Bree Collaborative Meeting

March 22, 2023 | Zoom Meeting

Agenda

- **Welcome and Introductions**
  - Action Item: Adopt Minutes
- **Update:** HCA Maternal Bundle
- **Member Spotlight:** Washington Health Alliance
- **Topic Updates**
  - Diabetes Care
  - Difficult to Discharge
  - Perinatal/Maternal Mental Health
- **Discussion:** Upcoming Events and Bree Member Roles
- **Next Steps and Close**

Low Back Pain Implementation Collaborative (PIC)

March 22, 2023

WASHINGTON HEALTH ALLIANCE
Leading health system improvement

Advancing the market to improve the value of care for all patients with low back pain in Washington State

How Will We Accomplish This?

Three Important Elements:

- Multi-stakeholder effort
- Focus on changes that address reductions in low-value care and improvements in high-value care. Implement evidence-based care throughout the state!
- Address multiple mechanisms/levers for change including patient education, benefit design, provider culture, workflow and payment.

Participants

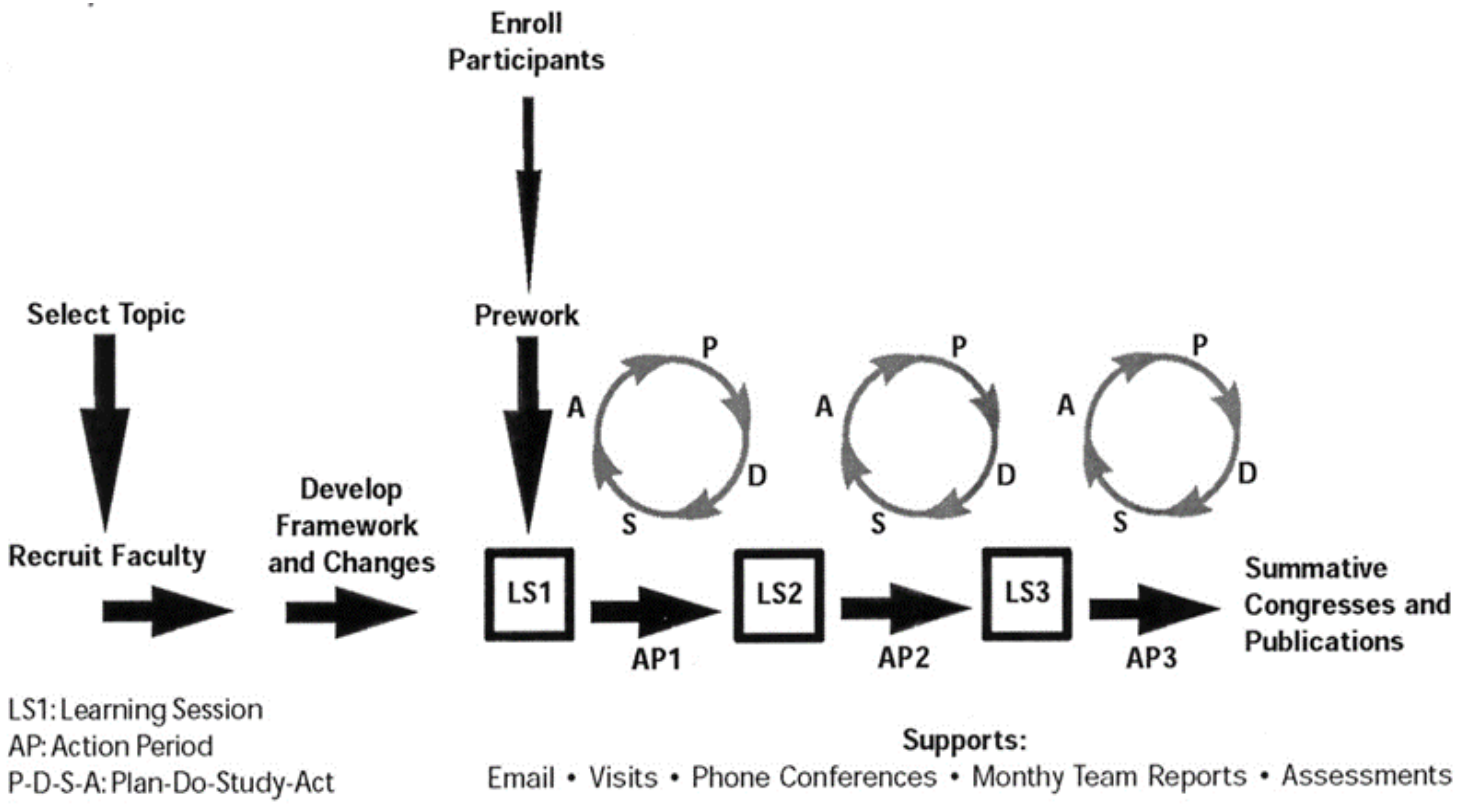
Purchasers	Providers	Health Plans	Affiliates
AWC Benefit Trust	Confluence Health	Aetna, a CVS Health Company	American Physical Therapy Association WA
Bloodworks Northwest	MultiCare Health System	Kaiser Permanente Washington	Aon
The Boeing Company	Proliance Orthopedics and Sports Medicine	Premera Blue Cross	The Bree Collaborative – Foundation for Health Care Quality
Business Health Trust	UW Medicine	Regence Blue Shield	Spine Care Partners
City of Seattle	UW Medicine, Valley Medical Center		WA Acupuncture and Eastern Medicine Association
Davis Wright Tremaine	Virginia Mason FH		WA State Department of L&I
King County	WA Optum Care		
Point B	WA State Chiropractic Association		
Port of Seattle			
SEIU 775 Health Benefits Group			
UFCW 3000			
WA Health Benefit Exchange			
WA State Health Care Authority			
WA Teamsters Welfare Trust			

Why acute low back pain?

