

**Dr. Robert Bree Collaborative Meeting Minutes**  
**May 24<sup>th</sup>, 2023 | 1:00-3:00**  
**Held Virtually**

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**Members Present**

Hugh Straley, MD, Bree Collaborative (Chair)  
Colleen Daly, PhD, Microsoft  
Kathy Davis (for June Alteras), DNP, RN, MBA,  
Multicare  
DC Dugdale, MD, MS, University of Washington  
Sharon Eloranta, MD, Washington Health Alliance  
Gary Franklin, MD, Washington State Department  
of Labor and Industries  
Mark Haugen, MD, Walla Walla Clinic  
Darcy Jaffe, MN, ARNP, FACHE, Washington State

Hospital Association  
Norifumi Kamo, MD, MPP, Virginia Mason  
Franciscan Medical Center  
Carl Olden, MD, Pacific Crest Family Medicine  
Mary Kay O'Neill, MD, MBA, Mercer  
Susane Quistgaard, MD, Premera Blue Cross  
Angie Sparks, MD, UnitedHealthcare  
Judy Zerzan-Thule, MD, MPH, Washington State  
Health Care Authority

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**Members Absent**

Colin Fields, MD, Kaiser Permanente  
Greg Marchand, The Boeing Company  
Kimberly Moore, MD, Franciscan Health System

Susie Dade, MS, Patient Representative  
Kevin Pieper, MD, MHA, Kadlec Regional Medical

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**Staff, Members of the Public**

Nicholas Locke, MPH, FHCQ  
Emily Robson, RN, DNP, FHCQ  
Nikki Banks, Health Care Authority  
Christine Cole, IMHM-C, Health Care Authority  
Billie Dickinson, WSMA  
Amy Florence, Premera  
Anna Morenz, MD, University of Washington

Erica Owens, APTA Washington  
Kim Petram, BSN, RN, Valley Medical  
Beth Tinker, PhD, MPH, MN, RN Washington Health  
Care Authority  
Ji Young Nam, MD, Swedish  
Audrey J  
Summer D

Meeting materials are posted on the Bree Collaborative's website, [here](#), under previous meetings.

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**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 March Meeting Minutes

**Outcome:** Passed with unanimous support

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**HCA UPDATE: COMMUNITY HEALTH WORKERS AND MEDICAID REIMBURSEMENT**

Christine Cole, IMHM-C, and Nikki Banks, both with the Washington Health Care Authority, gave an update about how the HCA plans to support community health workers. The state legislature, through ESSB 5693 Sec 211 (103), tasked the Health Care Authority with examining the use of community health workers in primary care, especially to support children and youth. The two year grant program provided funding to explore reimbursement options, conduct outreach with health care and community representatives, and determine long-term next steps. In Washington, there are already CHWs incorporated in Apple Health through Federally Qualified Health Centers, Managed Care Organizations, and First Steps Maternity Support Services. Through

interviews with key partners around Washington, and review of other state-wide reimbursement models for CHWs, the Health Care Authority has defined several priorities and barriers. Priorities include: prevention-based, client-centered services, a sustainable workforce, and broad access to CHW services for all Washingtonians. Barriers include lack of adequate training and support, lack of clear qualifications or requirements for CHWs, and referral process delays related to capacity of social and community services. The Health Care Authority is looking at three options for expanding access to CHWs, including the Medicaid state plan (direct coverage), the Medicaid 1115 waiver, and through contracts with managed care organizations.

Bree members added comments and questions on the presentation.

- Q: What can the Bree and Bree members do for this project?
  - A: Bree members are invited to provide feedback on implementation and share how community health worker reimbursement looks in their setting.
- Q: Who do CHW's answer to?
  - A: It depends on the setting – currently many plans and many health systems employ CHWs. The HCA is looking at how to reimburse the CHW activities in several settings.

## 2023 TOPIC UPDATES

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Darcy Jaffe, MN, Washington State Hospital Association, presented on the complex discharge from hospitals workgroup, renamed from the difficult to discharge workgroup. Ms. Jaffe discussed the recent conversations at the workgroup, especially related to common barrier categories and discharge data best practices. The workgroup has heard several presentations on discharge data collection from the HCA, DSHS/HCS, WSHA, Virginia Mason, and Kaiser Permanente. While the workgroup acknowledges that true standard data fields are unlikely, they recommend several data alignment best practices. Members propose a common definition for “avoidable days,” recommend several categories of patient characteristic data to collect upon hospital admission, and recommend several categories of discharge barriers to collect. At future meetings the workgroup will look at specific discharge best practices related to specific barriers, starting with medical barriers (dialysis, wound care, dementia care, etc.)

