

Dr. Robert Bree Collaborative Meeting Minutes
January 24th, 2024 | 1:00-3:00
Hybrid

Members Present

June Alteras MN, RN, MultiCare
Emily Transue, MD, Comagine Health (Chair)
Colleen Daly, PhD, Microsoft
Sharon Eloranta, MD, Washington Health Alliance
Gary Franklin, MD, Washington State Department
of Labor and Industries
Darcy Jaffe, MN, ARNP, FACHE, Washington State
Hospital Association

Greg Marchand, The Boeing Company
Kimberly Moore, MD, Franciscan Health System
Carl Olden, MD, Pacific Crest Family Medicine
Mary Kay O'Neill, MD, MBA, Mercer
Susanne Quistgaard, MD, Premera Blue Cross
Angie Sparks, MD, UnitedHealthcare
Judy Zerzan-Thul, MD, MPH, Washington State
Health Care Authority

Members Absent

Patricia Egwuatu, DO
Colin Fields, MD, Kaiser Permanente
Norifumi Kamo, MD, MPP, Virginia Mason
Franciscan Medical Center
Mark Haugen, MD, Walla Walla Clinic

Kevin Pieper, MD, MHA, Kadlec Regional Medical
Nicole Saint Claire, MD, Regence BlueShield

Staff, Members of the Public

Beth Bojkov, MPH, RN
Karie Nicholas, MA, GC, FHCQ
Emily Nudelman, DNP, RN, FHCQ
Ginny Weir, MPH, FHCQ
Amy Florence, Premera Blue Cross, Quality Program
Erin Wick, Educational Service District #113
Audrey Joyce, Regence BlueShield, UMP Clinical Programs Manager
Dr. Terry Lee, CHPW
Ji Young Nam
Mary
Nancy W

WELCOME, INTRODUCTIONS

Dr. Emily Transue welcomed everyone and opened the meeting. Dr. Transue reviewed the last meeting's minutes.

Motion: Approve November Meeting Minutes

Outcome: Passed with unanimous support

Dr. Transue went over the 2023 report review process and voting for public comment. Each report presentation will have 15 minutes to overview the content of each report, then 8 minutes for Q&A including public comment and 2 minutes for voting. All members present in person voted out loud, all members present online were asked to put their vote in the Zoom chat.

Complex Discharge

Darcy Jaffe, MN, ARNP, FACHE, Washington State Hospital Association, and chair of the Complex Patient Discharge Workgroup provided a general overview of the public comments and the changes that were made to the report after reviewing the comments.

Q & A Section:

- *No questions proposed by Bree Members*

Public Comment Period:

- *No public comments provided*

Motion: The members voted to adopt final draft

Outcome: final draft adopted

Diabetes

Ms. Bojkov provided a general overview of the public comment changes to the report.

Q&A:

- Darcy: requested clarification on public health agency comment and how that was chosen.
 - Beth expressed workgroup interest in touching on topics and points about future work to consider e.g., food insecurity. The comment seemed to be outside the scope of the report and decided to be included in the future consideration.

Public Comment Period:

- *No public comments provided*

Motion: The members voted to adopt final draft

Outcome: final draft adopted

Perinatal Behavioral Health

Colleen Daly, PhD, MPH, the chair of the Perinatal Behavioral Health workgroup, provided general overview of public comment changes to the report.

Q&A:

- Darcy: Question on key considerations, how do we intend this section to be interpreted since the Bree typically writes recommendations?
 - This expansion on some of the evidence mentioned in the report, however, were areas that were unable to be covered in the report.
 - This section includes things that are considered aspirational but not strict recommendations.
- Gary: In this report, what is the main recommendation for a person to be checked for Postpartum depression? (e.g., 2-week, 6-week etc.)
 - Currently, not a definitive answer due to different access points. The system is not set up to have a specific answer for that.
 - Colleen: we should have more tailored care after the 6 week visit.

- Karie: the metric we have for pediatrics is pretty specific,
- Gary: why is it not the responsibility of the person to deliver the baby?
 - Colleen: the recommendations already state every postpartum visit.
- Discussion:
 - Concern about making sure we're clear about the minimum at which every birthing person should be screened, and there's a definite 6 weeks by the delivering provider plus recommendations around pediatricians and others interacting with parent.
 - Darcy: they're not likely to follow the person very long after the birth, they probably transition to primary care provider by when screening need to be done
 - Gary: concerned there's no failsafe for screening.
 - Emily T: compromise is we can ask delivering provider to screen at 6 weeks
 - Colleen: don't think there's any evidence or clinical guidelines to say PCP visit after birth.
 - Emily T: Add recommendation on timeline of when someone needs to be screened after birth and use stronger language than encourage.
 - At a minimum, screen by 6 weeks postpartum.
 - Do we feel like there's a gap in what the employers can do?
 - We put recommendation for health plans to follow visit schedule from the AAP.
 - Colleen: is there a recommendation for plan to encourage people to go back to see their PCP.
 - Comment from Carl: 2018 ACOG recommends two screenings, one at 3 weeks for everyone, one at 12 weeks as well.
 - Emily T: Providers wouldn't get paid to screen unless there is a visit tied to the screen.
- Changes to the Action:
 - Clinician
 - Add recommendation at a **minimum** to screen in first 3-week checkup screening and no later than 12 weeks.
 - Health plans
 - Add recommendation for health plans to have a mechanism to make sure individuals are getting screened and making it to follow up visits.
- Gary: could add measure based on validated screening.
- Emily T: don't want to just generate a measure without buy in
- Mary Kay: Don't want to punish OBs for the system not being set up for them to take responsibility for postpartum visits. The system left is whoever is paying claims and getting claims data, and you shouldn't punish the OBs because the system isn't set up for someone to be accountable.

