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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  
James Stout, MD, University of Washington  
John Lynch, Community Health of Central

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  
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 Pediatric Asthma workgroup. Those present briefly introduced themselves and approved the February minutes

**Decision:** Adopt February 15<sup>th</sup> minutes. Unanimously adopted.

### DRAFT FOCUS AREAS

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Mr. Locke shared a document with a draft framework to guide the group's recommendations. Draft framework areas included Appropriate Diagnosis, Metrics, Clinical Control, Care Coordination, Home/School/Community Environment, and Funding.

Workgroup members made edits to the existing focus area:

- The section on Care Coordination should be merged with Home Environment
- The three settings (Home, School, and Community) should be separated into different focus areas with different concerns
  - Home environment entails care coordination and community health workers
  - School environment includes partnering with school nurses for surveillance and control
  - Community environment includes environmental justice and air quality
- Additional topics to consider include the difference between advocacy and recommendations, patient education, telehealth, and the influence of allergy, sleep, nutrition, and activity.
- The basic three questions for asthma control include identifying who's high risk, knowing who's high risk, and tracking who's high risk.
- Additional recommendations to look into include the EXHALE framework, and the Asthma Disparity Subcommittee

### DRAFT RECOMMENDATIONS

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Following a discussion on focus areas, the workgroup transitioned to reviewing existing recommendations on diagnosis and metrics. Workgroup members proposed additions to the documents including:

- The Asthma Control Test as an evidence-based tool for monitoring levels of asthma control
- Increasing automated systems for better clinical notification and registries for care-coordination
- Defining high-risk asthma is important for allocating resources, but high-risk depends both on severity of symptoms and level of control.
- Beyond healthcare: recommendations related to diagnosis include having clean air ambassadors, training patients on bleach and other triggers, smoking cessation, and the potential for e-visits.

#### **PUBLIC COMMENT AND GOOD OF THE ORDER**

Mr. Locke invited final comments or public comments, then thanked all for attending. As the meeting closed, workgroup members expressed interest in developing a framework for reducing high-cost asthma and addressing social concerns as well as clinical concerns. The workgroup's next meeting will be on Tuesday, April 19<sup>th</sup>, 2022.