hepatitis C
- **Topic Update:** Pediatric Asthma
- **Discussion:** Washington State Legislative Session
- **Next Steps and Close**

January 16 Meeting Minutes



Dr. Robert Bree Collaborative Meeting Minutes January 26th, 2022 | 1:00-3:00 Held Virtually

Members Present

Hugh Straley, MD, Bree Collaborative (Chair)
Norifumi Kamo, MD, MPP, Virginia Mason
Franciscan Medical Center
Susane Quistgaard, MD, Premera Blue Cross
Sharon Eloranta, WHA
Mark Haugen, MD, Physician, Walla Walla Clinic
Carl Olden, MD, Pacific Crest Family Medicine
Kevin Pieper, MD, MHA, Kadlec Regional Medical
Center
Mary Kay O'Neill, MD, MBA, Merc

Susie Dade, MS, Patient Representative
Kimberly Moore, MD, Franciscan Health System
John Robinson, MD, SM, First Choice Health
Rick Ludwig, MD, Providence Health
Darcy Jaffe, MN, ARNP, NE-BC, FACHE, Washington
State Hospital Association
Jaymie Mai, PharmD, (for Gary Franklin),
Washington State Department of Labor and
Industries

Discussion: COVID-19 Check-In



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Topic Update: Opioid Prescribing in Older Adults



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Topic Update: Infection Control



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Members



- **Chair:** Mark Haugen, MD, Walla Walla Clinic & Surgical Center
- Anne Sumner, BSN, MBA, Boyer Boyer Bank
- Cathy Carrol, WA Health Care Authority
- Faiza Zafar, DO, FACOI, Community Health Plan of Washington
- Larissa Lewis, MPH, CIC, Washington State Department of Health
- Lisa Hannah, RN, CIC, Washington State Department of Health
- Lisa Waldowski, DNP, CIC, Kaiser Permanente
- Rhonda Bowen, Comagine Health
- Stephanie Jaross, BSN, RN, Proliance Center for Outpatient Spine and Joint Surgery
- Seirra Bertolone-Smith, Pacific Northwest University of Health Sciences

Purpose



To propose recommendations to the full Bree Collaborative on practical and evidence-based methods to implement infection control in the outpatient setting.

Draft Framework



Potential Focus Area	Sample Recommendations
Preventative Measures	<ul style="list-style-type: none">• Provide incentives for vaccination• Improve infrastructure for infection control – including human resources
Monitoring/Disease Surveillance	<ul style="list-style-type: none">• Record and report COVID-19 infections and deaths (and other circulating illnesses)• Coordinate with public health to announce prevalence of disease
Minimizing Exposure	<ul style="list-style-type: none">• Develop stratified patient workflow based on risk or infection status
Environment/Sterilization	<ul style="list-style-type: none">• Develop plans for routine device sterilization, high-level disinfection, and environmental cleaning
Community Spread	<ul style="list-style-type: none">• Engage community leaders to mitigate community spread• Partner with patients to provide education about disease risk

Draft Recommendations



Outpatient Health Systems:

Prevention

- Enact procedures for proper hand hygiene, respiratory hygiene/cough etiquette, mask guidelines, and injection safety

Monitoring/Disease Surveillance

- Notify patients of current community transmission rates of infectious diseases

Minimizing Exposure

- Develop workflows for currently infected, high-risk, and low-risk patients

Environment/Sterilization

- Develop plans for routine device sterilization and environmental cleaning

Next Steps



January - Scope and Charter

February - Finalize Charter and Begin Draft Recommendations

March – Draft Framework, Review Draft Recommendations

April – Outpatient Health Systems

May – Public Health and Health Plans

June – Employers and Community

July – Review Recommendations

August – Public Comment

Thank you!



Questions or Comments?

Topic Update: Hepatitis C



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Members



- Abha Puri, MPH, Community Health Plan of Washington
- Angelica Bedrosian, MSW, Hepatitis Education Project
- Emalie Huriaux, MPH, Washington State Department of Health
- John Scott, MD, MSc, University of Washington
- Jon Stockton, MHA, Washington State Department of Health
- Judith Tsui, MD, MPH, University of Washington
- Melda Velasquez, Kadlec Regional Medical Center
- Michael Ninburg, MPA, Hepatitis Education Project
- Omar Daoud, PharmD, Community Health Plan of Washington
- Patrick Judkins, Thurston County Health Department
- Ryan Pistoiresi, PharmD, MS, Washington State Health Care Authority
- Wendy Wong, BSc, Providence Health and Services
- Vania Rudolph, MD, MPH, Swedish Health Centers
- Yumi Ando, MD, Kaiser Permanente

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.

