

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

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**MEMBERS PRESENT**

Susan Buell, YMCA of Tacoma Pierce County  
LuAnn Chen, MD, MHA, Community Health Plan  
of Washington  
Norris Kamo, MD, MPP, Virginia Mason Medical  
Center **(chair)**  
Mamatha Palanati, MD, Kaiser Permanente  
Washington

Nicole Treanor, MS, RD, CD, CDCES, Virginia  
Mason Franciscan Health  
Mary Beth McAteer, MLIS, Virginia Mason  
Robert Mecklenburg, MD, Virginia Mason  
(retired)  
Sharon Eloranta, MD, Medical Director WHA  
Vickie Kolios, MSHSA, CPHQ, Surgical & Spine  
COAP

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**STAFF AND MEMBERS OF THE PUBLIC**

Elizabeth (Beth) Bojkov, MPH, RN, Bree Collaborative  
Emily Nudelman, DNP, RN, Bree Collaborative

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**WELCOME**

Beth Bojkov, Bree Collaborative, welcomed everyone to the Bree Diabetes Care workgroup. The group reviewed and approved the October meeting minutes.

Action: Vote on approval of meeting minutes

Outcome: Minutes approved

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**DISCUSS: RECOMMENDATIONS**

Beth Bojkov opened with the objective for the day: to review all drafting recommendations to prepare the document for voting for approval for public comment. Beth began walking through the document audience by audience. Changes to each audience section are listed below:

Clinicians & Health Care Professional section

- Want to be mindful of what's available in the local clinic environment.
- Added patient education strategies e.g., teach back,
- Include highlighting the PAID and DDS to highlight for clinicians that they can use these tools to understand psychosocial concerns related to diabetes with their patients.
- Fixed the link to the DSMES consensus report and type 2 algorithm of care link.
- Definition of warm hand off
  - Communication between all team members
- Changed warm handoffs to referred specialists and services -> communicate with all care team members about care plans and medication plans, especially for initial referral to specialists or services.

Ambulatory Care Setting

- Added to screen & track for CKD using the diabetes registry
- Reviewed addition to statement of Diabetes Recognition program -> changed albumin-creatinine to microalbumin-creatinine
- Added bullet to partner with external, community-based organizations connected to community care hubs as it relates to Waiver 115 and Accountable Communities for Health.

- Changed the language around mobile technology -> tactics such as mobile vans to allow for more strategies beyond mobile vans or telehealth technology.

#### Inpatient Setting

- Add examples to the statement: Develop capabilities to track and report diabetes-related performance measures as determined by payor contracts and/or reporting requirements. – edited by adding examples of complications of diabetes (DKA, HHNS, hypoglycemic events, diabetes-related amputations)

#### Health Plans

- Workgroup wanted to edit the statement for minimizing barriers for prior authorization on medications Minimize barriers to prior auth discussion on GLP 1
  - Health plans should inform providers of medications on single preferred drug list for patients on Medicaid/Apple Health
  - Health plans should ensure formulary information is available at point of care to providers
- Added minimizing cost-sharing including counting toward their deductible for medications
- Edited: adding A1c testing at once a year for member with pre diabetes and living with risk for diabetes
- Diabetes care should be covered under a medical benefit -> changed the language to cover screening for diabetes retinopathy annually under health plans

#### Dental Plans

- No specific statements

#### Employer Purchasers

- No specific changes

#### DOH

- Change CDES to DCES
- Added edits to the patient-facing resource platform – add examples of community resources to address social need e.g., fruit and veggie prescription programs and meals on wheels programs.
- Include YMCA or other gyms that provide sliding scale fees for exercise

#### Legislation

- No changes

#### Schools

- No changes

#### Dentists and Dental Clinics

- Verifying that dentists should screen for seeing a PCP at least once a year instead of every 6 months when considering the primary care shortage

#### Eye Care Professionals and Clinics

- Changed name from Optometrists and Optometry Clinics to Eye Care Professionals and Eye Care Clinics to include ophthalmologists as well.

### **OVERVIEW: WORKGROUP SURVEY**

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Emily Nudelman, DNP, RN reviewed next week Bree staff will send out a workgroup survey to receive feedback on participants experience as a workgroup member and to inform our next steps to promote implementation of the report in practice settings.

Dr. Nudelman provided an overview of remaining steps to finalize the Diabetes Report. In December, group will work on developing tools for implementation and review metrics for evaluation.

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

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At the next workgroup meeting, the workgroup will review information on implementation and evaluation of the report. The workgroup's next meeting will be on Thursday, December 14<sup>th</sup> from 8:00 – 9:30 AM.

DRAFT