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

Industries

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

Members Absent

Dan Kent, MD, United Health Care
DC Dugdale, MD, MS, University of Washington
Care Medical Center
Angie Sparks, MD, Kaiser Permanente
Judy Zerzan, MD, MPH, Washington State Health
Care Authority

Jeanne Rupert, DO, PhD, The Everett Clinic Stuart Freed, MD, Confluence Health Greg Marchand, The Boeing Company

Staff and Members of the Public

Ginny Weir, MPH, FHCQ

Nick Locke, MPH, Bree Collaborative

Amelina Kassa, FHCQ

Leah Hole-Marshall, (WA-HBE)

Amy Florence, Premera

Tiffany Jones, PharmD PacificSource

Colleen Daly, PhD, Microsoft

Jackie Barry, APTA Washington (a chapter of the Aviva Horowitz, Pacific Source

American Physical Therapy Association)

Luis Padilla, PacificSource Health Plans

Beth Shervey

All meeting materials are posted on the Bree Collaborative's website, here, under previous meetings.

CHAIR REPORT, APPROVAL OF MINUTES

Hugh Straley, MD opened the meeting, and all that were present introduced themselves by entering information in the chat.

Motion: Approve the November 17, 2021, Meeting Minutes

Outcome: Passed with unanimous support

TOPIC UPDATE: OPIOID PRESCRIBING IN OLDER ADULTS

Jaymie Mai, L&I presented on progress with the goal of a draft for public comment in March and focused on tapering and de-prescribing, intermittent use, and medication therapy management. She risks based on different characteristics of tapers, that people need to be supported and the taper should be gradual. Older adults have higher risks for polypharmacy and need medication, required for Medicare part D plans. Intermittent use was added as a topic due to several patient members bringing up the need to address access, particularly to intermittent opioid use for chronic conditions with sporadic pain flair.

TOPIC INTRODUCTIONS: INFECTION CONTROL

Mark Haugen, MD, Physician, Walla Walla Clinic opened his presentation by noting the members in the infection control workgroup are still limited and that it needs more members to expand and get better perspectives. When looking at the aim of the topic, the workgroup decided that the focus is primarily on standardizing infection control practices in the outpatient setting to mitigate the spread of prevalent infectious diseases. Some of the evidence-based recommendations that need to be addressed in the groups include developing protocols, surveillance of infectious disease transmissibility, developing clinical workflows, partnering with patients to provide education about risk, engagement with community leaders, benefit designs and incentives, and applying existing infection control guidelines.

Motion: Adopt charter for Infection Control. *Outcome:* Passed with unanimous support.

TOPIC INTRODUCTIONS: HEPATITIS C AND PEDIATRIC ASTHMA

Nick Locke, MPH, Bree Collaborative outlined the Hepatitis C workgroup and alignment with the Department of Health and Hep C free Washington. The workgroup aims to increase evidence-informed screening, monitoring, and access to treatment, with a focus on monitoring treatment process, access to treatment, and treatment compliance since that is where the biggest gaps are in the state. For pediatric asthma, aim is to increase evidence-informed prevention, screening, diagnosis, monitoring, and treatment for pediatric asthma to reduce the burden of the disease in Washington state. The purpose of the workgroup is to prevent new asthma cases, appropriately diagnose asthma and define medically high-risk asthma, improve access and implementation of the treatment protocol, develop metrics and partner with patients for medication compliance, engage the community support and broader public health programs, address home school and community environment, and disseminate and inform clinicians of ongoing evidence-based guidelines.

Motion: Adopt charter for Hepatitis C and Pediatric Asthma.

Outcome: Passed with unanimous support.

DISCUSSION: SOCIAL NEEDS AND HEALTH EQUITY

Ginny Weir, MPH, FHCQ updated the group on the work being done for social needs and health equity with the first being a series of webinars that will be held in 2022 with the Washington Health Alliance that support value-based care. She reviewed the social needs guideline framework developed last year.. Another component is a preliminary conversation that Bree had with CoMagine to help identify a space where the two organizations and others can help in this defining health equity. Starting with an environmental scan, data, and stratification.

DISCUSSION: COVID-19 IMPACT AND RESOURCES

Hugh Straley, MD, Bree Collaborative Chair closes the meeting by asking group members to give their insight on the impact that COVID-19 has had on their work. Members discussed deferring elective surgery similar to the beginning of the start of covid, that the Omicron surge was unlike anything seen in primary care due to a spike in pediatric cases or suspected cases, high numbers of nurses from FEMA as well as national guard members completing non-clinical work to assist with the surge, closing down all laboratories due to a shortage of phlebotomists, aside from one functional outpatient clinical laboratory, and exhaustion.

NEXT STEPS AND CLOSING COMMENTS

Dr. Hugh Straley thanked those who presented and closed the meeting.

Next Bree Collaborative Meeting: March 23rd, 2022 | 1:00 – 3:00 | Zoom