- One of the top reasons why our employees or members seek care
- Combined with neck pain, it's the most expensive health condition in America
- Major impact on the productivity of our businesses
- Impacts the quality of life for those for whom we buy care
- Strong clinical evidence and evidence-based care guidelines available
- The importance of Purchaser, Provider and Health Plan collaboration

Structure of the work: the "magic"

- Based on IHI Breakthrough series model: all teach, all learn
- Leads to "breakthrough" improvements
- Four all-stakeholder sessions in 2022, one wrap-up in 2023
- Inter-session contacts: stakeholder-specific meetings; information gathering/summarizing for additional learning



Sources and resources

- **Faculty**: WHA staff and Subject Matter Experts (volunteer and paid)
- Expertise:
  - Medical (what is acute LBP and its usual course); what we know about what works and what doesn't
  - Value based purchasing, incentivizing behavior, equity
  - Integrative health

- **Resources:**

  ACP Guidelines for the Evaluation and Treatment of Low Back Pain 2008
  http://www.annals.org/cgi/content/full/147/7/478

  University of Michigan
  2010 http://www.med.umich.edu/FHP/Guidelines

  Bree Collaborative – State of WA
  2013 Guideline http://www.hta.hca.wa.gov/bree.html
  Lumbar Fusion Bundle

Guideline Main Recommendations

1. Perform a history and physical examination and screen for red flags

2. Identify persons at risk for chronic disability and intervene early

3. Pursue conservative treatment for 4-6 weeks
   - Self-care, advice to remain active, simple analgesics, avoid opioids

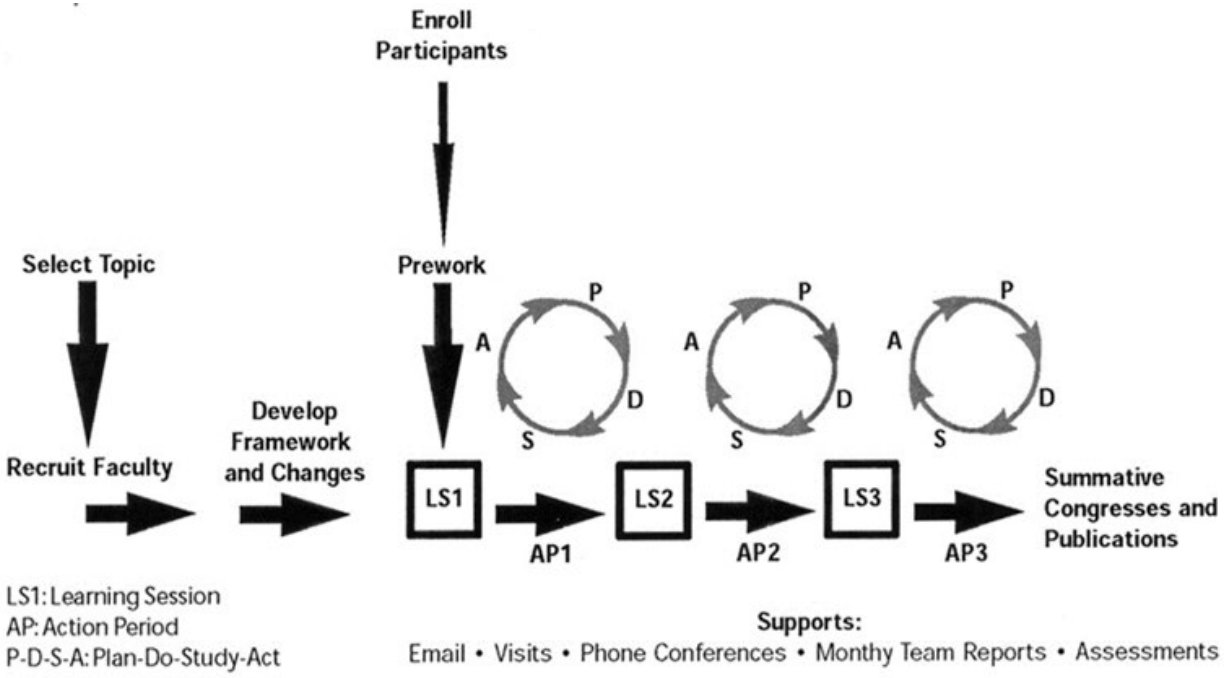
4. Refer to complimentary and alternative care providers-–Acupuncture, CBT, manipulation, Tai Chi, exercise therapies including PT

5. Avoidance of early imaging. Perform imaging when LBP is severe, progressive neurological deficits or suspicion of systemic disease - or when pain is persistent with radicular or claudicatory pain

Established Recommendations

- Promote guideline adherence
- Limit imaging for early or non-specific LBP
- Reduce low-value surgery
- Avoid opioids in LBP

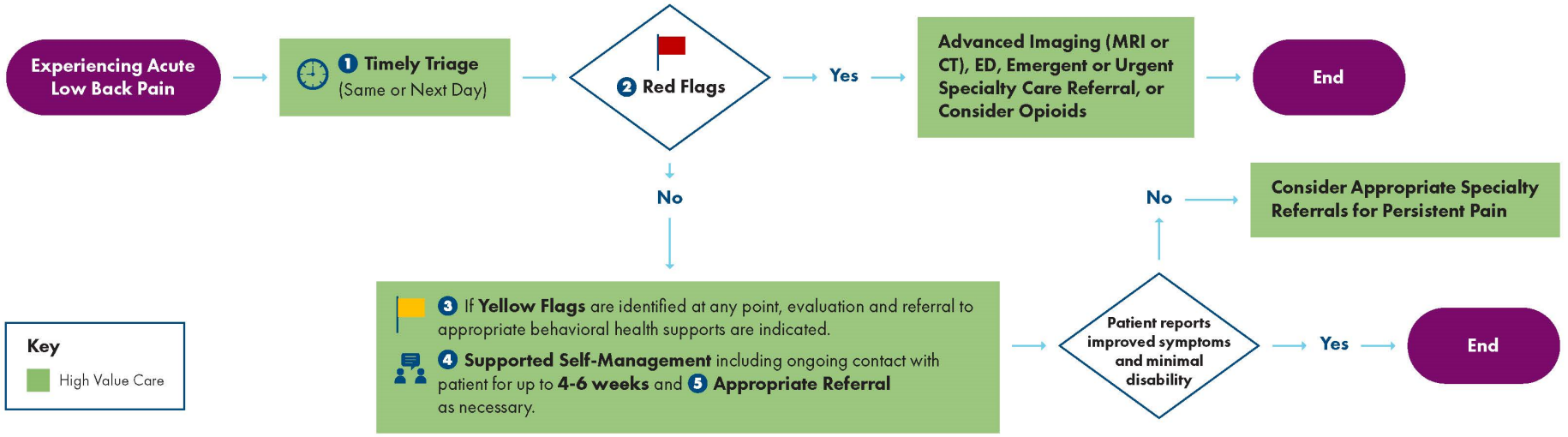
Over the next 18 months:



- Action period stakeholder meetings (some joint meetings)
- Monthly requests to teams for action updates including equity action
- Moving towards "all teach, all learn"

Acute Low Back Pain Care Pathway

Common Goal — Decreased Use of: Advanced Imaging, Emergency Department (ED), Opioids and Surgery as First Interventions



1 Timely Triage performed by someone clinically trained who can:

- Evaluate for red flags and yellow flags and identify any neurological deficit requiring urgent care by a specialist
- Spend appropriate time with the patient to better understand the functional limitations and distress caused by the pain
- Through shared decision making with the patient, provide guidelines for Supported Self-Management (below) that will best meet the patient's needs
- Timely Triage could be performed by Primary Care, RN, PT, DC or Point Solution and can be virtual or in person. It should NOT involve the ED.

