
Bree Collaborative | Difficult to Discharge

January 19th, 2023 | 8:00 – 9:30 a.m.

Virtual

MEMBERS PRESENT

Darcy Jaffe, Washington State Hospital
Association (chair)
Amy Cole, MBA, Multicare
Billie Dickinson, Washington State Medical
Association
Kelli Emans, DSHS
Jeff Foti, MD, Seattle Children's
Karla Hall, RN, PeaceHealth
Kathleen Heim, MSN, RN, PeaceHealth
Carol Hiner, MSN, Kaiser Permanente
Jen Koon, MD, Premera Blue Cross
Danica Koos, MPH, Community Health Plan of
Washington
Cathy MacEnraw, MSW, Providence
Elena Madrid, RN, Washington Health Care
Association
Colin Maloney, MPH WA Department of Health

Amber May, MD, Kaiser Permanente
Liz McCully, MSW, Swedish
Jason McGill, JD, WA Health Care Authority
Kellie Meserve, MN, RN, Virginia Mason
Franciscan Health
Tracey Mullian, MSW, Swedish
Keri Nasenbeny, MHA, BSN Harborview Medical
Center
Kim Petram, BSN, Valley Medical Center
Lou Reyes, Swedish
Odilliah Sangali, WA Department of Health
Zosia Stanely, JD, MHA, Washington State
Hospital Association
Cyndi Stilson, RN, BSN, Community Health Plan
of Washington
Janice Tufte, PICORI West
Ambassador/Hassanah Consulting

STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Bree Collaborative
Ginny Weir, MPH, Foundation for Health Care Quality

WELCOME

Nick Locke, Bree Collaborative, welcomed everyone to the first Bree Difficult to Discharge workgroup. Those present introduced themselves, their organizations, and their current experience working with people with the discharge process. Common themes included a focus complex behavioral/social needs of patients and capacity/regulatory barriers.

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. Difficult to Discharge is one of three topics for 2023. The workgroup will meet monthly throughout 2023 to develop a report on best practices for difficult to discharge patients. 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.

DISCUSSION: SCOPE AND CHARTER

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

- Workgroup members suggested several additional members to invite:
 - Organizations to invite include several different types of :
 - DCYF
 - DDID (developmental disability agencies)
 - Adult Family Home Associations
 - Skilled Nursing Facilities
 - Pediatric Group Homes
 - Assisted Living
 - Home Health organizations
 - Hospice
 - Behavioral Health/SUD programs
 - Disability Rights/long-term care OMBUDS

The workgroup continued the conversation on scope by addressing potential populations, target audiences, and barriers to discharging complex patients.

- Several workgroup members recommended not narrowing scope, as there are similar drivers of complex discharges across generations and patient populations.
- Instead, the workgroup can focus on complex cases and the significant barriers to capacity, quality, and transparency for the discharge process.
- Additionally, eligibility and appropriate data of the challenges facing complex discharge should be examined.
- We may also need to reconsider patients who need better connection to resources (not just post-acute care placement), and patients for whom appropriate services do not exist.
- Workgroup members also recommended that the conversations consider an expanded understanding of what post-acute care could look like, including reimbursement and meeting patient complex needs.

The workgroup continued the conversation by talking about their goals:

- Members would like to put a spotlight on best practices for dissemination, and highlight existing cross-system collaborations.
- We should also focus on data, an appropriate definition of “difficult to discharge”, and alignment.

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 charter/roster for completion and continue the brainstorming process around potential focus areas and a framework for difficult to discharge patients. The workgroup’s next meeting will be on Thursday, February 16th from 3:00 – 4:30 PM.