Bree Collaborative Meeting

March 27th, 2024, 1-3PM

DR. ROBERT BREE COLLABORATIVE

Welcome

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Agenda

- **Welcome and Introductions** *(10 minutes)*
  - Objective: Adopt January Minutes
- **Bree 2024 Workgroup Updates** *(30 minutes)*
  - Objective: Adopt Extreme Heat & Wildfire Smoke Charter
- **Implementation Survey Report Updates** *(20 minutes)*
- **Report Review Process** *(20 minutes)*
  - Objective: Receive feedback on review process
- **Implementation Updates** *(35 minutes)*
- **Public Comment, Closing & Next Steps** *(5 minutes)*

Minutes

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

Bree 2024 Workgroup Updates

Health Impacts of Extreme Heat & Wildfire Smoke

Dr. Christopher Chen, Medical Director for Medicaid, Washington Health Care Authority

Focus Areas

Vulnerable Populations
Workforce Capacity Development & Education
Proactive Public Education & Awareness
Finance & Infrastructure
Data & Measurement

Charter Updates

- **Aim**: To prevent and reduce heat-related and wildfire smoke-related disease burden in Washington state, especially for vulnerable populations.

- **Purpose**: To propose evidence-informed guidelines to the full Bree Collaborative on practical and evidence-based methods for reducing heat-related and wildfire smoke-related disease burden, including:

Charter Purpose Updates

Added wildfire smoke related concerns as appropriate, such as:

- Amplify effective and culturally and linguistically appropriate communication and education strategies to increase patient and public awareness around health risks associated with heat and wildfire smoke.
- Funding mechanisms for high-quality care and public health strategies for extreme heat and wildfire smoke, such as cooling centers, air conditioners and air filtration.

Also removed this statement:

- ~~Address wildfire smoke considerations as they overlap with the considerations for extreme heat~~

Objective: Vote to approve charter changes

The Bree Collaborative Health Impacts of Extreme Heat & Wildfire Smoke

Behavioral Health Early Interventions for Youth

Dr. Terry Lee, Senior Behavioral Health Medical Director, Community Health Plan of Washington

Behavioral Health Early Intervention for Youth

Bree BH Early Intervention for Youth Workgroup Information Matrix

Areas of Concern	Lifetime Prevalence	Mature Body of Evidence-Based Treatments?	Availability of Low-Cost Trainings in WA?
Anxiety (without PTSD)	31.9%	Yes	Yes
PTSD		Yes	Yes
Behavior	19.1%	Yes	Yes
Mood/Depression	14.3%	Yes	Yes
Substance Use	11.4%	Yes/No	No
Eating Disorder	2.7%	No	No
Autism	2.76% (CDC, 2020)	Yes/No	No
Attachment	?	No	No

Behavioral Health Early Intervention for Youth

Focus Areas
Patient/Caregiver Education
Provider Training and Capacity Building
Identification and Assessment
Treatment & Management
Interdisciplinary Coordination & Communication

Treatment for OUD Revision

Dr. Charissa Fotinos, State Medicaid Director, Washington Health Care Authority

Roster Updates

Maureen Oscadal, RN, CARN	Registered Nurse	Harborview/Addictions, Drug & Alcohol Institute
John Olson, MD, MHA	Addiction Medicine Physician	Sound Health
Daniel Floyd	Care Coordination and Recovery Section Manager	King County Behavioral Health and Recovery Division
Kelly Youngberg, MHA	Assistant Director for Health Care Implementation and Strategy	Addictions, Drug and Alcohol Institute
Cris DuVall, PharmD, SUDP, FWSPA	Clinical Pharmacist Counselor	Compass Health, Island Drug
Tom Hutch, MD, F	Medical Director	We Care Daily Clinics
Liz Wolkin, MSN, RN, NPD-BC, CEN	Emergency Department Support Program Administrator	Washington HCA
David Sapienza, MD		Bupe Pathways

Focus Areas - 2017

Focus Area	2017 Goals
Access to Evidence-Based Medicine	• Medication treatment (MOUD) – buprenorphine, methadone, and naltrexone (e.g., increase geographic reach, increase number of providers) • Reduction in stigma associated with treatment
Referral Information	• Providers and patients know where to access care. • Accessible inventory of buprenorphine and methadone prescribers • Referral infrastructure that supports patients and providers
Integrated Behavioral and Physical Health to Support Whole-Person Care	• Treatment of co-morbid conditions including multiple substance use, mental illness, physical health in line with BHI report and recommendations

