
Dr. Robert Bree Collaborative Meeting Minutes
July 27th, 2022 | 1:00-3:00
Held Virtually

Members Present

Hugh Straley, MD, Bree Collaborative (Chair)	Darcy Jaffe, MN, ARNP, FACHE, Washington State Hospital Association
Susie Dade, MS, Patient Representative	Greg Marchand, The Boeing Company
Colleen Daly, PhD, Microsoft	Kimberly Moore, MD, Franciscan Health System
DC Dugdale, MD, MS, University of Washington	Carl Olden, MD, Pacific Crest Family Medicine
Noris Kamo, MD, MPP, Virginia Mason Franciscan Medical Center	Drew Oliveira, MD, Regence
Sharon Eloranta, MD, Washington Health Alliance	Mary Kay O’Neill, MD, MBA, Mercer
Gary Franklin, MD, Washington State Department of Labor and Industries	Kevin Pieper, MD, MHA, Kadlec Regional Medical
Stuart Freed, MD, Confluence Health	Judy Zerzan, MD, MPH, Washington State Health Care Authority
Mark Haugen, MD, Walla Walla Clinic	

Members Absent

Susane Quistgaard, MD, Premera Blue Cross

Staff and Members of the Public

Ginny Weir, MPH, FHCQ	Christopher Chen, MD, Health Care Authority
Rose Bigham	Emily Transue, MD, Health Care Authority
Aviva Horowitz	Summer D.
Barb Jones, OIC	Leah Hole-Marshall, JD, WA-HBE
Luis Padilla	Amelina Kassa, FHCQ
Kristin Villas, WAHBE	Amy Florence, Premera
Jackie Barry, APTA Washington	Angie Sparks, MD, UnitedHealthcare
Shelby Wiedmann, WSMA	Brad Kramer, MPH, PhDc, Public Health

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

WELCOME AND INTRODUCTIONS: COVID-19

Hugh Straley, MD, Bree Collaborative Chair opens the meeting by asking group members to provide updates on COVID-19. Members discussed the lack of a huge COVID spike in hospitals, the census is high and patients have been difficult to discharge. Health plans are partnering with hospitals and the Health Care Authority around discharge including medical respite.

Motion: Approve the May 25, Meeting Minutes

Outcome: Passed with unanimous support

FINAL ADOPTION: OPIOID PRESCRIBING IN OLDER ADULTS

Gary Franklin, MD, Washington State Department of Labor and Industries reminded members the workgroup has been developing these guidelines for over a year and a half and is hoping to get final approval. Dr. Franklin summarized the purpose and problem, that older adults are more likely to experience adverse drug reactions, falls and fractures, or ED visits, hospitalizations, and deaths. Older adults have unique challenges for assessment and management including age-related changes in pain perception and thresholds, responses to medication, comorbidities, psychosocial concerns, and lack of care coordination. The Guideline focus areas include: acute prescribing, co-prescribing with opioids, non-opioid pharmacologic pain management, non-pharmacologic pain

management, intermittent opioid therapy, and tapering/deprescribing in this population. The majority of public comments were minor, but there were important public comments received pertaining to non-pharm pain management language. For Health Systems recommendations were amended to “Provide adequate access to evidence-based nonpharmacologic modalities to manage pain,” “ensure comprehensive medication review is CMS authorized” and “provide prescription and OTC topical pain medication.” Workgroup member Rose Bigham shared her concern that providers will immediately decrease or not initiate opioids in favor of alternative therapies that are difficult to access or not covered by insurance. Members discussed the need to incent funding changes.

Motion: Motion to approve the final draft
Outcome: Passed with unanimous support

DISSEMINATION FOR PUBLIC COMMENT: INFECTION CONTROL

Mark Haugen, MD, Physician, Walla Walla Clinic discussed the outpatient infection control focus areas, which include preventative measures; monitoring/surveillance; minimizing exposure; the environment of care; sterilization and high-level disinfection; and community spread for outpatient health systems. Recommendations are targeted by audience including outpatient health systems; employers; plans; public health systems; and patients. Dr. Haugen presented abbreviated recommendations for each audience and focus area. Members discussed application of the guidance in a peri-Covid world and how to ensure equity in infection prevention and control practices.

Motion: Adopt for public comment
Outcome: Passed with unanimous support

DISCUSSION: NEW TOPICS

Ginny Weir, MPH, FHCQ walked members through the new topic selection process. Ms. Weir reminded members of the selection framework: new topics may have a population impact, high variation, patient safety concerns, high cost, or inequitable; and new topics must have an impact strategy and evidence base even if these are imperfect. Ms. Weir reviewed the new topics survey sent to the public in which hospital admissions received the most votes, followed by addiction and behavioral health, perinatal bundle, obstetrics, and suicide care. Members discussed new innovations in medication-based management for obesity, climate change and health, maternal mental health, gender-affirming care, and optimizing telehealth. Members discussed pros and cons of the proposed topics and ranked the topics for future discussion at the September Bree meeting. The results of the topic rankings are depicted in the image to the right.



The top eight will be scoped out and presented at the following meeting

NEXT STEPS AND CLOSING COMMENTS

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