### **Bree Collaborative | Perinatal Behavioral Mental Health**

December 11<sup>th</sup>, 2023 | 8:00 – 9:30 a.m.

## Hybrid

#### MEMBERS PRESENT

Trish Anderson, WSHA Melissa Covarrubias, CHPW

Colleen Daly, PhD, Microsoft (chair)

Andrea Estes, HCA

Teresa Eltrich, MS, LMHC, PMH-C

Ellen Kauffman, MD

MaryEllen Maccio, MD, Valley Medical Center

Patricia Morgan, ARNP, EvergreenHealth

Sheryl Pickering, WA WIC Brianne Probasco, WACH

Beth Tinker, PhD, MPH, MN,

RN, HCA

Brittany Weiner, MS, LMFT, CPPS, WSHA

Gina Legaz, MPH, WA DOH Josephine Young, MD Billie Dickinson, WSMA Jenn Linstad, MSM, LM, CPM

Ashley Pina, WA HCA

Cheryl Altice, HRSA

## STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative Emily Nudelman, RN, DNP, Bree Collaborative

### WELCOME

Beth Bojkov welcomed the workgroup and overviewed the agenda. The workgroup quorum was not met, so minutes were not proposed for adoption.

Results: Wait to adopt minutes in January meeting

### **ACTIVITY: 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.

Dr. Nudelman also reminded workgroup members to complete the Bree workgroup survey to provide feedback on their experience with the workgroup and to inform the implementation of the report.

# **DISCUSSION: EVALUATION SCORECARD**

Karie Nicolas, MA, GC, introduced the scorecard as the tool the Bree Collaborative will use for evaluation. The scorecards will be sent to each organization that identifies with an audience targeted in the report. The scorecards include which metrics are relevant to each audience, and will roll up into a dashboard that includes aggregate data based on the information reported from different organizations. The main questions we need answered are the following:

When should organizations be assessed on their implementation of the guidelines?

Are there benchmarks organizations should be expected to meet for certain measures/metrics? How are we infusing equity into these measures and the way we evaluate the guidelines? How do we want our different audiences to understand their effectiveness and track their progress on delivering evidence-based care?

Karie answered the following questions about the scorecards:

Who is the audience for these scorecards? Public-facing, required reporting to the state? We are going to send these scorecards out to organizations to fill out themselves, and/or pull required information from existing data sources. We need to know what organizations to pull information from to aggregate it for presentation on the dashboard.

Karie asked if we should keep pediatricians and perinatal clinicians separate, which the workgroup agreed with.

Where did these metrics come from? Are they from ACOG? Not all of them, some of them are.

Are they organized based on priority? There is an overwhelming amount of measures. That is what we are trying to get feedback on. We want to know if these metrics are the ones that tell you the information you need to know if things are getting better or worse in the state in terms of perinatal behavioral health. We also want to know if the data source is the right one, like from OB-COAP, HCA, DOH, etc

Starting with the metrics under the report card framework, are there ones missing or different? The workgroup commented that the metric for OUD rate among pregnant patients (available through OB COAP) should be changed to SUD rate among pregnant patients (will check if that is available through OB COAP)

What does red text mean in the scorecards?

Outstanding questions about the scorecards themselves

When is feedback due on these scorecards? By the end of the year

When it comes to the CBO programs, how are we measuring that since we are not asking CBO's to fill out scorecards/information?

We need feedback on if the hospitals/health plans/delivery sites are partnering sufficiently with community-based organizations, are there policies, programs, referral systems, etc.

Will the information available from within OB-COAP be pulled by us or will organizations have to manually report that information?

We will prepopulate that information for them, but not all the hospitals that participate in OB COAP will participate in our evaluation. We cannot mandate that they participate in our evaluation, but we can either pull out all the organizations that have participated in the evaluation and aggregate that data for the dashboards OR aggregate all the information for hospitals that participate in OB COAP and post that on the dashboard whether they've participated in our evaluation or not.

What is the goal of these metrics/measures?

The goal is that we would create a dashboard for organizations to check how they're doing compared to other organizations in the state to identify areas to improve and strategies they can use to improve and/or reach out to individuals that are doing better to understand how they improved.

**Action:** Workgroup members please add comments/questions to the scorecard by the end of the year.

## PUBLIC COMMENT AND GOOD OF THE ORDER

Beth Bojkov opened the floor for public comment. Mary Ellen commented that some information from our session on midwifery care was not translated to the version of the report that was put up for public comment – Beth stated she would review that information from the meeting in which the workgroup heard a presentation from a midwife and will draft some options for inclusion in the report before finalization in January. Workgroup members are welcome to reach out with other comments/questions regarding the structure of the report.

At the next workgroup meeting, the workgroup will review public comments and make final changes to the guidelines and report. The workgroup's next meeting will be on **Monday**, **January 8**<sup>th</sup> **from 8:00 – 9:30 AM**.