2 Red Flags for Underlying Pathology

- Fever
- Fragility fracture risk
- History of immunosuppression
- Suspicion of cancer
- Intravenous drug use
- Night pain or unrelenting pain
- Steroid use
- Physical trauma
- Unintentional weight loss
- Cauda Equina Syndrome (including severe neurological deficits and/or bowel/bladder incontinence) is a medical emergency and requires urgent hospital referral.

3 Yellow Flags — Indicators for Risk of Long Term Disability and Work Loss

- Belief that pain and activity are harmful
- Heavy work, unsociable hours
- History of back pain, time-off, workers comp claims
- History of chronic pain or multi-site pain
- Low or negative moods, social withdrawal
- Overprotective family or lack of support
- Problems at work, poor job satisfaction
- Severe pain, distress or disability without red flags
- Extended rest
- Substance use disorder
- Uncertain financial well-being

4 In the absence of red flags, **Supported Self-Management** is appropriate:

- Conservative treatment(s) which include advice to remain active and simple analgesics before considering judicious use of opioids.
- A plan for regular communication(s) with the patient after the initial point of triage. This needs to be done by someone who is clinically able to re-evaluate for red flags and yellow flags and can also offer a level of critical thinking and continued patient education, engagement and shared decision making. The patient needs to feel that this person has listened to and understands their concerns and that they will not be abandoned if their pain continues for weeks or longer.
- Patients should be advised on when to contact the support person versus going to the ED.
- The support for Supported Self-Management can come from Primary Care, RN, PT, DC or Point Solution and can be virtual or in person. It should NOT involve the ED.

5 Appropriate Referral to first point of care as determined appropriate if yellow flags are present or patient reports a lack of improvement:

Options for the Support in Supported Self-Management (listed alphabetically):

- Chiropractic Care
- Physiatry
- Physical Therapy
- Point Solution
- Primary Care
- Urgent Care

Consider integrating other high-value, evidence-based care for low back pain (listed alphabetically):

- Acupuncture
- Behavioral Health
- Evidence-based exercise (Tai Chi, Yoga, etc.)
- Medical massage

Education is of high-value before low back pain occurs and at all levels of this Acute Low Back Pain Care Pathway

For Patient/Member:

- Ergonomics
- Exercise/Fitness/Nutrition
- Increase Patient Engagement
- Shared Decision Making
- Importance of Timely Triage
- Triage Red and Yellow Flags
- Education About LBP (the common course of symptoms, the high-value care options available to treat it, when to call a doctor, etc.)

For Provider:

- Importance of Timely Triage
- Evidence Based Pathways
- Shared Decision Making and Decision-Making Tools
- Tools for Patients
- Tools for Providers

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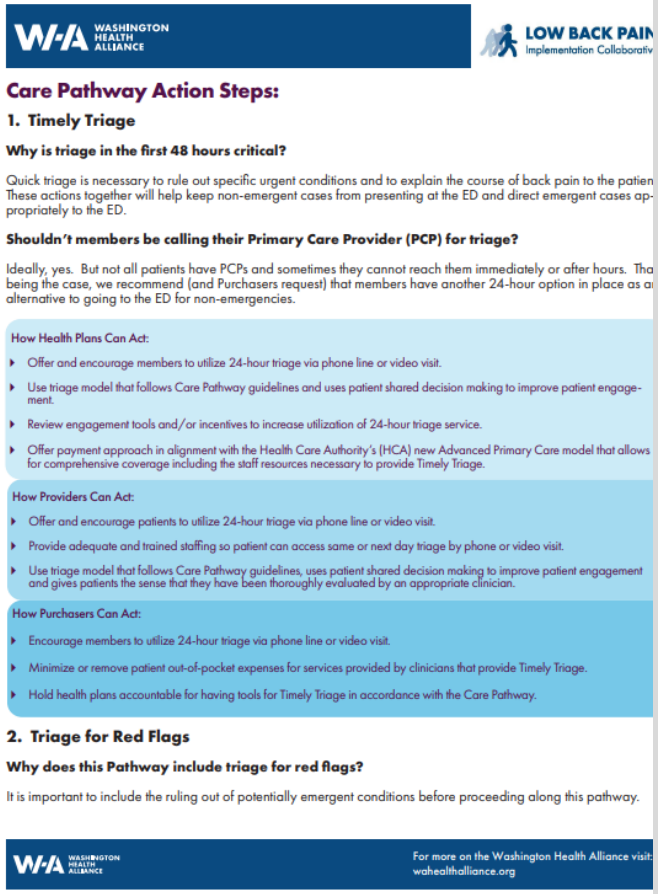
Website Resources

Pathway Tools



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Care Pathway Action Steps:

1. Timely Triage

Why is triage in the first 48 hours critical?

Quick triage is necessary to rule out specific urgent conditions and to explain the course of back pain to the patien
These actions together will help keep non-emergent cases from presenting at the ED and direct emergent cases ap-
propriately to the ED.

Shouldn't members be calling their Primary Care Provider (PCP) for triage?

Ideally, yes. But not all patients have PCPs and sometimes they cannot reach them immediately or after hours. Tha
being the case, we recommend (and Purchasers request) that members have another 24-hour option in place as a
alternative to going to the ED for non-emergencies.

How Health Plans Can Act:

- Offer and encourage members to utilize 24-hour triage via phone line or video visit.
- Use triage model that follows Care Pathway guidelines and uses patient shared decision making to improve patient engage-
ment.
- Review engagement tools and/or incentives to increase utilization of 24-hour triage service.
- Offer payment approach in alignment with the Health Care Authority's (HCA) new Advanced Primary Care model that allows
for comprehensive coverage including the staff resources necessary to provide Timely Triage.

How Providers Can Act:

- Offer and encourage patients to utilize 24-hour triage via phone line or video visit.
- Provide adequate and trained staffing so patient can access same or next day triage by phone or video visit.
- Use triage model that follows Care Pathway guidelines, uses patient shared decision making to improve patient engagement
and gives patients the sense that they have been thoroughly evaluated by an appropriate clinician.

How Purchasers Can Act:

- Encourage members to utilize 24-hour triage via phone line or video visit.
- Minimize or remove patient out-of-pocket expenses for services provided by clinicians that provide Timely Triage.
- Hold health plans accountable for having tools for Timely Triage in accordance with the Care Pathway.

2. Triage for Red Flags

Why does this Pathway include triage for red flags?

It is important to include the ruling out of potentially emergent conditions before proceeding along this pathway.

