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## Bree Collaborative | Pediatric Asthma

February 15, 2022 | 8:00 – 9:30 a.m.

Virtual

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### MEMBERS PRESENT

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Annie Hetzel, MSN, RN, Office of the Superintendent of Public Instruction  
Brad Kramer, MPA, Public Health, Seattle & King County  
Christopher Chen, MD, WA Health Care Authority  
David Ricker, MD, Mary Bridge Children’s  
Doreen Kiss, MD, University of Washington  
Edith Shreckengast, MS, Community Health Plan of Washington  
Julee Christianson, Office of the Superintendent of Public Instruction  
Kate Hastings, Scientific Consulting Group

Kate Guzowski, Community Health of Central Washington  
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  
Vicki Kolios, MSHSA, CPHQ, Foundation for Health Care Quality

### STAFF AND MEMBERS OF THE PUBLIC

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Nick Locke, MPH, Bree Collaborative  
Ginny Weir, MPH, Bree Collaborative

### WELCOME

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Nick Locke, Bree Collaborative, welcomed everyone to the Bree Collaborative’s second Pediatric Asthma workgroup in Washington State. Those present introduced themselves and described their current work with pediatric asthma.

**Decision:** Adopt January 18<sup>th</sup> minutes. Unanimously adopted.

### CHARTER UPDATES

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Mr. Locke shared the group’s charter along with updates from the Bree Collaborative. At the Bree Collaborative meeting on January 26<sup>th</sup>, members of the full Bree discussed replacing “prevention” with “control” in the charter, as well as the potential for patient-reported outcomes and bundled payments.

Workgroup members changed the first bullet point of the charter to: “Helping patients and families achieve asthma control”

### PUBLIC HEALTH SEATTLE KING COUNTY PRESENTATION

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Bradley Kramer, MHA, Public Health, Seattle & King County, presented on King County’s asthma control program using Community Health Workers:

- Public Health, Seattle & King County has an asthma control program that employs community health workers who partner with medically high-risk asthma cases to work on motivational interviewing, behavior change, and trigger reduction.
- The program has been evaluated using grant funding and found a statistically significant reductions in target metrics such as emergency room visits.
- It is important to note that the community health workers don’t work in isolation but are integrated within care teams.

Workgroup members discussed the presentation and how we can adopt the learning to our recommendations:

- Cost of intervention/Money Save: Return on Investment (ROI) studies demonstrate \$1.9 dollars saved for every dollar spent on the intervention.
- Scaling up/Expanding: The goal is to contract out to community health workers from the community, but there are issues getting funding for this community work.
- Funding: there is a budget proviso in the WA legislative cycle right now to provide funding to interventions like this
- Community Health Worker Integration with Primary Care: There are still ongoing debates about how CHWs are used in healthcare settings, including concerns about scope of practice (taking vital signs) and whether CHWs can be effective in multiple service lines at once (such as merging diabetes management and asthma control)
- Automated Referrals: There is an opportunity to expand these interventions beyond NextGen/Epic EHR systems and into systems that can be accessed by the community, like UniteUs. Also, an opportunity for better automated workflows that don't require a referral from a doctor.
- New Opportunities: Telehealth has expanded access for community health workers.
- Equity: Building trust is an important part of these interventions, but we don't want to medicalize community interventions. We need to be mindful of community autonomy and provide compensation for the work we expect from communities.

In addition, workgroup members from primary care and from the Office of the Superintendent of Public Instruction discussed their perspective about working with communities.

- Primary care offices may utilize health navigators or care coordinators, but the biggest barrier is funding. Often pediatric nurses or other specialists will end up providing unfunded work. Additionally, automated EHRs that streamline referrals to community health workers or other resources would help relieve provider burden.
- School-based programs often identify students who are undiagnosed, or students with asthma but without inhalers or other necessary resources. More students miss school for asthma than for any other reason. Schools want to figure out the communication piece between the community and the health care system overall and how to make a common care plan.

## **CURRENT BARRIERS AND GOALS**

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Mr. Locke invited workgroup members to list how the final recommendations could be useful for their network as a way of refining the focus areas and goals. Workgroup members discussed:

- Funding for asthma supports not delivered in a clinical setting.
- Disseminating checklists/templates among clinics to simplify workflows and direct resources where they need to go across EHR systems.
- Improving communication between healthcare, community-based organizations, and schools.
- Bundled payment for asthma -> or at least an examination of possible payment mechanisms for asthma control.
- Increasing access to community health workers and resources for community interventions.
- Following-up on cases after community interventions to ensure long-term asthma control.

**PUBLIC COMMENT AND GOOD OF THE ORDER**

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Mr. Locke invited final comments or public comments, then thanked all for attending and adjourned the meeting. The workgroup's next meeting will be on Tuesday, March 15<sup>th</sup>, 2022.

DRAFT