
Bree Collaborative | Diabetes
May 11th, 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
Cyndi Stilson, RN, BSN, CMM, Community Health Plan of Washington
Jonathan Harris, Tri Cities Community Health Center
Mary Beth McActeer, MLIS, Virginia Mason Franciscan Health

Nicole Treanor, RD, Virginia Mason Franciscan Health
Robert Mecklenburg, MD, Virginia Mason (retired)
Sharon Eloranta, MD, Washington Health Alliance
Susan Buell, YMCA of Tacoma Pierce County
Vickie Kolios, MSHSA, CPHQ, Foundation for Health Care Quality

STAFF AND MEMBERS OF THE PUBLIC

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

WELCOME

Nicholas Locke, Bree Collaborative, welcomed everyone to the Bree Diabetes Care workgroup. Members approved of the April minutes.

PRESENTATION: AMERICAN DIABETES ASSOCIATION 2023 PRIORITIES

Carissa Kemp, MPP, American Diabetes Association, shared some of the priorities for achieving the ADA 2023 Standards of Care. The ADA is focusing on obesity as a risk factor and comorbidity with diabetes, especially due to the impact on youth and health disparities. Some solutions in the ADA standards of care include increasing access to food, nutrition, and diabetes prevention programs, but existing gaps in coverage, especially for Medicaid and WA State PEBB and SEBB programs, prevent access.

The workgroup discussed the presentation and potential overlaps with current themes.

- Some of the same concepts for prevention might overlap with the population health and addressing vulnerable populations workgroups. Susan Buell, YMCA of Tacoma Pierce County offered to connect about DPP programs.
- Otherwise, the workgroup is unable to incorporate obesity into the recommendations given the current priorities. Obesity (or weight inclusive health) was discussed as a potential 2023 topic and may come up again for 2024.
- Other medication coverage might overlap with the recommendations.

DISCUSS: EVIDENCE REVIEW PROCESS

Mary Beth McAteer, MLIS, and Robert Mecklenburg, MD, discussed the evidence review process. They have worked to identify articles related to team-based care and empanelment. First, they develop a search strategy, then search existing databases (mostly pub med) for articles. During the first round, they sort out articles that are not relevant based on their titles and/or relevance. During the second

round, they sort the remaining articles using the SORT and TIER taxonomy. For this round, 26 articles were included.

Dr. Mecklenburg shared the findings from the articles that were reviewed.

- Many articles supported the efficacy of non-physicians to treat diabetes.
 - One meta-analysis found both nurses and pharmacists were effective in managing diabetes.
 - Several other articles focused on pharmacist-led interventions with positive outcomes.
 - One article suggested that dietitians were successful in managing diabetes, but the evidence level was not as strong.
- Several articles suggest that patient-centered medical homes provide a benefit for diabetes management.
 - However, many articles lacked standard definitions for PCMHs and some results were mixed.
- The initial review also led to some articles about vulnerable populations and social needs, although that was not the focus of an initial search.
 - Articles described the relationship between safety and physical activity, health literacy and diabetes outcomes, and socioeconomic deprivation and poor outcomes.
- The next phase of the literature review will focus on medications, starting with medication recommendations that have a Grade A assignment from the American Diabetes Association.

Members discussed additional areas for research and expanded topics.

- Team-based care may need to be expanded. It is not just about the credentials of the person providing care, but the competencies such as diabetes education management.
 - Members also discussed more specificity around who needs to be involved in team-based care, certification related to DSMES and DPP efficacy.
- Other topics related to the care team include task shifting and further team members like ARNPs and Pas.
- The group agreed on some next steps for further research, including:
 - Broadening search terms for team based care to be more inclusive of provider type and focus on competencies.
 - Using more specific standards for PCMHs in order to make more specific SMARTIE recommendations.

DISCUSS: BREE DIABETES RECOMMENDATIONS

Dr. Kamo invited the group to start a new draft recommendation document. It seems clear that recommendations will include “support for team-based care” and a shift toward patient-centered medical home (or some attributes). Members discussed additional specifics for each recommendation.

- Team-Based Care:
 - Who is on the team?
 - How do you support the team?
 - Training/knowledge/certification?
- Patient-Centered Medical Homes:
 - Certifications/specifications, such as NCQA?
 - What are the characteristics that are most beneficial for diabetes outcomes (Geiger paper for spectrum)?

- Define primary care practice attributes (HCA currently working on this) or chronic care model attributes

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 workgroup will review expanded evidence and recommendations on team-based care and turn to the next topic of medication. The workgroup's next meeting will be on Thursday, June 8th from 8:00 – 9:30 AM.

DRAFT