

Bree Collaborative Meeting



January 25, 2023 | Zoom Meeting

Agenda



- **Welcome and Introductions**
 - Action Item: Adopt Minutes
- **Final Adoption: Pediatric Asthma**
 - Action Item: Adopt Guideline
- **New Topics**
 - Diabetes Care
 - Difficult to Discharge
 - Perinatal/Maternal Mental Health
- **Discussion: Upcoming Events and Bree Member Roles**
- **Next Steps and Close**

Meeting Minutes: November 2022



Dr. Robert Bree Collaborative Meeting Minutes
November 16, 2022 | 1:00-3:00
Held Virtually

Members Present

Hugh Straley, MD, Bree Collaborative (Chair)
Colleen Daly, PhD, Microsoft
DC Dugdale, MD, MS, University of Washington
Sharon Eloranta, MD, Washington Health Alliance
Colin Fields, MD, Kaiser Permanente
Gary Franklin, MD, Washington State Department
of Labor and Industries
Stuart Freed, MD, Confluence Health

Norifumi Kamo, MD, MPP, Virginia Mason
Franciscan Medical Center
Mark Haugen, MD, Physician, Walla Walla Clinic
Kimberly Moore, MD, Franciscan Health System
Carl Olden, MD, Pacific Crest Family Medicine
Kevin Pieper, MD, MHA, Kadlec Regional Medical
Susane Quistgaard, MD, Premera Blue Cross
Judy Zerzan-Thule, MD, MPH, Washington State
Health Care Authority

Approve Final Draft: Pediatric Asthma



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Members



- Annie Hetzel, MSN, RN, OSPI
- 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
- John Lynch, BSN, Community Health of Central Washington
- Kate Hastings, Scientific Consulting Group
- Katie Paul, MD, MPH, Kaiser Permanente
- Kate Guzowski, RN, Community Health of Central Washington
- LuAnn Chen, MD, MHA, Community Health Plan of Washington
- Mark LaShell, MD, Kaiser Permanente
- Michael Dudas, MD, Virginia Mason Medical Center
- Vickie Kolios, MSHSA, Foundation for health Care Quality

Public Comment Overview



- Public Commenters represented public health agencies and patient advocates.
 - The public health commenter had no recommended changes
- The workgroup reviewed comments about spacer availability

Focus Areas



Potential Focus Areas	Description
Clinical Setting	<ul style="list-style-type: none">• Appropriately establish asthma diagnosis and assess for severity and risk.• Develop and follow-up with the asthma management plan.• Implement appropriate asthma quality metrics
Home Setting	<ul style="list-style-type: none">• Ensure access to home-based interventions for children who need environmental management to achieve control.• Offer recommendations to manage asthma home-based interventions.
School Setting	<ul style="list-style-type: none">• Appropriately manage pediatric asthma in schools.• Improve communication between school nurses, school-based health centers, and pediatricians/clinical providers
Environmental Exposure	<ul style="list-style-type: none">• Mitigate the effects of climate change, air pollution, and other environmental triggers on pediatric asthma.• Develop strategies to respond to environmental triggers in the built environment.
Funding	<ul style="list-style-type: none">• Consider alternative funding models for pediatric asthma that prioritize prevention and control to decrease the use of high-cost emergency care or hospital admissions for asthma.

Public Comments: Spacers



Comments:

- Spacers are not covered at a regular pharmacy by state insurance including state employee insurance. On top of that they can cost \$50 out of pocket. One emergency department visit could pay for a lot of spacers.

Proposed Changes

- Health Delivery Systems: Promote education and distribution of spacers for all patients with meter-dose inhalers. Patients may need more than one spacer to keep at multiple sites like home and school.
- Payers and Purchasers: Cover 4 – 6 spacers annually for patients with meter-dose inhalers. Include appropriate sized masks if needed. Allow for circumstantial exceptions to cover additional spacers given patient need.

