
Bree Collaborative | Diabetes
April 13th, 2023 | 8:00 – 9:30 a.m.
Virtual

MEMBERS PRESENT

Norris Kamo, MD, MPP, Virginia Mason Medical Center (chair)
Cyndi Stilson, RN, BSN, CMM, Community Health Plan of Washington
LuAnn Chen, MD, MHA, Community Health Plan of Washington
Mary Beth McActeer, MLIS, Virginia Mason Franciscan Health
Mamatha Palanati, MD, Kaiser Permanente
Nicole Treanor, RD, Virginia Mason Franciscan Health

Pam Kramer, RDN/CDCES, Manager of Diabetes Services (Adult) at MultiCare Health System
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

Emily Robson, DNP, RN, Bree Collaborative
Karie Nicholas, MA, G.C., Bree Collaborative

WELCOME

Dr. Emily Robson, Bree Collaborative, welcomed everyone to the Bree Diabetes Care workgroup. Members approved of the March minutes.

DISCUSS: PATIENT STORY

To set the stage, Norris Kamo, MD, MPP, shared a patient story of Alec Smith-Holt. He was a 26-year-old you passed away from a Diabetic keto acidosis. He was unable to afford his insulin to manage his Type 1 diabetes diagnosis and rationed his insulin till he could wait for his upcoming paycheck. This story was shared as an example of a never event, something we never want to occur.

DISCUSS: EXISTING WASHINGTON RESOURCCES

Dr. Kamo reviewed information on the WA DOH Diabetes Epidemic Action Report (DEAR) which is set to come out later this year and is developed between the DOH, DSHS, and HCA.

- The report gives an overview of the issue, including the burden of disease, financial impact, and an overview of the state. They are working to include further information about social determinants and food/nutrition programs.
- Items not in the report but raised by the DEAR representatives to Bree staff was to provide Blood pressure cuffs to clients. Bree members interested in exploring what tangible things like BP cuffs could be recommended for diabetes population.

Dr. Kamo gave an overview of the Health Care Authority's Cost of Insulin workgroup which is scheduled to be published July 2023.

- This report focuses on policy recommendations for the state legislature to consider in aiding the cost of insulin and supplies to be lower.
- They are recommending examples from Maine, Utah, and Minnesota.

DISUCSS: BREE DIABETES RESEARCH TOPICS

Dr. Kamo introduced the group to Virginia Mason's Idea Sorting Matrix. The matrix has an x-axis of difficulty/effort and y-axis of impact. The matrix has 4 quadrants representing High impact-low effort, high impact-high effort, low impact-low effort, and low impact-high effort. When an idea is mapped onto the matrix one can conclude the level of impact and effort needed to implement. This may assist in prioritizing ideas into actions.

Dr. Kamo reviewed the "Bree Diabetes Research Topics" document with the group to discuss where proposed topics may sit in the matrix. Through discussion the workgroup identified common themes across the 5 areas of the quintuple aim. The discussion began by identifying the need to support diabetes care in inpatient settings. Group members raised best practices may not be currently utilized like glycemic control teams, and care transition teams are not being financially prioritized at this time. Dr. Sharon Eloranta informed members that the Leapfrog group is in the early stages of developing some work on this topic, yet there is room for Bree to further support efforts.

The next area of interest the group members identified was around who is advised to be a part of the care team to help manage a client with diabetes and how the team may look different with different patient populations, geographical locations, and resources. Group members also raised being empaneled to a team, and how data shows not being associated with a PCP result in poorer health outcomes.

The group then moved onto a discussion around cost and access to medication and testing supplied. Members brought up Prior-authorization process, CDTAs and wanted to know which medications and supplies should be covered with lower barriers.

Lastly, the group explored engaging with the community and individuals who have diabetes or are at risk for diabetes. Dr. Robert Mecklenburg, MD, Virginia Mason raised reviewing the Public Health Service Model and IHS to support outreach. The group brought up looking into how other programs such as Breast, Cervical and Colon Health Program work and if the model could be adapted to cover diabetes screening and management needs. Group members also brought up interest in identifying other ways to connect with clients within the community setting and address SDOHs.

These discussed themes were prioritized into the following topics areas for further research:

- Inpatient care and transition: what actions are recommended to take while a patient with diabetes is in the hospital and support their transition back into the community.
- Team-based care and empanelment models: who should be a part of the team for different audiences (rural, low-income, uninsured), and recommendations for empanelment.
- Evidence based Medications and diabetes supplies (e.g., testing supplies): what items are recommended for clients that provide high quality of care and could be advised to be covered with low barriers.
- Research Public Health Service model and IHS model
- Engagement with the community: outreach, mobile vans, religious groups—how to connect with the community outside of the formal health care system to provide health promotion and prevention activities while addressing SDOHs.

When applied to the matrix, the topics were assessed as:

- High impact, low effort:
 - Team based care and empanelment models.
 - Evidence based Medications and diabetes supplies.
- High impact, high effort:
 - Engagement with the community
 - Implementing Public health service model and IHS model
 - Inpatient care and transition

PUBLIC COMMENT AND GOOD OF THE ORDER

Dr. Robson invited final comments or public comments, then thanked all for attending. At the next workgroup meeting, the workgroup will review new evidence on prioritized topic areas. The workgroup's next meeting will be on Thursday, May 11th from 8:00 – 9:30 AM.

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