

Bree Collaborative | Diabetes
December 14th, 2023 | 8:00 – 9:30 a.m.
Hybrid

MEMBERS PRESENT

Susan Buell, YMCA of Tacoma Pierce County
Mamatha Palanati, MD, Kaiser Permanente
Washington
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
Kate Foster, RN, Diabetes Prevention
Coordinator, Mt. Baker Foundation

STAFF AND MEMBERS OF THE PUBLIC

Elizabeth (Beth) Bojkov, MPH, RN, Bree Collaborative
Emily Nudelman, DNP, RN, Bree Collaborative
Karie Nicholas, MA, GC, Bree Collaborative
Felicidad Smith, MPH, Foundation for Health Care Quality
Petra Eichelssoerfer
Tamara Atkins

WELCOME

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

Action: Vote on approval of meeting minutes

Outcome: Minutes approved

Beth reminded members that the workgroup survey is still out and will follow up with the link to complete it. Thank you so much to those who have already filled it out.

PRESENT & DISCUSS: EVALUATION AND SCORECARD

Karie Nicholas opened the floor to review the scorecards. She asked the workgroup members to review the scorecard and provide input on the items that are highlighted yellow/written in red. Karie also reviewed the data sources PowerPoint to help orient workgroup members to understand where to get data from.

We do not have metrics for hospital systems yet, ask of the group to identify what the proper ones are for the hospital systems.

Karie asked for feedback on the data source from which we want to obtain information. She walked through the different sources of information based on the population that is caught using that measurement. She highlighted that it might be difficult to stratify measures by race/ethnicity, so it might be better to get that feedback from the scorecard.

Questions:

- *Who is accountable for collecting the data? How is their time financed?*

Karie would collect the information; the Bree will create dashboards with this information depending on what organizations participate. There will likely be a quality improvement individual that will be responsible within the organization for filling this information out and getting it back to us.

- *How are we doing numerators and denominators of each of these metrics?*

It comes from whatever metrics we use, but we can ask organizations to report it in a different way if we want. It might be hard to get the true denominator for some of these metrics, but if the group decides that's what we need for certain metrics, then we can try to get that.

- *What is the accountability for reporting these metrics/information?*

The mechanism to incent participation is our awards program, once organizations fill out these scorecards, we'll consider them for an award. Dr. Mecklenberg suggested changing payment based on results of these quality programs.

Sharon provided feedback that there is a lag in the data – the ABDCE is 2-3 years old. If we're depending on those big databases that we are looking at things in the past. Also, we are late for health plans to change their contracts in 2024 and almost too late for 2025. It will be several years out to change prior authorization processes or copays/co-insurance.

Meck asked for Karie's opinion on cadence of assessment. Karie recommended an annual cadence for the attestations. Karie said it depends on what's relevant based on the kind of organization. What we want is a point in time measure. We need to give a simple way to report it. We need to recognize that some things will take longer than others, so it's not just organizational cadence it might be that other organizations need to make changes first.

Susan asked if there's any way to align the survey with completion of community health needs assessments (CHNAs) – not sure about who participates at the hospital level but **would be helpful to connect offline with Karie to discuss overlap.**

Mamatha said that we need a baseline survey and that there are metrics that might be easier to obtain. Recommended to focus on clinical metrics yearly and other program implementation at a different cadence. Don't know if we can give a cadence for everything at once, as the program implementation items will take longer with more resources and can be partially complete. It's more clear-cut to ask if you track and report specific metrics. Karie said it's up to the workgroup what you want to know.

We're asking workgroup members to complete before the end of the year:

- Are these measures and metrics capturing the essence of the guidelines, especially the ones in red?
- What data sets/sources or organizations should we get the information from? Especially for metrics on the Report Card Framework 23-31.
- What cadence do we want to assess implementation? Do we want to assess parts of the scorecard at a different cadence than others?

PRESENT & DISCUSS: IMPLEMENTATION CHECKLISTS

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.

PUBLIC COMMENT AND GOOD OF THE ORDER

Beth Bojkov opened the floor for public comment. Beth then reviewed that the public comment period for the report will close on **December 17th, 2024**. Please continue to circulate the link through your networks.

The group's final meeting will be held **January 11th, 2024** from 8-9:30AM where we will review these public comments and make final changes to the Diabetes report and guidelines before submission for approval by the Bree.

DRAFT