Workgroup Comments: Virtual Home-Based Interventions



Workgroup Comments:

- Many home-based interventions are being conducted virtually since the pandemic began. However, the evidence base for virtual home-based visits is not as strong as the evidence base for in-person visits.

Proposed Changes:

- Added language to the evidence review section about keeping an eye on the developing evidence for virtual home-based interventions.
- Added links to virtual home-based intervention resources like RAMP and the Healthy Housing Coalition..

Recommendation



Approve Final Draft

2023 Topic Updates



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Difficult to Discharge



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Background



- In a survey from August of 2021, hospitals in Washington state reported that more than 900 patients who were ready to be discharged were stuck in the hospital.
 - Harborview Medical Center announced in summer 2022 that they will only accept patients in urgent need of specialized care, as they have more than 100 medically stable patients in need of long-term post-acute care.
 - It can be difficult to find appropriate post-acute care for a number of reasons, including patient's complex behavioral health or social needs and a lack of appropriate post-discharge care sites.
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- <https://www.wsha.org/wp-content/uploads/Budget-Brief-Pro-Difficult-to-Discharge-FINAL-2022.pdf>
 - <https://www.king5.com/article/news/health/long-term-care-availability-crowding-hospitals/281-a987d2b7-f5a3-494e-b7c9-464ab8f6d1df>
 - <https://www.hca.wa.gov/assets/difficult-to-discharge-presentation.pdf>

Members



- **Chair:** Darcy Jaffe, BSN, MN, Washington State Hospital Association
- Colin Maloney, MPH, WA Department of Health
- Jason McGill, JD, WA Health Care Authority
- Shelley Bogart, WA Department of Social and Health Services
- Sara Williams, RN, PeaceHealth
- Jeff Foti, MD, Seattle Children's
- Catherina McInroe, MSW, Providence
- Jen Koon, MD, Premera
- Amer May, MD, Kaiser Permanente
- Kim Petram, BSN, CPHM, Valley Medical
- Jennifer Triggs, MSW, Virginia Mason Memorial Hospital
- Cyndi Stilson, RN, BSN, Community Health Plan of Washington
- Zosia Stanley, JD, MHA, Washington State Hospital Association
- Billie Dickinson, Washington State Medical Association

Aim



Increase evidence-informed practices for appropriately and equitably discharging people from acute care facilities in order to increase access to acute care and improve quality of life for non-acute patients.

Purpose



To propose evidence-based recommendations to the full Bree Collaborative on:

- Aligning definitions and language around difficult to discharge and defining responsibilities.
- Identifying barriers to discharge
- Identifying practices for improving the discharge process
- Defining “appropriate” post-acute care
- Identifying practices and partnerships to increase access to appropriate post-acute care
- Implementation of discharge protocols
- Forming recommendations for further collaboration and investigation on difficult to discharge.
- Consider system transformation toward a high quality post-acute care continuum

Discussion



Thank you!

Diabetes Care



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Background



- 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
 - According to IHME data, diabetes is the 7th leading cause of death and impaired plasma glucose is the 3rd leading cause of death and disability in Washington
 - At the same time, Washington state performs below the NCQA 25th percentile for blood sugar testing for people with diabetes.
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- https://diabetes.org/sites/default/files/2021-10/ADV_2021_State_Fact_sheets_Washington.pdf
 - <https://www.healthdata.org/united-states-washington>
 - <https://www.wacommunitycheckup.org/media/67048/2022-community-checkup-report.pdf>

Members



- **Chair:** Norris Kamo, MD, MPP, Virginia Mason Medical Center
- Susan Buell, YMCA of Tacoma and Pierce County
- LuAnn Chen, MD, MHA, Community Health Plan of Washington
- Sharon Eloranta, MD, Washington Health Alliance
- Rick Hourigan, MD, Cigna
- Carissa Kemp, MPP, American Diabetes Association
- Vickie Kolios, MSHSA, CPHQ, Foundation for Health Care Quality
- Robert Mecklenburg, MD, Virginia Mason Medical Center
- Mamantha Palanati, MD, Kaiser Permanente
- Khimberly Schoenacker, RDN, CD, WA Department of Health
- Cynthia Stilson, RN, BSN, Community Health Plan of Washington
- Sally Sundar, The Y of Greater Seattle
- Nicole Treanor, RD, Virginia Mason Franciscan Health

Aim



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

Purpose



To propose evidence-based recommendations to the full Bree Collaborative on:

- 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.

