**Problem Statement**

Approximately 582,000 people in Washington (9.7% of adults), have been diagnosed with diabetes, with an estimated cost of $6.7 billion each year.\(^1\) According to IHME data, diabetes is the 7\(^{th}\) leading cause of death and impaired plasma glucose is the 3\(^{rd}\) leading cause of death and disability in Washington.\(^2\) At the same time, Washington state performs below the NCQA 25\(^{th}\) percentile for blood sugar testing for people with diabetes.\(^3\) Additionally, there are significant disparities in diabetes diagnosis and access to medication, with Black, Latinx/Hispanic, and AIAN having a higher prevalence of diabetes,\(^4\) and low socioeconomic status has been associated with a lower utilization of insulin.\(^5\)

**Aim**

Improve health care quality, outcomes, affordability, equity, and workforce sustainability related to diabetes care in Washington state.

**Purpose**

To propose practical and evidence-informed recommendations to the full Bree Collaborative on reducing the burden of diabetes in Washington state, including:

- Defining topic area and scope.
- Identifying at-risk populations and improving screening.
- Appropriate management and treatment for people with diabetes.
- Increasing equitable access to blood sugar testing, treatment, and medication.
- Collaborating across sectors and avoiding care silos.
- Ensuring skill-task alignment for the entire care team, including physicians, educators, and patients.
- Increasing efficacy of diabetes care and reducing administrative burden.
- Implementation of treatment protocols.
- Funding mechanisms for high-quality diabetes care.

**Duties & Functions**

The workgroup will:

- Research evidence-informed and expert-opinion informed guidelines and best practices (emerging and established).
- Identify current barriers and future opportunities for implementing interventions.
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.

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• Meet for approximately nine months, as needed.
• Provide updates at Bree Collaborative meetings.
• Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
• Present findings and recommendations in a report.
• Recommend data-driven and practical implementation strategies including metrics or a process for measurement.
• Create and oversee subsequent subgroups to help carry out the work, as needed.
• Revise this charter as necessary based on scope of work.

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative. The Bree Collaborative director and program coordinator will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. Bree Collaborative staff will conduct meetings, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the Bree Collaborative director.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Norris Kamo, MD, MPP (chair)</td>
<td>Section Head, Adult Primary Care</td>
<td>Virginia Mason Medical Center</td>
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<tr>
<td>Susan Buell</td>
<td>Health and Wellness Director</td>
<td>YMCA of Tacoma and Pierce County</td>
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<td>LuAnn Chen, MD, MHA</td>
<td>Medical Director</td>
<td>Community Health Plan of Washington</td>
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<tr>
<td>Sharon Eloranta, MD</td>
<td>Medical Director, Performance Measurement and Practice</td>
<td>Washington Health Alliance</td>
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<tr>
<td>Rick Hourigan, MD</td>
<td>Market Medical Executive</td>
<td>Cigna</td>
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<tr>
<td>Carissa Kemp, MPP</td>
<td>State Government Affairs and Advocacy Director</td>
<td>American Diabetes Association</td>
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<tr>
<td>Vickie Kolios, MSHSA, CPHQ</td>
<td>Program Director, Surgical and Spine COAP</td>
<td>Foundation for Health Care Quality</td>
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<tr>
<td>Robert Mecklenburg, MD</td>
<td>Medical Director (retired)</td>
<td>Virginia Mason Medical Center</td>
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<tr>
<td>Mamantha Palanati, MD</td>
<td>Family Medicine</td>
<td>Kaiser Permanente</td>
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<tr>
<td>Khimberly Schoenacker, RDN, CSP, CD</td>
<td>CYSHCN Program</td>
<td>WA Department of Health</td>
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<tr>
<td>Cynthia Stilson, RN, BSN, CMM</td>
<td>Care Management Manager</td>
<td>Community Health Plan of Washington</td>
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<tr>
<td>Sally Sundar</td>
<td>Program Executive, Health Integration and Transformation</td>
<td>The Y of Greater Seattle</td>
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<tr>
<td>Nicole Treanor, RD</td>
<td>Diabetes Education Specialist</td>
<td>Virginia Mason Franciscan Health</td>
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