Public Comment Period:

- *No public comments provided*

Motion: The members voted to adopt final draft with modifications around advised visit to complete screening, and information on how health plans can support. The report will be posted after the workgroup reviews and

has opportunity to comment on the changes. If there are no comments, the report will be posted with the discussed modifications.

Outcome: final version adopted with discussed modifications.

Bree 2024 Report Charters

Early BH Interventions for Youth:

Ms. Bojkov reviewed drafted charter current roster with Bree members

- Q&A:
 - Darcy: two populations to be thinking about. First sentence are the children the crisis team is focusing on. Second sentence are kids we can prevent from crisis.
 - **Action:** rearrange how this is stated. Intention is to focus on kids before a crisis occurs.
 - Gary: what is an ideal outcome from the report.
 - Bree staff clarified is that the workgroup is amid discussing this point. The group working on measurement and evaluation of attainable goals.
 - Interest in knowing if someone from the schools is a representative on the group, or someone who works with youth experiencing homelessness.
- *Public Comment Period:*
 - *No public comments provided*

Motion: The members voted to adopt final draft

Outcome: final draft adopted

Heat-related illness:

Ms. Bojkov reviewed drafted charter current roster with Bree members.

- Q&A:
 - Greg: Not seeing workers in the charter. Clarification if people everyone on group approved. Did not see a comment specifically stating workers
 - The charter already has outside workers and historically marginalized communities listed under communities affected.
 - Mary Kay: Indoor workers are also impacted.
 - **Action:** change outdoor workers -> outdoor and indoor workers.
 - Judy:
- *Public Comment Period:*
 - *No public comments provided*

Motion: The members voted to adopt final draft

Outcome: final draft adopted

Treatment for OUD Revision:

Ms. Bojkov reviewed drafted charter and current roster with Bree members.

- Q&A:
 - Sharon: MAT is more inclusive of psychotherapy than MOUD— did the workgroup intentionally leave out MAT in favor of MOUD?
 - Beth: the workgroup identified MOUD as a top priority

- Darcy: MAT is medication assisted treatment vs medications for opioid use disorder, want to make sure the group doesn't de-emphasize psychotherapy
- Emily T: make sure this is not exclusively about medications without other supports, but also other supports without medications are not a standard of care.
- Darcy: are kids included in this report?
 - Beth: there are a subset of guidelines for adolescents and perinatal clinicians. The topic is specific to opioids.
- Gary: insights on what strengths have come out of the previous report and if we can do more of that.
 - Karie: yes, have some information from our evaluation work on who has utilized the previous report.
 - Gary: suggested having some of that information in the beginning of this report
 - Karie If there are any organizations interested in partnering with the Bree to develop case studies this spring, let Karie know.
- Darcy: Brought up population of care in the Jail and Prisons
 - Already included as populations in the report.
 - Jeff D may be able to assist.
- *Public Comment Period:*
 - *Terry Lee comment: described MOUD as a subset of MAT.*

Motion: The members voted to adopt final draft

Outcome: final draft adopted

NEXT STEPS AND CLOSING COMMENTS

Bree staff will post the Bree Reports on the Bree website for public comment, workgroups will review and finalizing reports. Dr. Nudelman reviewed upcoming Foundation for Health Care and Bree Collaborative events.

- Thursday, February 15th 12-1 PM Bree Perinatal Behavioral Health Report Spotlight
- Tuesday, February 20th 12-1 PM Bree Diabetes Care Report Spotlight
- Thursday, February 29th 12-1 PM Bree Complex Discharge Report Spotlight
- Wednesday, March 6th 12-1:30 PM Catalyst for Change
 - Cohosted with Washington Health Alliance and Comagine Health
- Tuesday, March 19th 10 AM-3 PM: Cognitive Interviewing
 - In person! Conference Center at Sea Tac Airport

Additionally, Dr. Nudelman encouraged people to review the Bree monthly newsletter for most recent updates and offerings from the Bree collaborative.

- If your organization is interested in participating in Health Equity Action Collaborative please contact Emily Nudelman
- Trail Blazer awards! Contact Karie Nicholas to learn more about our awards.
- Hybrid meetings

At next meeting, Bree staff will review ongoing work with our 2024 workgroups, highlight implementation and evaluation efforts. Bree staff will begin conversations on how to review former reports.

Dr. Transue thanked those who attended and closed the meeting.

Next Bree Collaborative Meeting: March 27th, 2024 1-3:PM HYBRID