

Bree Collaborative | Diabetes
January 12th, 2023 | 8:00 – 9:30 a.m.
Virtual

MEMBERS PRESENT

Norris Kamo, MD, MPP, Virginia Mason Medical Center (chair)
Carissa Kemp, MPP, American Diabetes Association
Cynthia Stilson, RN, BSN, CMM, Community Health Plan of Washington
Khimberly Schoenacker, RDN, CSP, CD, WA Department of Health
Mamantha Palanati, MD, Kaiser Permanente

Nicole Treanor, RD, Virginia Mason Franciscan Health
Rick Hourigan, MD, MHA, Cigna
Robert Mecklenburg, MD, Virginia Mason (retired)
Sharon Eloranta, MD, Washington Health Alliance
Vickie Kolios, MSHSA, CPHQ, Foundation for Health Care Quality

STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Bree Collaborative
Emily Robson, DNP, RN, Bree Collaborative

WELCOME

Nick Locke, Bree Collaborative, welcomed everyone to the first Bree Diabetes Care workgroup. Those present introduced themselves, their organizations, and their current experience working with people with diabetes. Common themes included a focus on equitable outcomes and the importance of diabetes education.

DISCUSS: BREE BACKGROUND AND WORKGROUP PROCESS

Mr. Locke introduced the Bree and the workgroup process. The Bree Collaborative is a program of the Foundation for Health Care Quality. The Bree was established by the state legislature in 2011 in response to health care services with high variation and utilization that do not produce better outcomes. Each year, Bree members (drawn from public and private healthcare stakeholders) choose three to four topics to develop recommendations. Diabetes is one of three topics for 2023.

The workgroup will meet monthly throughout 2023 to develop a report on best practices for diabetes care. The report will include recommendations for specific health care stakeholders and will be sent to the WA Health Care Authority. The workgroup must follow Open Public Meetings Act regulations. This includes workgroup member training and conflict of interest disclosure.

Following the presentation, Mr. Locke opened the floor for comments.

- Q: Do workgroup members need to declare their employment on conflict of interest forms?
 - A: No, the conflict of interest forms are for previously unknown board participation or investments exceeding 10,000.
- Q: How can members access forms?
 - A: Bree staff will send out the OPMA training information and the conflict of interest form following the morning meeting.

DISCUSSION: SCOPE AND CHARTER

Mr. Locke continued the brainstorming conversation with a discussion on additional stakeholders to invite and the potential scope.

- Some additional stakeholders to invite include public and private purchasers

- One public purchaser could be King County, one private purchaser could be Boeing.
- If we intend to address Type 1 diabetes or diabetes among kids/youth, we should invite school nurse representatives.
- Diabetes is often related to social need and community supports. Some additional community supports to invite could include:
 - Community engagement and education providers, such as the Y which provides diabetes management programs on nutrition and exercise.
 - Cultural organizations for groups disproportionately affected by diabetes, such as Asian American community groups or Latino/a community groups.
 - Organizations representing other priority populations, such as the AARP
 - Potential tribal liaisons/indigenous groups
- Other peer supports and patients advocates, like Type 1 United

The workgroup continued the conversation on scope by addressing potential diabetes populations and goals.

- While there are many types of diabetes (Type 1, Type 2, gestational, pre-diabetes), the workgroup agrees that there are many connections between the type of diagnosis.
- For example, people living with diabetes deal with similar issues and are often referred to the same resources or medication therapy. Additionally, social need and equity concerns are similar across diagnoses.
- We may be able to choose a population based on our goals – for example, we could look at cost drivers for diabetes expenditures or existing metrics.
- The workgroup agreed to keep a broad, longitudinal framework for now, looking at all people living with diabetes across the life course.
- The workgroup adopted the quintuple aim to help guide their goals and target outcomes.
 - The quintuple aim includes cost, outcomes, equity, accessibility, and sustainability.
 - The workgroup will continue to look at specific metrics/goals in the February meeting.
 - Potential resources include driver diagrams, the Mayo Clinic minimally disruptive diabetes care guidelines, and fishbone diagrams.

Following the conversation on scope, the workgroup reviewed the charter for approval. A few changes were made to the draft charter.

- The background paragraph was amended to be more clear about the association between low SES and initiating medication treatment.
- The aim was amended to address the quintuple aim, adding a clause about sustainability.
 - The workgroup discussed how to develop SMARTIE aims, but will revisit these goals at the February meeting
- Several new bullet points were added to the purpose, including:
 - Collaborating across sectors and avoiding care silos
 - Ensuring skill-task alignment for the care team
 - Increasing efficacy of diabetes care and reducing administrative burden
 - Funding mechanisms for high-quality diabetes care

PUBLIC COMMENT AND GOOD OF THE ORDER

Mr. Locke invited final comments or public comments, then thanked all for attending. At the next workgroup meeting, the team will review the conversation on goals/outcomes using a chart based on the quintuple aim and SMARTIE aims. The workgroup will also continue the brainstorming process

around potential focus areas and a framework for diabetes care. The workgroup's next meeting will be on Thursday, February 9th from 8:00 – 9:30 AM.

DRAFT