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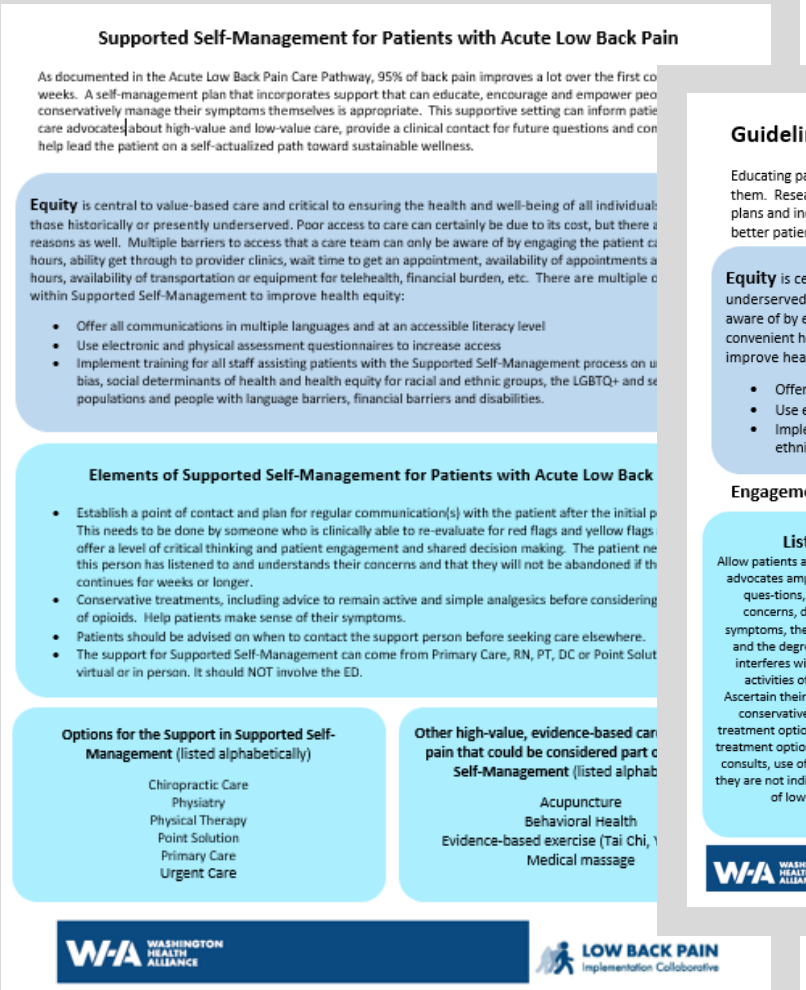

Supported Self-Management for Patients with Acute Low Back Pain

As documented in the Acute Low Back Pain Care Pathway, 95% of back pain improves a lot over the first co
weeks. A self-management plan that incorporates support that can educate, encourage and empower peo
conservatively manage their symptoms themselves is appropriate. This supportive setting can inform patie
care advocates about high-value and low-value care, provide a clinical contact for future questions and con
help lead the patient on a self-actualized path toward sustainable wellness.

Equity is central to value-based care and critical to ensuring the health and well-being of all individual
those historically or presently underserved. Poor access to care can certainly be due to its cost, but there a
reasons as well. Multiple barriers to access that a care team can only be aware of by engaging the patient ca
hours, ability get through to provider clinics, wait time to get an appointment, availability of appointments a
hours, availability of transportation or equipment for telehealth, financial burden, etc. There are multiple o
within Supported Self-Management to improve health equity:

- Offer all communications in multiple languages and at an accessible literacy level
- Use electronic and physical assessment questionnaires to increase access
- Implement training for all staff assisting patients with the Supported Self-Management process on u
bias, social determinants of health and health equity for racial and ethnic groups, the LGBTQ+ and se
populations and people with language barriers, financial barriers and disabilities.

Elements of Supported Self-Management for Patients with Acute Low Back

- Establish a point of contact and plan for regular communication(s) with the patient after the initial p
This needs to be done by someone who is clinically able to re-evaluate for red flags and yellow flags
offer a level of critical thinking and patient engagement and shared decision making. The patient ne
this person has listened to and understands their concerns and that they will not be abandoned if th
continues for weeks or longer.
- Conservative treatments, including advice to remain active and simple analgesics before considering
of opioids. Help patients make sense of their symptoms.
- Patients should be advised on when to contact the support person before seeking care elsewhere.
- The support for Supported Self-Management can come from Primary Care, RN, PT, DC or Point Solut
virtual or in person. It should NOT involve the ED.

Options for the Support in Supported Self-Management (listed alphabetically)

Chiropractic Care
Physiatry
Physical Therapy
Point Solution
Primary Care
Urgent Care

**Other high-value, evidence-based car
pain that could be considered part o
Self-Management** (listed alphab

Acupuncture
Behavioral Health
Evidence-based exercise (Tai Chi,
Medical massage

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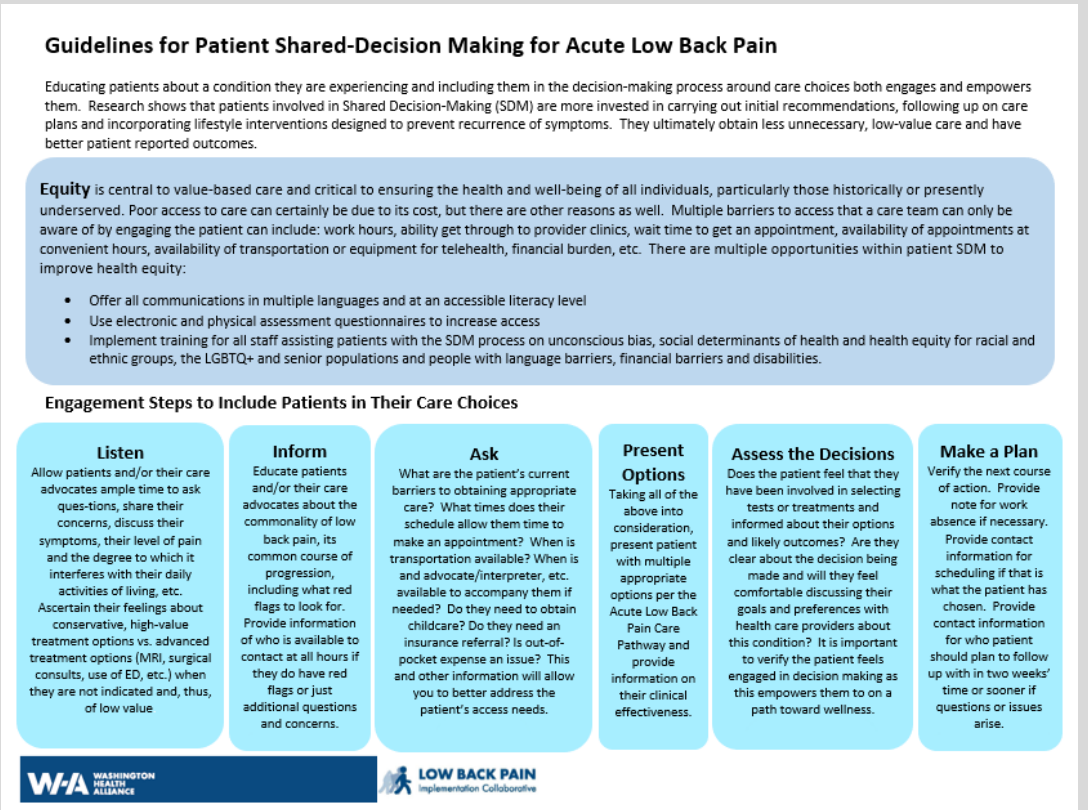

