

**Bree Collaborative | Diabetes**  
March 9<sup>th</sup>, 2023 | 8:00 – 9:30 a.m.  
**Virtual**

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**MEMBERS PRESENT**

Norris Kamo, MD, MPP, Virginia Mason Medical Center (chair)  
Cyndi Stilson, RN, BSN, CMM, Community Health Plan of Washington  
Jonathan Harrison, Tri Cities Community Health Center  
LuAnn Chen, MD, MHA, Community Health Plan of Washington  
Mary Beth McActeer, MLIS, Virginia Mason

Franciscan Health  
Mamantha Palanati, MD, Kaiser Permanente  
Nicole Treanor, RD, Virginia Mason Franciscan Health  
Robert Mecklenburg, MD, Virginia Mason (retired)  
Susan Buell, YMCA of Tacoma Pierce County  
Vickie Kolios, MSHSA, CPHQ, Foundation for Health Care Quality

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**STAFF AND MEMBERS OF THE PUBLIC**

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

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**WELCOME**

Nick Locke, Bree Collaborative, welcomed everyone to the Bree Diabetes Care workgroup. Those present briefly introduced themselves and welcomed new members. Members also approved February minutes.

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**DISCUSS: SUB-GROUP DISCUSSION GUIDE AND EXAMPLE**

Mr. Locke introduced the day's agenda, which included splitting into breakout sessions based on the Quintuple Aim subgroups. This is a new structure for the workgroup. To set the stage, Norris Kamo, MD, MPP, shared a sample brainstorming document from the Workforce Burnout and Wellbeing sub-group which met briefly the previous week.

The Workforce Wellbeing workgroup (Dr. Kamo and Dr. Palanati) discussed several key themes and areas for future research.

- Workforce stabilization: team-based approaches, increasing PCPs and endocrinologists.
- Accessible clinics and resources for those with disability
- Prior authorization transparency and unification
- SDOH factor referral pathways to address provider helplessness
- Creating opportunities for advancement and mentorship for diabetes care

Following the presentation, Mr. Locke shared a discussion guide to help facilitate breakout sessions of the other four sub-groups. Questions included: what are the workgroup goals? What topics or questions require future research? What topics overlap with other subgroups? And How will you divide research between meetings?

The workgroup broke into breakout sessions for 25 minutes.

## BREAKOUT SESSIONS

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Four breakout sessions met to brainstorm ideas and topics.

- Cost/Value: Dr. Mecklenburg and Dr. Harris
- Care Experience: Dr. Kamo, Ms. Treanor, and Ms. Kolios
- Population Health: Dr. Palanati, Dr. Chen, and Dr. Robson
- Equity: Ms. Stilson, Ms. McActeer and Mr. Locke

## DISCUSS: SUB-GROUP PROGRESS

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Mr. Locke invited representatives from each sub-group to present on their brainstorming discussions.

Dr. Harris presented on the cost/value group's key themes:

- Continuum of care: reducing readmission rates (especially after hospital/ER visits), improving transitions of care and information sharing.
- Drug pricing: where do benefits apply, who is paying more than necessary.
- Other members added the topics of care management costs and alternative payment models to cover diabetes educators and other traditionally non-reimbursable services.

Ms. Treanor presented on the care experience group's themes:

- The care experience group focused on different aspects of quality care.
- Team-based approaches (including which staff members should be part of the team)
- Care transitions: develop a universal care transition checklist, drawing from the SCOAP program
- Medication and devices: especially related to prior authorization and barriers to patient access.
- Nutrition and Exercise: addressing patient social needs that impact their ability to manage diabetes, especially food security and safe/accessible spaces for exercising.

Dr. Robson presented on the population health group's goals:

- The population health workgroup decided to research the diabetes outcomes for different populations in Washington, especially along sociodemographic lines.
- After this, the workgroup hopes to meet to review data and identify activities along the diabetes care continuum from at-risk populations, to screening, to care management.

Mr. Locke presented on the equity workgroup themes:

- The equity workgroup also wants to identify existing inequities as a launching point.
- They additionally want to look at priority areas, including rural populations, racial/ethnic inequities, and social needs.
  - Rural populations – expanding education and management services to rural areas.
  - Racial/ethnic inequities – addressing culturally appropriate care, partnering with community health centers that treat communities with inequities.
  - Social needs – incorporate social need into care plans, including insulin storage, food banks, and public health services.
- Finally, the workgroup discussed bringing preventative services and education/management programs to communities, including reaching out to churches, community programs (The Y), and more.

## **PUBLIC COMMENT AND GOOD OF THE ORDER**

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Mr. Locke invited final comments or public comments, then thanked all for attending. At the next workgroup meeting, the team will review new evidence, look at a care continuum for diabetes, and discuss further overlaps. The workgroup's next meeting will be on Thursday, April 13<sup>th</sup> from 8:00 – 9:30 AM.

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