**Bree Collaborative | Complex Hospital Discharge**
**December 14th, 2023| 3:00 – 4:30 pm**
**Hybrid**

**MEMBERS PRESENT**

Darcy Jaffe (chair) ARNP, WSHA
Shelley Bogart, DSHS-DDA
Amy Cole - Director Care Management Multicare Yakima
Karla Hall, RN, Peace Health
Carol Hiner, MSN, Kaiser Permanente
Betsy Jones, Managing Principal, Health Management Associates
Linda Keenan, PhD, MPA, RN-BC, United Healthcare
Elena Madrid, Executive VP for Regulatory Affairs, Washington Health Care Association
Zosia Stanley, Washington State Hospital Association
Dorothy Sivansh, Transitions of Care Manager, Molina Healthcare of Washington

Kellie Meserve, MN, RN, Virginia Mason Franciscan Health
Jas Grewal, Washington State HCA
Jen Koon, MD, Associate Medical Director, Premera BC
Kim Sinclair, Systems VP Integrated Care Management, PeaceHealth
Hillary Norris, WSMA
Danica Koos, Program Manager II, Care Improvement, Community Health Plan of Washington
Terra Rea, PsyD, Quality Improvement, King County Behavioral Health & Recovery Division
Christy Alger-Williams, Social Worker Manager, PeaceHealth

**STAFF AND MEMBERS OF THE PUBLIC**

Beth Bojkov, MPH, RN Foundation for Health Care Quality
Emily Nudelman, DNP, RN, Foundation for Health Care Quality
Karie Nicholas, MA, GC, Foundation for Health Care Quality

**WELCOME**

Beth Bojkov, FHCQ, welcomed members to the workgroup and reviewed the agenda for the day. She also reminded workgroup members to fill out the internal member survey which solicits feedback on their experience in the workgroup and their input on implementation. Minutes approval was deferred to the end of the meeting to allow for quorum to be met.

**PRESENT & DISCUSS: IMPLEMENTATION CHECKLISTS**

Emily Nudelman, DNP, RN Emily Nudelman, DNP, RN, presented the implementation checklist tool to support the translation of the report by audiences listed in the report. The checklists guide where to begin and translate the Bree guidelines into action steps for that sector (i.e., clinician, health delivery site, health plan, purchaser, etc.). The action items have been arranged into levels 1, 2, and 3 to correspond to the difficulty level of implementing the action into the sectors' setting. Dr. Nudelman has drafted the checklist tool for some of the audiences listed in this report. Dr. Nudelman sought feedback on the draft and how each guideline was organized into the corresponding levels. Members were asked to join a breakout room representing an audience they either identify with or would like to provide feedback on. Bree staff facilitated reviewing the drafted checklist with the different breakout room participants. Bree staff will incorporate member feedback into the final design of the checklist.

**PRESENT & DISCUSS: EVALUATION SCORECARD**

Karie Nicholas, MA, GC, next provided an overview of the evaluation tool scorecard document. Karie reminded the group that the workbook we used last time to design the scorecard document. From the scorecard, the Bree is going to design a dashboard for the evaluation. We have three asks of workgroup members:

- Are the measures/metrics capturing the essence of the guidelines?
- What data sets/sources or organizations should we get the information from?
- What cadence do we want to evaluate the guidelines on? Are there parts of the guidelines that we should evaluate at a different cadence?

Karie then walked through the scorecard document, highlighting the items in difference tabs that align with target audiences for guidelines, equity considerations, stratification questions, etc. We want to make sure that the data source includes the populations we're interested in. We also want to know how long we should wait to evaluate progress on these guidelines.

Questions:

- *Can we include SUD/BH in the equity tab since people with those conditions are treated differently or not accepted the same as others?*
  Karie said to put that comment in the scorecard document to consider it for equity

- *Could we add the questions we might answer on top of each tab?*
  Karie said she would try to make it obvious what we are asking feedback on for each tab, for example are the items we're asking in alignment with the report itself?

- *Are the data sources on the scorecard from the Foundation and WHA, not including Medicare, is those the data sources you're thinking of? The alliance database is voluntary so it wouldn't be a complete data source*
  If we're missing any data sources, such as Medicare data on that population, we need to know that. We also want to consider ease of getting data and cost of getting information in our timeline for evaluation. The all-payor claims database is expensive, but if that's the right data source we need to figure out how to get it or as similar as possible.

- *How will you know which hospitals are trying to implement this?*
  Thoughts are that right now we will ask this workgroup to take these guidelines back to their organizations, spread it amongst there. Let us know that you've taken them back, and we'll follow you over time. Some people probably will be able to take them back some won't, but in 2 years we'll survey as many hospitals as possible (a sample) to get a clearer picture of what's going on.

- *Some guidelines are going to take longer than others to come back and evaluate whether or not these items are done.*

Karie suggested that the group gathers a baseline this year and then coming back in future years to gather the evaluation survey.

Beth asked for feedback on the specific metrics that support the ultimate goal of the guidelines. Hospitals have metrics they already report on that might be useful, but we need to know which ones are relevant.

- *Avoidable days is a snapshot based on utilization management, and the number of avoidable days is variable.*

We don't have any way of getting process measures internally, but if the workgroup wanted to recommend a certain way that they measure avoidable days, we could talk about what that definition is and recommend that all organizations measure it that way.

- *It's going to be difficult to know if these recommendations are what improved whether we improved on the complex discharge process as there are other initiatives in the state that are working on this problem.*
- *If we have a question, who can we talk to?*
  [Knicholas@qualityhealth.org](mailto:Knicholas@qualityhealth.org) is Karie's email address and she's happy to answer any questions.

## MINUTES, PUBLIC COMMENT AND GOOD OF THE ORDER

Beth Bojkov closed the discussion and invited members to approve the November minutes.

> **Action:** Adopt November minutes.
> **Result**: Unanimous approval

Beth then invited comments from the public. Bree staff reminded the group that public comment period on the report will close on December 17th, 2024. After that, we will review the public comments for final changes to the report at the next meeting on **Thursday January 18th from 3-4:30PM.**