

---

**Dr. Robert Bree Collaborative Meeting Minutes**  
**May 25<sup>th</sup>, 2022 | 1:00-3:00**  
**Held Virtually**

---

**Members Present**

---

Hugh Straley, MD, Bree Collaborative (Chair)	Kimberly Moore, MD, Franciscan Health System
Norifumi Kamo, MD, MPP, Virginia Mason Franciscan Medical Center	Judy Zerzan, MD, MPH, Washington State Health Care Authority
Susane Quistgaard, MD, Premera Blue Cross	Darcy Jaffe, MN, ARNP, FACHE, Washington State Hospital Association
Sharon Eloranta, MD, WHA	Gary Franklin, MD, Washington State Department of Labor and Industries
Mark Haugen, MD, Physician, Walla Walla Clinic	Carl Olden, MD, Pacific Crest Family Medicine
DC Dugdale, MD, MS, University of Washington	Greg Marchand, The Boeing Company
Mary Kay O'Neill, MD, MBA, Mercer	
Stuart Freed, MD, Confluence Health	
Susie Dade, MS, Patient Representative	

**Members Absent**

---

Richard Goss, MD, Harborview Medical Center  
Kevin Pieper, MD, MHA, Kadlec Regional Medical

**Staff and Members of the Public**

---

Ginny Weir, MPH, FHCQ	Scot Brannon,
Nick Locke, MPH, Bree Collaborative	Leah Hole-Marshall, JD, WA-HBE
Beth Tinker, PhD, MN/MPH, RN, HCA	Amelina Kassa, FHCQ
Ashley Palmer	Amy Florence, Premera
Barb Jones	Colleen Daly, PhD, Microsoft
Colin Fields, MD, Kaiser Permanente	Tiffany Jones
Kristin Villas, WAHBE	Tanya Schwartz
Jackie Barry, APTA Washington	Kevin Koenig, NORC, University of Chicago
Jon Stockton, DOH	Mia Nafziger
Emily Transue, MD, HCA	Angie Sparks, MD, UnitedHealthcare

All meeting materials are posted on the Bree Collaborative's website, [here](#), under previous meetings.

**WELCOME AND INTRODUCTIONS: COVID-19 AND NEW TOPICS FOR 2023**

---

Hugh Straley, MD, Bree Collaborative Chair opens the meeting by asking group members to provide updates on the impact that COVID-19 has had so far. Stuart Freed, MD, commented that there is an uptick in outpatient cases. The biggest impact locally is on health care workers, people are out sick, exposed, or testing positive. The hospitalization numbers are still quite low, so there isn't necessarily an uptick in hospitalizations. He also notes that staffing is very short due to health care workers being out of work. Norris updates the group that at Virginia Mason there is also an uptick in outpatient, and many staff members got COVID who haven't gotten it in the past. He continued, that there were cases where patients were prescribed medications and some people have rebounded, where after taking the 5-day course they would feel better for a couple of days then feel ill again sometimes even worse than before. He notes that there has been a surge in hospitalization that is most likely due to spring break, people traveling, and coming back at the end of the mask mandate. Hugh Straley, MD

mentions that there has been a lot of discussion over the last several months on metrics in health disparity and health disparity as a new theme for the 2023 year.

*Motion:* Approve the March 23, 2022, Meeting Minutes

*Outcome:* Passed with unanimous support

#### **UPDATE AND DISCUSSION: MATERNITY BUNDLE PROCESS AND PLANS**

---

Beth Tinker, Ph.D., MN/MPH, RN Washington State Health Care Authority shared with the group that the Bree Collaborative had worked on a maternity bundled model for Washington state back in 2019, which lead HCA to seek technical assistance from NORC in a federally funded Innovation Accelerator Program (IAP). Under API, the NORC team provided Medicaid policy and financial modeling technical assistance to advance a maternity episode of care model in Washington. Beth also notes that the finalization of the bundle was in the winter, in which the work extended longer than initially planned. Kevin Koenig, NORC, University of Chicago continued and told the group that HCA is now contracting with the NORC, Aurrera Health Group, and Actuarial Research Corporation between March – December 2022. The NORC team is responsible for helping with the design, specification, financial modeling, and stakeholder engagement guidance for the maternity VBP model building on the BREE collaborative work. The NORC team also meetings with the analytics team to work with historic data and also construct an episode of care. Beth continues to share that some of the overarching high-level goals include improving perinatal health outcomes and addressing racial and ethnic disparities. As a state medical agency, NORC would like to increase utilization and improve the quality of prenatal and postpartum care, reduce racial and ethnic disparities, reduce maternal morbidity and mortality, and leverage 12 months of PP coverage to name a few. Beth shared that on June 7, 2022, there will be a one-hour “kick-off” webinar to introduce model goals and model development processes and share the high-level timeline, as well as provide an overview of the stakeholder’s engagement process to obtain initial input on the model goals. Beth explains that the avenues for future feedback during the design phase included a stakeholder’s communications plan that they have been working on with NORC, where the communication has been elevated with stakeholder engagement from the very beginning.