Recommendation



Adopt Charter

Perinatal/Maternal Mental Health



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Background



- Perinatal depression is one of the most common pregnancy complications, affecting one in seven women, and may contribute to adverse neonatal, infant, and child outcomes.
 - Both the US Preventative Services Task Force and the American College of Obstetrics and Gynecology recommend screening for depression and anxiety during pregnancy and the post-partum period, as well as initiating treatment or referring to mental health care providers for maximum benefit
 - Despite these recommendations, stigma around mental illness, lack of insurance coverage for behavioral health, and structural barriers all prevent access to quality mental health care
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- American College of Obstetrics and Gynecology. 2018. ACOG Committee Opinion No. 757: Screening for Perinatal Depression. 132:5(208-212). doi: 10.1097/AOG.0000000000002927
 - Howard L & Khalifeh H. 2020. Perinatal mental health: a review of progress and challenges. World Psychiatry. 19:3(213-327).
 - US Preventive Services Task Force. 2019. Interventions to Prevent Perinatal Depression: US Preventive Services Task Force Recommendation Statement. JAMA. 321(6):580-587. doi:10.1001/jama.2019.0007
 - Shuffrey L, Thomason M, & Brito, H. 2022. Improving Perinatal Maternal Mental Health Starts With Addressing Structural Inequities. JAMA Psychiatry. 79(5):387-388. doi:10.1001/jamapsychiatry.2022.0097

Members



- **Chair:** Colleen Daly, PhD, Microsoft
- Patricia Morgan, ARNP, Evergreen Health
- Trish Anderson, Washington State Hospital Association
- Sarah Pine, WA Health Care Authority
- Elizabeth Tinker, WA Health Care Authority
- Emelia Udd, Kaiser Permanente
- Jillian King
- Melissa, Sound Family Psychiatry
- Sheryl Pickering, WA Department of Health
- Cheryl Altice, HRSA
- Billie Dickinson, Washington State Medical Association
- Cindy Gamble
- Ellen Kauffman
- Katie Price, Katie Price Therapy
- Melissa Covarrubias, Community Health Plan of Washington

Aim



To increase evidence-informed screening and interventions to improve perinatal/maternal mental health in Washington state.

Purpose



To propose evidence-based recommendations to the full Bree Collaborative on:

- Identifying at-risk populations and increasing screening activities
- Identifying mechanisms for following-up with brief interventions, treatment, or referrals to mental health services
- Improving access to quality mental health services
- Addressing structural determinants and other barriers to perinatal/maternal mental health
- Implementation of treatment protocols