Guidelines for Patient Shared-Decision Making for Acute Low Back Pain

Educating patients about a condition they are experiencing and including them in the decision-making process around care choices both engages and empowers them. Research shows that patients involved in Shared Decision-Making (SDM) are more invested in carrying out initial recommendations, following up on care plans and incorporating lifestyle interventions designed to prevent recurrence of symptoms. They ultimately obtain less unnecessary, low-value care and have better patient reported outcomes.

Equity is central to value-based care and critical to ensuring the health and well-being of all individuals, particularly those historically or presently underserved. Poor access to care can certainly be due to its cost, but there are other reasons as well. Multiple barriers to access that a care team can only be aware of by engaging the patient can include: work hours, ability get through to provider clinics, wait time to get an appointment, availability of appointments at convenient hours, availability of transportation or equipment for telehealth, financial burden, etc. There are multiple opportunities within patient SDM to improve health equity:

- Offer all communications in multiple languages and at an accessible literacy level
- Use electronic and physical assessment questionnaires to increase access
- Implement training for all staff assisting patients with the SDM process on unconscious bias, social determinants of health and health equity for racial and ethnic groups, the LGBTQ+ and senior populations and people with language barriers, financial barriers and disabilities.

Engagement Steps to Include Patients in Their Care Choices

Listen
Allow patients and/or their care advocates ample time to ask ques-tions, share their concerns, discuss their symptoms, their level of pain and the degree to which it interferes with their daily activities of living, etc. Ascertain their feelings about conservative, high-value treatment options vs. advanced treatment options (MRI, surgical consults, use of ED, etc.) when they are not indicated and, thus, of low value

Inform
Educate patients and/or their care advocates about the commonality of low back pain, its common course of progression, including what red flags to look for. Provide information of who is available to contact at all hours if they do have red flags or just additional questions and concerns.

Ask
What are the patient's current barriers to obtaining appropriate care? What times does their schedule allow them time to make an appointment? When is transportation available? When is and advocate/interpreter, etc. available to accompany them if needed? Do they need to obtain childcare? Do they need an insurance referral? Is out-of-pocket expense an issue? This and other information will allow you to better address the patient's access needs.

Present Options
Taking all of the above into consideration, present patient with multiple appropriate options per the Acute Low Back Pain Care Pathway and provide information on their clinical effectiveness.

Assess the Decisions
Does the patient feel that they have been involved in selecting tests or treatments and informed about their options and likely outcomes? Are they clear about the decision being made and will they feel comfortable discussing their goals and preferences with health care providers about this condition? It is important to verify the patient feels engaged in decision making as this empowers them to on a path toward wellness.

Make a Plan
Verify the next course of action. Provide note for work absence if necessary. Provide contact information for scheduling if that is what the patient has chosen. Provide contact information for who patient should plan to follow up with in two weeks' time or sooner if questions or issues arise.

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Patient Hand Out Templates

English

Spanish

Vietnamese

Russian

Simplified Chinese

Somali

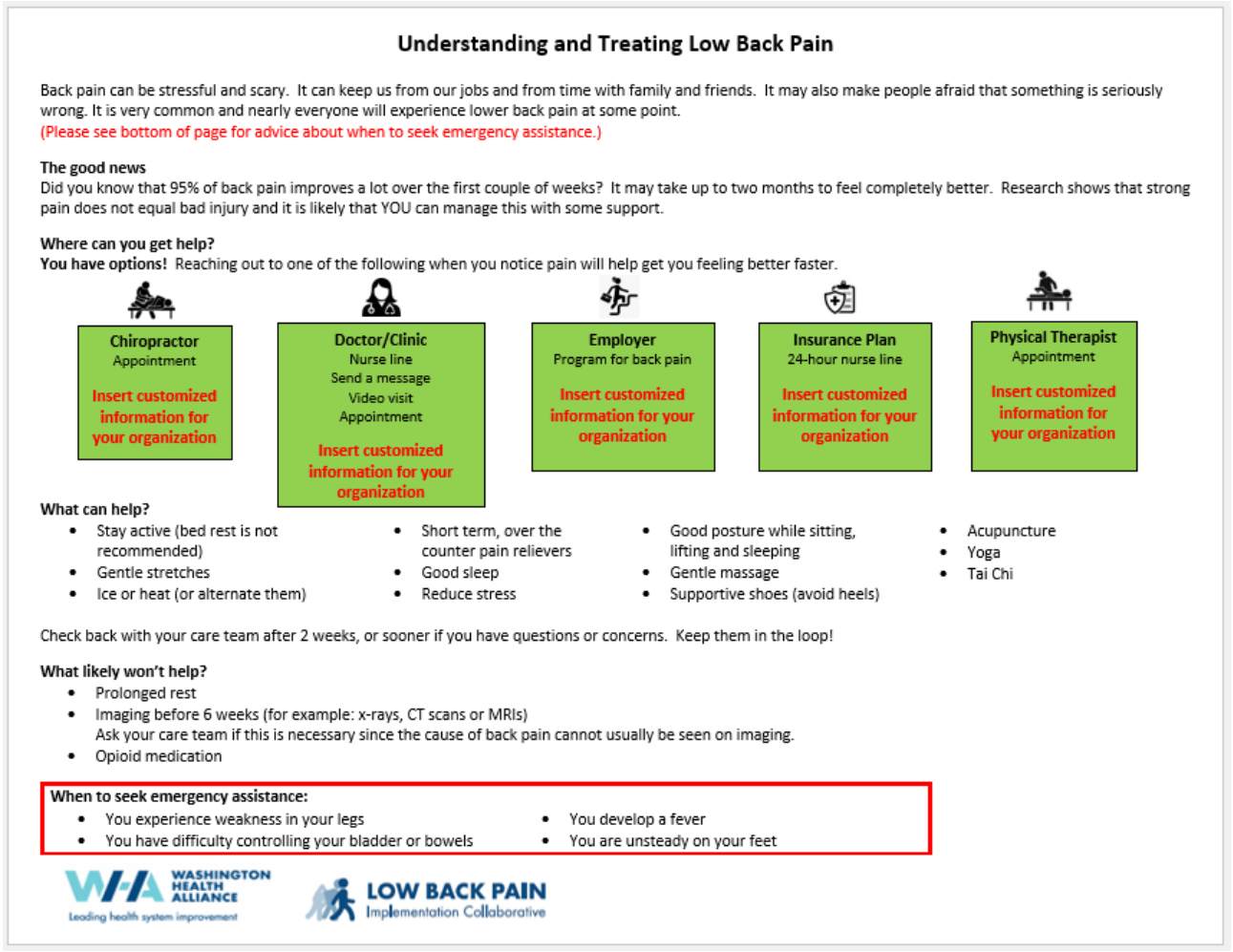
Thank you:

