Dr. Robert Bree Collaborative Meeting Minutes March 22nd, 2023 | 1:00-3:00 Held Virtually

Members Present

Hugh Straley, MD, Bree Collaborative (Chair)
Angie Sparks, MD, UnitedHealthcare
Darcy Jaffe, MN, ARNP, FACHE, Washington State
Hospital Association
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
Greg Marchand, The Boeing Company

Norifumi Kamo, MD, MPP, Virginia Mason
Franciscan Medical Center
Kimberly Moore, MD, Franciscan Health System
Carl Olden, MD, Pacific Crest Family Medicine
Mary Kay O'Neill, MD, MBA, Mercer
Susane Quistgaard, MD Premera Blue Cross
Susie Dade, MS, Patient Representative
Judy Zerzan-Thule, MD, MPH, Washington State
Health Care Authority

Members Absent

Colleen Daly, PhD, Microsoft Mark Haugen, MD, Walla Walla Clinic Kevin Pieper, MD, MHA, Kadlec Regional Medical

Staff, Members of the Public

Nicholas Locke, MPH, FHCQ Karie Nicholas, MA, GC, FHCQ Emily Robson, RN, DNP, FHCQ Ginny Weir, MPH, FHCQ Beth Tinker, PhD, MPH, MN, RN Washington Health Care Authority Billie Dickinson, WSMA
Ji Young Nam, MD, Swedish
Jason Fodeman, WA Labor and Industries
Jackie Barry, APTA
Denise Giambalvo, Washington Health Alliance

Meeting materials are posted on the Bree Collaborative's website, here, under previous meetings.

WELCOME, INTRODUCTIONS, COVID-19 UPDATE

Hugh Straley, MD, Bree Collaborative Chair opened the meeting. Dr. Straley invited updates about the COVID-19 pandemic at member organizations.

Motion: Approve January Meeting Minutes **Outcome:** Passed with unanimous support

HCA UPDATE: MATERNAL HEALTH EPISODE OF CARE BUNDLE

Beth Tinker, PhD, MPH, MN, RN, gave an update on the maternal health episode of care bundle from the Health Care Authority. The HCA has been working toward high-quality, high-value maternity care after several legislative changes as well as the Bree Maternity bundle. In 2022 the HCA began looking into a bundle for maternity care using the idea that value based purchasing will drive transformation. Throughout the project, they learned that there is a lack of care coordination, low levels of reimbursement, and concerns about equity and data accessibility for implementing a maternity episode of care bundle. The HCA decided to pause on implementing an episode of care bundle due to the lack of evidence, lack of equity, and the fragmented healthcare ecosystem. Instead, the HCA will focus on targeted initiatives to improve maternal care, including at least one short-term and one long-term project. The HCA is evaluating potential projects and will have more information about decisions as available.

Bree members added comments and questions on the presentation.

- Members are still concerned about the use of metrics for quality improvement and equity, especially collecting race, ethnicity, and language data.
- Members asked about the top 5 quality concerns for maternal mortality and asked how the HCA could
 use existing data to target quality improvement. One example is addressing hemorrhage by focusing on
 claims data and identifying best practices. A lack of workable data makes this difficult to implement, but
 there is the potential to work with health record data to answer more practical questions on clinical care
 quality.

WHA SPOTLIGHT: LOW BACK PAIN IMPLEMENTATION COLLABORATIVE

Sharon Eloranta, MD, Washington Health Alliance (WHA), presented on a recent WHA low-back pain collaborative as an example of implementation of Bree guidelines (The Bree developed a report on low back pain in 2013). The WHA worked to advance the market by addressing low-back pain due to the cost of low-back pain care and existing evidence-based guidelines like the Bree Collaborative's guidelines. The structure of the implementation collaborative was based on the IHI "Breakthrough" series and engaged multiple stakeholders to reduce low-value care and increase high-value care. The group developed an acute low back pain care pathway and developed several implementation tools including sample workflows and sample patient education templates.

Bree members added comments and questions to the presentation.

How did the WHA measure success? The initial goals of the program were not quantitative, but the WHA
plans on collecting data from purchasers about key utilization metrics like imaging, emergency room
visits, and opioid prescribing. Additionally, WHA will focus on case study stories for driving further
change.

2023 TOPIC UPDATES

Norris Kamo, MD, MPP, Virginia Mason Medical Center, presented on the Bree's Diabetes workgroup. The workgroup is using the quintuple aim to wrap their arms around the issue. A recent article showed that Washington state spends 6.7 billion dollars per year on diabetes care. The workgroup has broken into five groups — Cost/Value, Care Experience, Population Health, Workforce Wellbeing, and Equity. Each subgroup has developed a plan for literature review to develop high-impact recommendations. Common themes across the sub-groups include team-based care, affordability, and closing the gaps for priority populations.

Bree members provided comments on the direction of the workgroup

 Another topic to look into is the effect of untreated behavioral health concerns on chronic illness selfefficacy. SAMSA will have more data about this.

Darcy Jaffe, MN, Washington State Hospital Association, presented on the complex discharge workgroup, renamed from the difficult to discharge workgroup. Ms. Jaffe discussed the group's charter for approval. Current opportunities for impact include definitions and metrics, discharge pathways, and growing current infrastructure capacity. Mr. Locke shared about the group's most recent meeting on definitions and metrics, where the workgroup agreed to focus on "complex discharge" defined by existing barriers to discharge as well as length of stay. The group plans on discussing aligned discharge metrics at the next meeting.

Motion: Adopt Complex Discharge charter and roster

Outcome: Adopted with unanimous support

Nick Locke, MPH, presented on the Perinatal/Maternal Mental Health workgroup as Colleen Daly, PhD, the workgroup chair, was unable to attend. Mr. Locke shared the workgroup's charter purpose and aim, and invited feedback on scope. The workgroup has discussed including a broad scope about prevention and pre-conception activities as opposed to a narrow scope around pregnancy, delivery, and the post-partum period. Bree members discussed the scope and recommended reining in the scope at least a little bit, or at least focusing on data/metrics as well as screening at the time of pregnancy and referrals to services.

Motion: Adopt Perinatal/Maternal Mental Health charter and roster

Outcome: Adopted with unanimous support

IMPLEMENTATION UPDATE: UPCOMING EVENTS AND DATA PILOT SURVEY

Emily Robson, RN, DNP, Foundation for Health Care Quality briefly shared about the next Bree webinar, a climate change webinar on April 12th.

Karie Nicholas, MA, GC presented on an interoperability metrics survey that the Bree hopes to implement. The survey is similar in structure to the MEHAF for behavioral health integration, but focuses on data connectivity. Ms. Nicholas is planning on piloting the survey with Bree members before expanding to workgroup members, and then the public in general. The pilot is currently meant mostly for health care providers/delivery systems.

Bree members discussed changes and how to engage with the survey.

- Colin Fields, Kaiser Permanente, requested more information about the survey
- Judy Zerzan, WA Health Care Authority, offered to connect about HCA interoperability efforts
- Some changes to the survey were discussed, including separate IT capabilities for patient information vs. generic operating functions.

NEXT STEPS AND CLOSING COMMENTS

Dr. Hugh Straley thanked those who presented and closed the meeting.

Next Bree Collaborative Meeting: May 22nd, 2023