#### **DISSEMINATION FOR PUBLIC COMMENT: OPIOID PRESCRIBING IN OLDER ADULTS**

---

Gary Franklin, MD, Washington State Department of Labor and Industries updated the group that the opioid prescribing in older adults’ workgroup has been meeting for what was supposed to be for a year but has been taking considerably longer than that, due to the complexity of the topic. Gary continued that the AHARQ report included all even when using as directed, older adults are more likely to experience adverse drug reactions, falls and fractures, ED visits, hospitalizations, and death. Some of the exacerbations or pre-existing conditions include cognitive impairment, compound respiration, hypogonadism, osteoporosis, frailty, and other substance use disorder. Some of the unique challenges for assessment and management in this age group include several factors, the first being age-related changes in pain perception and thresholds which add to vulnerability. Second is the responses to medication, as there are higher peak drug levels, delayed clearance, longer duration of action, and higher rates of side effects. Lastly, there are comorbidities resulting in polypharmacy and psychosocial concerns, and lack of care coordination. He continues that the take-home message from this is that an integrated, coordinated, and individualized approach may be particularly important in the Medicare population to assure optimal pain management. The six main focus areas are acute prescribing including acute injuries and pre-operative, co-prescribing with opioids, non-opioid pharmacologic pain management, non-pharmacologic pain management, intermittent opioid therapy, and tapering/describing in this population. Some of the key recommendations include making use of non-pharmacologic pain management modalities, and individual care plans, performing comprehensive medication reviews, coordinating care and using pharmacists in a multidisciplinary team. The health care site or delivery system recommendations include expanding access, tracking and monitoring prescribing, comprehensive medication reviews, developing multidisciplinary team-

based care, and educating older adults and their caregivers about non-opioid pharmacologic pain management options.

*Motion:* Adopt for public comment

*Outcome:* Passed with unanimous support

## **TOPIC UPDATES: INFECTION CONTROL, HEPATITIS C, PEDIATRIC ASTHMA**

---

**Infection Control:** Mark Haugen, MD, Physician, Walla Walla Clinic opened his presentation by noting the members of the infection control workgroup have met four times so far. He presented a summary of what is being put together in the document after the group went over some of the focus points during their last meeting. The audience has now honed into outpatient health systems, and the goal is to provide a framework for infection control that can be generalized to all outpatient settings and will supplement existing recommendations from local, state, and federal public health. Sample recommendations include anything from education and encouragement of staff and providers to administrative level work. This can include, making sure the physical environment is appropriately spaced and following those guidelines, as well as developing a workflow for people who are currently infected, at-risk, or low-risk and figuring out how to incorporate these patients. On the employer's side, the goal is to give suggestions and ensure employers/benefits are encouraging population health and benefit structures that support infection control practices. On the insurance side, the goal is to ensure that insurance plan coverage and reimbursement structures incentivize infection control activities. One of the recommendations includes considering increasing physician payment for patient infection disease control measures and vaccine education including addressing hesitancy.

**Hepatitis C:** Jon Stockton, MHA, WA Department of Health informs the group that Hepatitis C has met about five times so far. He continues, that the goal with the Bree Collaborative is to increase evidence of screening, monitoring, and access to treatment to reduce the burden of Hep C and ultimately achieve the elimination of Hep C by the year 2030 in response to Governor Inslee's directive that was issued in 2018. The Hep C group is currently working through some of the clinical priority areas from the Hep C Free Washington Coordinating Committee which include creating alignment to HCV metrics and expanding access to case management for treatment, which is what the group is currently working on. Integrating pharmacists into the care team and improving local public health jurisdiction capacity is a focus the group hopes to work on at a later time and expanding low-barrier treatment access is what the group has really honed in on. The alignment HCV workgroup discussed potential metrics to cover HCV screening and starting treatment. The expanding access to case management workgroup is discussing three different models for care coordination/case management that includes provider counseling, a nurse navigation model, and a peer support model. There is an ongoing conversation about how to provide sustainable funding to expand access, particularly through Medicaid.

**Pediatric Asthma:** Nick Locke, MPH, Bree Collaborative informs the group that the pediatric asthma group is very multidisciplinary and right now there have been separate members taking the process lead for different focus areas. The potential focus areas span from a home environment/care coordination to a school environment to a community environment. Currently, the group is talking about clinical control, and in the last month, the group talked about home environment and care coordination recommendations. For the clinical control workgroup, the topics discussed included diagnosis, assessing severity, asthma management plan, planned preventative visits and control, and metrics. The home environment and care coordination workgroup discussed home-based multi-trigger, multicomponent interventions, program operation, care coordination and communication, and initial funding recommendations. The piece that the group got stuck on was care coordination and communication, there was a lot of talk about developing or investing in by-directional care coordination solutions and the group believes at this time there isn't a best practice or program to invest in for that.

## **DISCUSSION AND UPDATES: BREE IMPLEMENTATION PLANS**

---

Ginny Weir, MPH, Bree Collaborative updated the group that the implementation work will be funded from the general fund with an appropriation of \$300,000.00 starting July 2022, and again starting July 2023 for Bree to support collaborative learning and target technical assistance for quality improvement initiatives. She continues that there has always been a good framework for developing guidelines, but not so much a framework for implementation. In 2016 the program received little funds to do a roadmap that came from an adoptions survey that was sent to plans, providers, and hospitals. One of the results included the comment that providers have constrained resources and that implementation competes for funding and leadership time with two important priorities: meeting regulatory requirements and pursuing market opportunities. Few employers are engaged in value-based purchasing using Bree products, and health plans have been slow to incorporate Bree standards into their business practice. Knowing this landscape in 2019-2021 Bree focused on behavioral health and value-based payment. Since the rise of COVID, there became a barrier to interacting with sites as that became the main focal point as well as the reactions to that. Focusing on the webinar and the developing of tools for future work is on the awareness spectrum of who we are and what we are in regard to our guidelines. Ginny continues, that she would like Bree to focus on a cross-cutting issue or component for the multitude of guidelines. The Foundation is pondering the idea of hiring two FTE's one for evaluation, and the other for equity and community partnership.

## **NEXT STEPS AND CLOSING COMMENTS**

---

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

**Next Bree Collaborative Meeting:** July 27<sup>th</sup>, 2022 | 1:00 – 3:00 | Zoom