Amanda Hutchinson, City of Seattle

Dr. Usoltseva, UW Medicine

Vietnam Health Clinic

Somali Health Board



Understanding and Treating Low Back Pain

Back pain can be stressful and scary. It can keep us from our jobs and from time with family and friends. It may also make people afraid that something is seriously wrong. It is very common and nearly everyone will experience lower back pain at some point.
(Please see bottom of page for advice about when to seek emergency assistance.)

The good news
Did you know that 95% of back pain improves a lot over the first couple of weeks? It may take up to two months to feel completely better. Research shows that strong pain does not equal bad injury and it is likely that YOU can manage this with some support.

Where can you get help?
You have options! Reaching out to one of the following when you notice pain will help get you feeling better faster.

Chiropractor	Doctor/Clinic	Employer	Insurance Plan	Physical Therapist
Appointment	Nurse line Send a message Video visit Appointment	Program for back pain	24-hour nurse line	Appointment
Insert customized information for your organization	Insert customized information for your organization	Insert customized information for your organization	Insert customized information for your organization	Insert customized information for your organization

What can help?

- Stay active (bed rest is not recommended)
- Gentle stretches
- Ice or heat (or alternate them)
- Short term, over the counter pain relievers
- Good sleep
- Reduce stress
- Good posture while sitting, lifting and sleeping
- Gentle massage
- Supportive shoes (avoid heels)
- Acupuncture
- Yoga
- Tai Chi

Check back with your care team after 2 weeks, or sooner if you have questions or concerns. Keep them in the loop!

What likely won't help?

- Prolonged rest
- Imaging before 6 weeks (for example: x-rays, CT scans or MRIs)
  Ask your care team if this is necessary since the cause of back pain cannot usually be seen on imaging.
- Opioid medication

When to seek emergency assistance:

- You experience weakness in your legs
- You have difficulty controlling your bladder or bowels
- You develop a fever
- You are unsteady on your feet

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Patient Infographic Templates

Participant actions

- **Purchaser:** Measuring opioid utilization for acute LBP - 38% decline from 2016-2021. (8% in 2016 to less than 5% in 2021.) Challenges lie in figuring out current state in order to then move forward, also in access to a uniform Point Solution because we have more than one carrier.
- **Payer:** Collaboration with Spine Care Partners to review member and provider education tools. Decision on integration pending. Nurse Triage team is incorporating Care Pathway into their work. Produced ad-hoc data report on use of ED, advanced imaging and opioid use for acute LBP, room to improve and add it to regular report cycle, challenged by lack of resources to do so. Also working to incorporate race, ethnicity and language data into regular reporting. Will share patient education hand out with team to see how they can provide it for members.
- **Provider:** Looking to establish acute spine care program with Timely Triage and quick access to treatment by Chiropractor or Physiatrist. Challenged currently by lack of access – working with administration to recruit another Chiropractor. Several administrators are on board; next step is to make the financial case to CFO. Future actions will involve rolling program info out to primary care team.
- **Ally:** On a state and national level, we've committed (and seem to be sticking with) efforts to diversify the profession and to increase health equity for patients.

Equity actions

- Point solution with **zero copay for patients and 24-hour access** eliminates cost barrier and scheduling barrier to first level care.

- We deploy **bi-lingual navigator staff** (with emphasis on communities with large populations of people with limited English proficiency). We also review access data to identify areas in the state with the greatest need.

- Patient **education materials in multiple languages, appropriate to different levels of education** and available digitally and as printed material provide multiple communication options to more effectively reach a much larger number of patients.

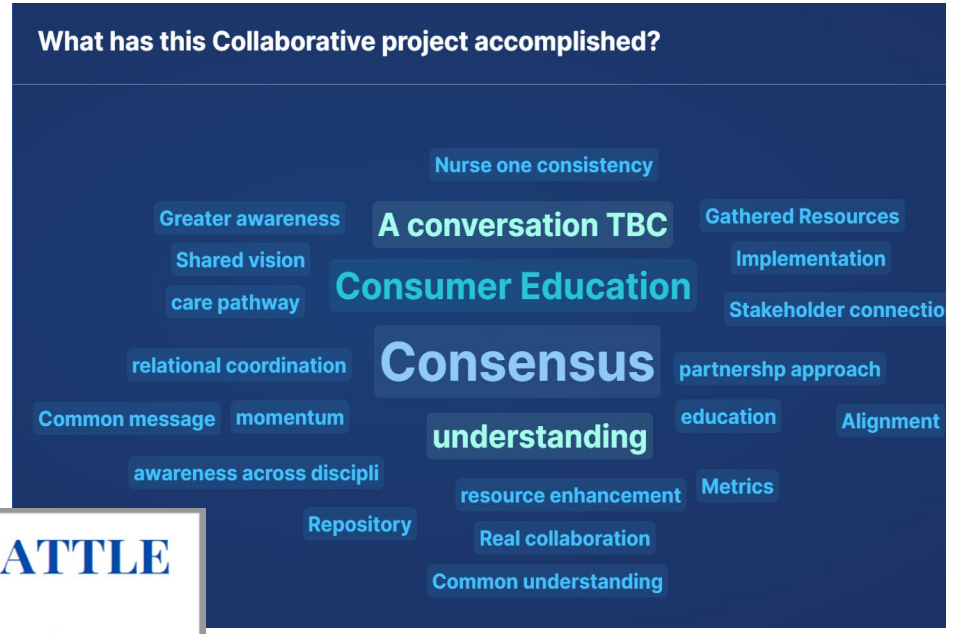
- We are working to initiate **system-wide unconscious bias training**.