Bree members provided feedback and comments on the direction of the workgroup.

- The workgroup should re-examine a definition for “avoidable days.” Avoidable days is not just the lack of medical necessity, as there are some cases that result in medical necessity due to an error or HAI that result in an avoidable stay.
- Members asked what proportion of hospitals are currently collecting discharge data, and how trends may be different for Washington than other states. Currently we are not aware how many hospitals collect this data. Most larger delivery system have an internal reporting structure. Washington rates 48<sup>th</sup> or 49<sup>th</sup> out of all states in terms of total inpatient beds per capita, so this is an issue that hits Washington more acutely.

Norris Kamo, MD, MPP, Virginia Mason Medical Center, presented on the Bree's Diabetes workgroup. The workgroup has used the Quintuple Aim to prioritize several topics for action. The workgroup is now conducting an evidence review process for their priority topics. At the May meeting, the group discussed the evidence on team-based care and empanelment. Workgroup members offered some additional questions and future directions to refine the evidence review process, especially related to care team qualifications or certifications, and the broad healthcare delivery models that support diabetes care (patient centered medical homes and chronic care models). At future meetings, the workgroup will continue to walk through priorities, including

evidence-based medication and supplies (such as glucose monitoring), inpatient care and transitions, and community engagement.

Bree members provided comments on the direction of the workgroup

- Members commented on the medications for weight management that were originally prescribed for diabetes management. These are becoming more expensive and controversial.
- Members suggested looking more at the efficacy of personal glucose monitoring and considering areas where we can suggest ending practices that are not driving high-value care.
- Members discussed the move toward empowering PharmD's as providers. This is a topic that has come up in opioid prescribing and HCV as well, it may be useful to develop an implementation campaign on this topic.

Colleen Daly, PhD, Microsoft, presented on the Perinatal/Maternal Mental Health workgroup updates. Dr. Daly shared recent developments at the workgroup as they brainstormed priority topics and began an evidence review process. The brainstorming process led to seven focus areas, including: clinical screening/referral pathways, patient-provider interactions, clinical structure, access, care team, incentives, and community initiatives. At the May meeting, the workgroup reviewed initial evidence, especially related to screening/referrals, patient-provider interactions, and clinical structure and services. Members discussed next steps for evidence review and suggested additional areas, including group-based perinatal care and how to increase equity.

Bree members provided comments on the direction of the workgroup

- Members commented the inequalities present in maternal outcomes, especially related to postpartum bleeding. This workgroup is focused on mental health, but the workgroup has examined the impact of perceived discrimination on mental health outcomes, and is looking at recommendations for patient-provider interactions and community initiatives to address disparities.
- Members suggested that the workgroup look into community health workers or promotoras as part of the care team conversation.
- Members discussed the importance of alignment and coordination, especially across OBGYN, pediatric, and primary care providers, especially as pediatric providers begin to screen parents for perinatal mood disorders.

## **BREE UPDATES**

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Emily Robson, RN, DNP, Foundation for Health Care Quality shared upcoming events and information about the Bree. Upcoming events include the second Health Equity webinar, in partnership with Comagine and the Washington Health Alliance, the Foundation's annual COAP meetings, and a Social Need and Health Equity Summit. There are several implementation updates, including a new newsletter, the upcoming action collaborative, and new resources for implementing previous Bree recommendations. The Bree has a new newsletter that comes out once a month, around the middle of the month. As part of the implementation work, the Bree is beginning a Health Equity Action Collaborative related to Bree guidelines. The action collaborative will begin meeting in June. Bree staff is working on checklists for implementation, similar to previous work by Bree staff member Amy Etzel. The checklist for HCV is now available on the website. Finally, it is already time to think about 2024 topics. Dr. Robson shared two surveys to help solicit input about 2024 topics before our July meeting. We plan on reviewing two topics and taking on one new topic for 2024.

Finally, Nicholas Locke, MPH, shared next steps for Bree staffing. Mr. Locke is stepping away from the Bree in late June. The Bree is currently interviewing candidates for the role to begin in mid-June.

#### **NEXT STEPS AND CLOSING COMMENTS**

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

**Next Bree Collaborative Meeting:** July 26<sup>th</sup>, 2023