Recommendation



Adopt Charter

Upcoming Implementation Events

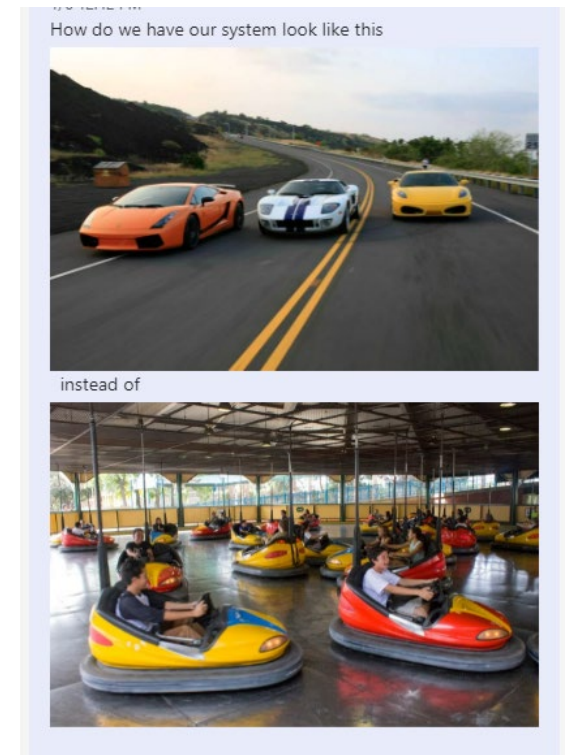


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Equity Webinar Series



- **Partners: Washington Health Alliance and Comagine Health**
- Webinar #1: *Committing to Action*
 - Thursday, March 9th from 12-1:30 PM PT
- Webinar #2: *Race and Language Data Complexity*
 - Thursday, June 1st from 12-1:30 PM PT
- Webinar #3: *Capacity for Change*
 - Thursday, September 7th from 12-1:30 PM PT
- Bonus Webinar: *Climate Change/Action*
 - Wednesday, April 12th 12-1:30 PM PT



- PROGRESS SO FAR

- What have we been up to?

- OVERALL STRATEGY FOR MEASUREMENT

- What are the mechanisms we will use to evaluate implementation?
- What are the strategies for measurement?

- NEXT STEPS

- What do we still need to do?

INTRODUCTION

WHAT WILL WE BE TALKING ABOUT?



- **NARROWING SCOPE**

- Determined that we should measure the guidelines applicable to primary care

- **REFINING MEASUREMENT STRATEGY**

- Aggregating and creating foundational competency measures
- Defining principles, goals, ethics, and timeline of data collection effort
- Refining alignment with regional, state, and national initiatives

- **CREATING STRUCTURES AND INFRASTRUCTURE**

- Development of Case Study Template and process and ID of initial Case Study Candidates
- Creation of an Implementation Guide (IG) template
- Creation of Survey Question Bank and ID of potential question development partners
- Developing core process measures for foundational competencies and guidelines specific processes
- Developing dashboard outline

PROGRESS

WHAT HAVE WE BEEN UP TO?

What will we do if there are gaps in the existing data?

Identify existing data sources

Examine data set attributes

Identify data gaps

Develop data collection methods and tools

Who: TBD

To inform process measures

To inform logic model indicators

For Quality

(How well suited are the data for our needs)

For Equity

(Do the data include the dimensions of equality we are interested in)

For Geography

(to what level of geography are the data defined)

For Access

(how easy or expensive is it to get the data)

For Timeliness

(does the collection period cover the right times)

