

The Bree Collaborative Diabetes Care Charter and Roster

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 7th leading cause of death and impaired plasma glucose is the 3rd leading cause of death and disability in Washington.² At the same time, Washington state performs below the NCQA 25th 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.

¹ American Diabetes Association. 2021. The Burden of Diabetes in Washington. ADV. Accessed November 2022. Available: https://diabetes.org/sites/default/files/2021-10/ADV_2021_State_Fact_sheets_Washington.pdf

² Institute for Health Metrics and Evaluation. 2022. United States of America – Washington. IHME. Accessed November 2022. Available: <https://www.healthdata.org/united-states-washington>

³ WHA Community CheckUp. 2022. 2022 Community Checkup Report. Washington Health Alliance. Accessed November 2022. Available: <https://www.wacommunitycheckup.org/media/67048/2022-community-checkup-report.pdf>

⁴ Washington State Department of Health. 2018. Washington State Health Assessment: Diabetes and Prediabetes. WA DOH. Accessed November 2022. Available: <https://doh.wa.gov/sites/default/files/legacy/Documents/1000/SHA-DiabetesandPrediabetes.pdf>

⁵ Ding D & Glied S. 2022. Issue Brief: Disparities in the Use of Diabetes Medications: Widening Treatment Inequality by Race and Insurance Coverage. Commonwealth Fund. Accessed November 2022. Available: <https://www.commonwealthfund.org/publications/issue-briefs/2022/jun/disparities-use-new-diabetes-medications-treatment-inequality>

- 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.

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

Leah Wainman		WA Department of Health
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