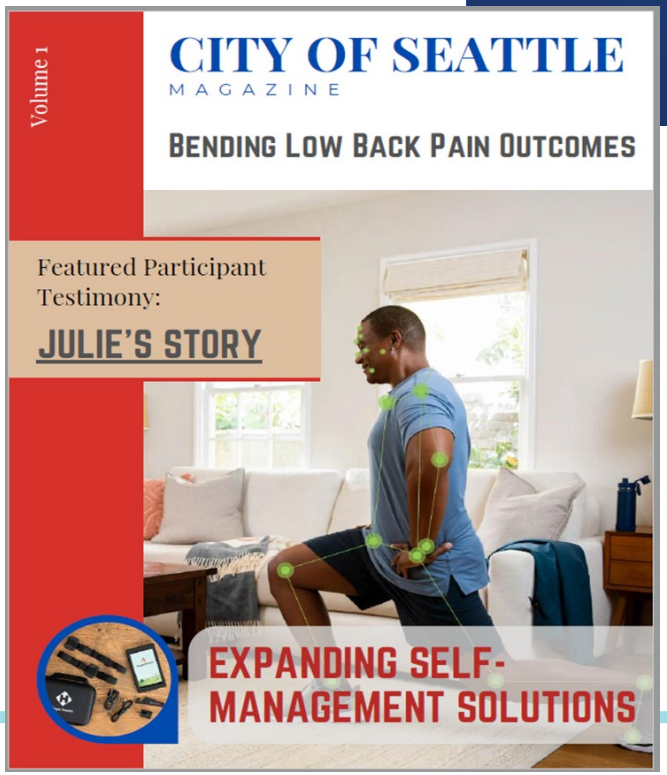
- We use **data reporting to identify baselines of low value care. We have requested reporting that includes race, ethnicity and language filters** so that we can investigate to determine if larger gaps in care exist for specific populations and target efforts to those populations.

- Our DEI Committee meets monthly to assess needs of the organization and we are working to **implement a Social Determinants of Health screening tool in our patient engagement platform.**

Random thoughts

- Have explicit metrics (process, outcome, balancing) prior to project start (even if the funder doesn't require these).
- Spread the message even when it's not done (e.g., HRSA HEC conference).
- Constant contact is the key.
- Have fun! For example, headliner exercise, word clouds





Update:
HCA Maternal Bundle

DR. ROBERT BREE COLLABORATIVE

March, 2023 | Zoom Meeting

Member Spotlight: WA Health Alliance

March, 2023 | Zoom Meeting

2023 Topic Updates

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March 22, 2023 | Zoom Meeting

Diabetes Care

DR. ROBERT BREE COLLABORATIVE

March 22, 2023 | Zoom Meeting

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.

Quintuple Aim Groups

Cost/Value	Investigate funding mechanisms for high-quality diabetes care. Remove barriers to funding access. Address rising costs of insulin, management technology, and coverage options for people living with diabetes.	• Sharon Eloranta • Robert Mecklenburg • Jonathon Harris
Care Experience	Ensure high-quality care for people living with diabetes. Determine metrics for high-quality care. Ensure people living with diabetes are offered a wide variety of treatment options, including referrals to community organizations providing education and care management.	• Nicole Treanor • Norris Kamo • Vickie Kolios
Population Health	Identify at-risk populations and improve screening for pre-diabetes and gestational diabetes. Improve prevention activities including risk identification, education, and management programs.	• Mamatha Palanati • Susan Buell • Emily Robson • LuAnn Chen
Burnout and Wellbeing	Increase efficacy of diabetes care and reduce administrative burden. Collaborate across sectors and reduce care silos. Ensure skill-task alignment for all members of the care team.	• Norris Kamo • Mamatha Palanati
Equity	Increase equitable access to testing, treatment, and medications. Address social determinants of health that impact diabetes care and disparities in diabetes outcomes for priority communities. Consider food access and the built environment	• Cyndi Stilson • Jonathon Harris • Nick Locke

Common Themes

- Providing team-based care to every patient with diabetes
- Addressing affordability of medication and supplies
- Highlighting the needs of priority populations (rural, uninsured, migrant workers)
- Closing gaps that disrupt optimal care (excessive co-pays, insurance plan transitions, etc.)

Next Steps

- Brainstorm opportunities for action and determine sub-group goals.
- Consolidate research questions for evidence review.
- Review evidence and draft recommendations at future workgroup meetings.

Opportunity for Comment

Thank you!

Complex Discharge

DR. ROBERT BREE COLLABORATIVE

March 22, 2023 | Zoom Meeting

Members (partial list)

- **Chair:** Darcy Jaffe, BSN, MN, Washington State Hospital Association
- Shelley Bogart, DSHS-DDA
- Gloria Brigham, EdD, MN, RN, Washington State Nursing Association
- Colin Maloney, MPH, WA Department of Health
- Jason McGill, JD, WA Health Care Authority
- Sara Williams, RN, PeaceHealth
- Jeff Foti, MD, Seattle Children's
- Catherina McInroe, MSW, Providence
- Linda Keenan, PhD, MPA, RN-BC, United Healthcare
- 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
- Janice Tufte, PICORI West Ambassador/Hassanah Consulting

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

Opportunities for Impact

- Developing common definitions and metrics.
- Describe the post-acute care continuum and clarify discharge pathways to various settings.
- Best practices for engaging a discharge team and improving communication between hospital, plan, and post-acute care representatives.
- Consider current infrastructure for the post-acute care continuum and how to develop greater capacity.

Aligning Definitions

- Common definition for “Difficult to Discharge”
  - Switched to “Complex Discharge” which everyone agrees focuses on the barriers patients face.
  - A **complex discharge** occurs when a patient has complex care needs that require support from inter-departmental teams.
  - Separate but related to the complex discharge definition is **avoidable days:** the number of days that a patient is medically ready for discharge but remains hospitalized.

Aligning Metrics

- Current Data on Difficult to Discharge Patients
  - Focused on the patient's payer as a barrier to discharge
  - Sometimes includes number of days medical necessity not met
  - Some hospitals collect categories of discharge barriers (i.e. "behavioral health," "substance use disorder," "lack of housing")
- Point of collection and data aggregation
  - A few organizations collect aggregate discharge data (HCA, MCOs, WSHA), but the data often reflects different definitions and priorities.
  - One opportunity for impact is to define specific metrics for alignment.