Aligning with Hep C Free Washington



- In 2018, Governor Inslee unveiled a plan to eliminate Hepatitis C in Washington State by 2030 (Governor's Directive 18-13)
- In response, the Washington State Department of Health coordinated the Hep C Free Washington initiative, which released a set of over 90 recommendations to eliminate Hep C in 2019
- More recently, the Hep C Free Washington Coordinating Committee worked to prioritize the recommendations based on impact and feasibility.
- The Hep C Free Washington Coordinating Committee is on hold through 2022 while the Bree Collaborative works on Hep C



Existing Hep C Clinical Priorities



The Bree Collaborative's Hep C workgroup will work to address existing priority recommendations from the Hep C Free Washington Coordinating Committee. Potential priorities include:

1. Developing an HCV metric for the Common Measures Set
2. Integrate Pharmacists into the Care Team
3. Improving Local Public Health Jurisdiction Capacity
4. Expanding Low-Barrier Treatment Access
5. Expanding Access to Case Management for Treatment

Thank you!



Comments or Questions?

Topic Update: Pediatric Asthma



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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 improve pediatric asthma control in Washington state.

Draft Focus Areas



Potential Focus Areas	Description
Appropriate Diagnosis	<ul style="list-style-type: none">• Appropriately diagnosing new asthma cases• Defining medically high-risk asthma
Metrics	<ul style="list-style-type: none">• Adopting metrics for compliance and treatment process• Identifying patients with asthma and communicating across sites
Clinical Control	<ul style="list-style-type: none">• Improving access to and implementation of treatment protocols• Improving medication adherence and coordination with pharmacists
Home Environment	<ul style="list-style-type: none">• Improving care coordination and increasing access to community health workers• Asthma support programs not delivered in the clinical setting
School Environment	<ul style="list-style-type: none">• Improving communication between healthcare and school-based programs
Community Environment	<ul style="list-style-type: none">• Understanding how environment impacts asthma including climate change and air quality
Funding	<ul style="list-style-type: none">• Developing sustainable funding for pediatric asthma interventions

Workgroup Member Goals



- Checklists or workflow template for clinics to direct resources
- Following-up on cases after community interventions to ensure long-term asthma control.
- Improving communication between healthcare, community-based organizations, and schools.
- Increasing access to community health workers and resources for community interventions.
- Funding for asthma supports not delivered in a clinical setting, and an examination of payment mechanisms for asthma control

Timeline



January – Scope and Charter

February – Brainstorming

March – Focus Areas

April – Diagnosis and Clinical Control

May – Home Environment and Care Coordination

June – School-Based Programs and Integration

July – Community Environment

August – Funding

September – Draft Recommendations

Thank You!



Questions or Comments?

Update and Discussion: Washington State Legislative Session



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\$64.1 billion supplemental operating budget

(112) \$300,000 of the general fund—state appropriation for fiscal year 2022 and \$300,000 of the general fund—state appropriation for fiscal year 2023 are provided solely for the Bree collaborative to support collaborative learning and targeted technical assistance for quality improvement initiatives.

Other Budget Inclusions – funds to:



- ...determine the cost and implementation impacts of a **statewide community information exchange (CIE)**. A CIE platform must serve as a tool for addressing the social determinants of health, defined as nonclinical community and social factors such as housing, food security, transportation, financial strain, and interpersonal safety, that affect health, functioning, and quality of-life outcomes.
- ...increase rates to vendors providing services to people with developmental disabilities or long-term care needs.
- ...[support] ongoing COVID-19 response in the public health system.

Legislation



- HB 1651 | Allowing providers to bill separately for immediate postpartum contraception.
- HB 1688 | Protecting consumers from charges for out-of-network health care services, by aligning state law and the federal no surprises act and addressing coverage of treatment for emergency conditions
- SB 5532 | Establishing a prescription drug affordability board
- HB 1866 | Assisting persons receiving community support services through medical assistance programs to receive supportive housing.
- SB 5546 | Concerning insulin affordability (\$35)
- HB 1761 | Allowing nurses to dispense opioid overdose reversal medication in the emergency department
- E2SSB 5702 | Requiring coverage for donor breast milk
- SHB 1708 | A hospital that is an originating site or a distant site for audio-only telemedicine may not charge a facility fee, regardless of payor
- ESHB 1821 | Defining established relationship for audio-only telemedicine (in-person w/in last 3 yrs)

Next Bree Collaborative Meeting
Wed, May 25th, 1:00 - 3:00 PM