Through data source mapping

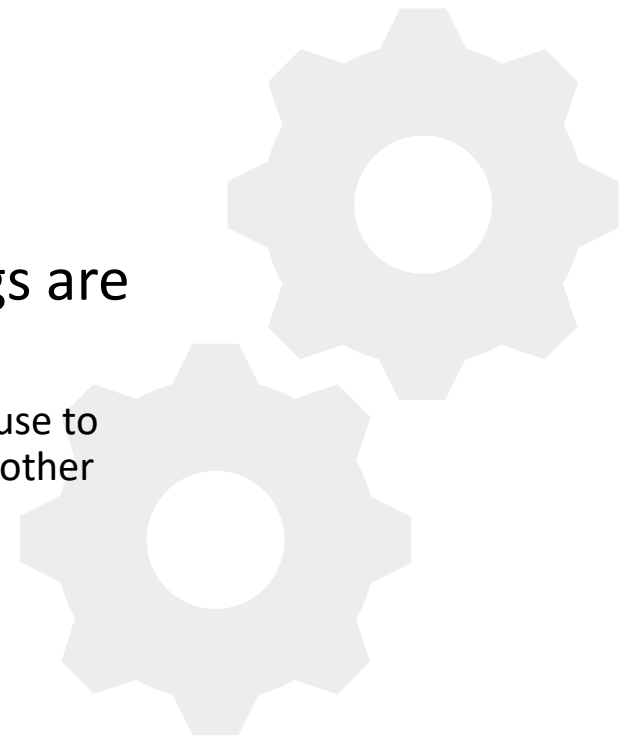
Surveys

Focus groups

Self-report Data Dashboard

Measurement Mechanisms

- Existing Data: what data already exists that informs us on the uptake, spread, scope and impact of the Bree Guidelines
 - Data source identification and quality assessment activity (reviewed in the last meeting)
- Self-report system: how can we know what's currently going on?
 - Creation of an Implementation Guide that is
 - associated with a self-report data system and awards program
 - Provides for patient and peer-data sharing through case-studies and maps
 - Aligned with the HCA's Primary Care Transformation Model
- Qualitative data collection method: understanding why things are or aren't happening
 - Collaboratively developed survey question bank that the Bree and other entities can use to create surveys that inform us on attitudes, beliefs, identities, roles, social setting and other qualitative data which affects implementation.



Existing Data

Goals ↓	Participants ↓	Activities ↓	Inputs and processes →	Objectives →	Outputs →	Outcomes →	Impact
Equitable Care	Delivery Sites	Communication (Webinars, summit, etc.)	Health financing	Clinician Actions Change	Service Access and accessibility	Coverage of interventions (who/what/where/when)	Health outcomes
	Health Care Professionals						
Data Usability	Patients and Families	Dissemination (publications, learning collaboratives, technology)	Health Workforce	Delivery System Action Change	Service Quality and Safety	Risk factors and risk behaviors reduction (what risks or behaviors are barriers?)	Cost and affordability
	Health Plans						
Integrated, Holistic Care	Private Purchasers	Collaboration (guidelines development, COAPs, demonstration projects)	Health Infrastructure Investment	Data Exchange and Transparency	Health infrastructure adequacy	Process Improvement	Equity
Financing	Public Purchasers	Measurement (measures development, dashboards, surveys)	Health Information and Governance	Infrastructure, information, and governance development	Health information (adequacy, flow, penetration?)	Infrastructure Improvement	Healthcare Quality
	Community Groups		Health Equity Processes	Contract Language for plans, purchasers, delivery			
	QI Organizations						
	Public Health						

WHAT ARE THE BUILDING-BLOCKS OF A SELF-REPORT SYSTEM?

- AN IMPLEMENTATION GUIDE WITH
 - Actionable steps aligned with process measures
 - Tools for each guideline topic
 - Examples (case studies)
- A DASHBOARD
 - That aggregates process measures and relevant outcome measures
 - With a map to help find partners, mentors, and identify areas of need
 - That has alignment with the HCA's Primary Care Transformation Model
- CASE STUDIES
 - To provide real-life examples of implementation
- AN AWARD SYSTEM
 - To incentivize organizations to self-report

Survey Question Domains

General Questions

Schedule Questions

Cost Questions

Goals and Objectives

Interventions and Workflows

Data Measures

Knowledge Factors

Roles and Identity Factors

Skills and Training Factors

Behavior and Capabilities Factors

Emotional Factors

Belief and Optimism Factors

Environment and Social Factors

Intentions and Goals Questions

Organizational Benefits

Patient Benefits

Impact Questions

Lessons Learned and Recommendations

Embed implementation and measurement:

Continue to refine guideline development processes so that implementation and measurement are part of the cycle of development

Alignment:

Continue refining measurement plan for alignment with other initiatives

Strategy for evaluation partnerships:

Refine plan to outreach to organizations that have already implemented some guidelines

Continue Evaluation Infrastructure Development:

Process Measures, existing data evaluation, reporting templates, awards programs, IG, tools and resources, etc.



KEEP CALM AND CARRY ON



Bree Member Expectations



- Engage
- Support
- Disseminate
- Advocate
- Promote
- Accountable

Next Meeting:
Wednesday, March 22nd, 2023



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