Recommendation

Adopt Charter

Perinatal/Maternal Mental Health

DR. ROBERT BREE COLLABORATIVE

March 22, 2023 | Zoom Meeting

Members (partial list)

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- Patricia Morgan, ARNP, Evergreen Health
- Trish Anderson, MBA, BSN, Washington State Hospital Association
- Elizabeth Tinker, PhD, MPH, MN, RN, WA Health Care Authority
- Emelia Udd, MD, Kaiser Permanente
- Aphrodyi Antoine, MPH, MPA, Health Related Services Administration
- Kristin Hayes, MSW, Evergreen Health
- Kay Jackson, CNM, ARNP, Off the Grid Midwifery
- Gina Legaz, MPH, WA Department of Health
- MaryEllen Maccio, DM, Valley Medical Center
- Melissa Rubin, DNP, ARNP, Sound Family Psychiatry
- Sheryl Pickering, WA Department of Health, WIC
- Billie Dickinson, Washington State Medical Association
- Cindy Gamble, MPH, American Indian Health Commission
- Ellen Kauffman, MD

Aim

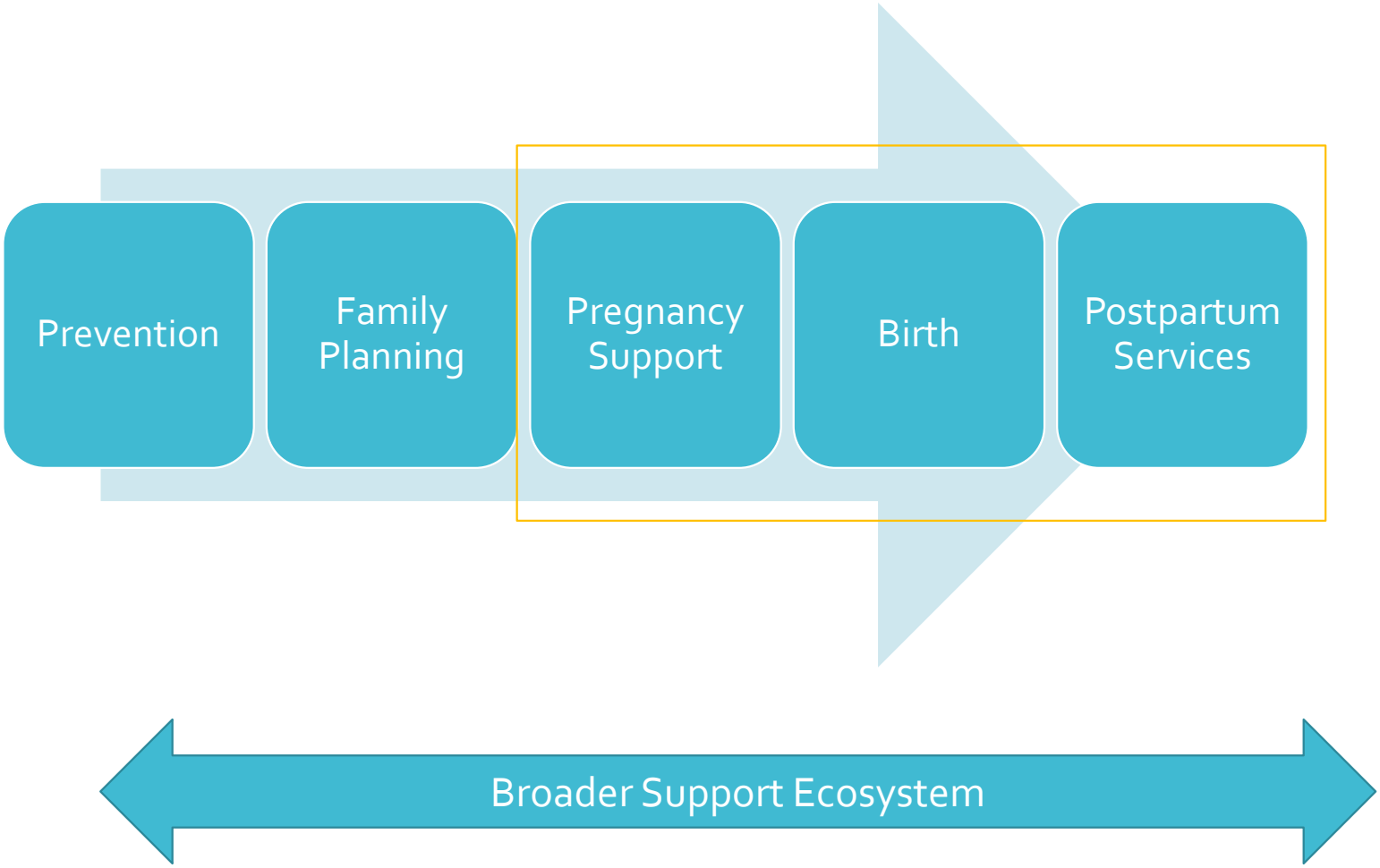
To improve the mental health care continuum along the reproductive or family building journey including the perinatal and postpartum period.

Purpose

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

- Identifying at-risk populations and increasing screening activities.
- Advancing equity and addressing inequities in perinatal/maternal mental health prevention, resources, and supports.
- Identifying mechanisms for following-up with brief interventions, treatment, or referrals to mental health services.
- Addressing structural determinants and other barriers to perinatal/maternal mental health.

Scope Conversations



Care/Support Continuum

Link: https://coloradomaternalmentalhealth.org/resources/resources-for-providers/perinatal-continuum-of-care.html

Recommendation

Adopt Charter

Bree Implementation Update: Interoperability Pilot Survey

March 22, 2023 | Zoom Meeting

Stage 1 Pilot Testing

Stage 1 Pilots

Bree Collaborative member pilots

Revisions to assessment tools based on pilots

Stage 2 Pilot

Bree Collaborative contributor pilots

Final revisions to assessment tools

Pilot paper publication/distribution

Stage 3 Release

Release of assessment tool and documentation for use with the Bree Collaborative Implementation Guide

Report to Bree Steering Committee

Report to HCA

Stage 1 Pilot Testing

February

Plan pilot test and evaluation

March

Introduce Connectivity and Interoperability and Health Literacy assessment tools to Bree Collaborative Members

April

Recruit for pilots from Bree Collaborative Member cohort

Implement pilots

May

Revisions to assessment tools and prep for Stage 2 Pilots

Stage 1 pilot documentation

Stage 1 Pilots

Bree Collaborative member pilots

Revisions to assessment tools based on pilots

Stage 2 Pilot Testing

Introduce Connectivity and Interoperability and Health Literacy assessment tools to Bree Collaborative work group members

Recruit for stage 2 pilots

Implement Stage 2 pilots and data collection

Second revisions to assessment tools
Stage 2 pilot documentation and paper

Plan for general release and community promotion

Stage 2 Pilot

Bree Collaborative contributor pilots

Final revisions to assessment tools

Pilot paper publication/distribution

Stage 3 Release

October

Release Assessment in Implementation Guide
Release supporting documentation in Implementation Guide
Report to Bree Steering Committee and HCA

November

Introductory webinar
How are we going to continue to spread the word?

December

Assessment point?

January

Validation Study Planning

Stage 3

Release of assessment tools for general use, available in the Bree Collaborative Implementation Guide