Focus Areas - 2024

Focus Area	2024 Goals
Access to Evidence-Based Medicine	• **MOUD – buprenorphine and methadone, including newest formulations (e.g., increase geographic reach, increase number of providers)** • **Tailored approaches based on severity of OUD and comorbid conditions.**
Referral Information	• **Patients are transitioned effectively between care settings and between medications as appropriate (e.g., inpatient to OTP, primary care to OTP, methadone to buprenorphine)**
Integrated Behavioral and Physical Health to Support Whole-Person Care	• **Core elements of BHI for innovative models and nontraditional settings. (MOUD in community pharmacies, health engagement hubs, etc.)** • **Bidirectional integration of behavioral and physical health** • **Commercial and public insurance supporting whole-person health**
Data & Measurement	• **Updating measures for MOUD initiation, naloxone distribution and referral to care**

Bree Collaborative

Implementation Survey Results 2023

Karie Nicholas, M.A.,G.Dip., Evaluation and Measurement Manager

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Implementation Survey

- Three different survey methods
  - Score Cards for the evaluation of *concordance of care*
  - Health System Survey for the evaluation of *usefulness of guidelines*
  - Data Capacity Survey
- Surveys are voluntary, self-reported
- Implementation independent of Bree Guideline
- Low implementation could mean “unknown”
  - Some organizations chose not to answer for certain guidelines.
- Extensive length of survey reduced response rate

Usefulness of Guidelines - Participants

Health Care Providers

- Evergreen Health Care
- UW Medicine
- Carelon Behavioral Health
- Fred Hutch Cancer Center
- Swedish
- Everett Clinic
- Polyclinic
- Virginia Mason Medical Center
- Providence St. Joseph
- Proliance Surgeons
- Tri-City Community Health
- HealthPoint
- Arbor Health Morton Hospital

Health Plans & Community Partners

- ESD 105
- United Healthcare
- Community Health Plan of Washington
- Washington State Health Care Authority
- Catholic Charities Eastern Washington
- Stapleton Integrative Psychotherapy
- DSHS

Questions for this survey were measured using a Likert scale.

Scale:
1= Strongly Disagree
2= Disagree
3= Neutral
4= Agree
5= Strongly Agree

What types of organizations answered?	Yes	No	I don't know	Total
Health systems	5	1	11	16
Health Plans	1	0	1	2
Government	1	0	1	2
Behavioral Health	0	1	1	2
Community Organizations	0	1	1	2

What are the reasons you do not plan to or did not use the Bree Collaborative Guidelines?

1. *"We are a (Behavioral Health Association) BH ASO, not very practical to try to implement within our organization"*
2. *"Portions of the Bree Collaborative Guidelines are impractical for real world, private practice patient care. For example, having spine conferences with surgeons and therapists and physiatrists has proven impossible in my community and patients are uninterested in traveling around to see the various specialties."*
3. *"My office does not provide healthcare coverage, but we do help our clients understand the idea and system of healthcare"*

HEALTH SYSTEM SURVEY

DO YOU PLAN TO IMPLEMENT OR USE THE INFORMATION IN THE BREE COLLABORATIVE GUIDELINES IN YOUR SETTING IN THE FUTURE?

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Questions about usefulness, goals, and objectives (N=11)	Health Care Systems	Health Plans	FQHCs/Critical Access Hospitals/ Community Orgs
The use of the guidelines increased my understanding of the topic.	4.2	5.0	4.0
The use of the guidelines increased my/our confidence in decision making.	4.0	5.0	3.5
The patient recommendations provided our patients with increased knowledge about the topic.	3.5	4.0	3.3
I/we could easily identify appropriate goals from the Bree guidelines.	3.8	5.0	3.8
I/we would easily identify the objectives needed to reach goals in the Bree guidelines.	3.8	4.5	3.3

HEALTH SYSTEM SURVEY

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Questions about costs (N=11)	Health Care Systems	Health Plans	FQHCs/Critical Access Hospitals/ Community Orgs
The overall costs of the implementation project(s) were worth the benefits.	3.8	4.5	3.3
Any increases in workforce costs or workloads to implement guideline(s) was in proportion to the benefits.	2.8	4.5	3.0
The cost of implementing the guideline(s) was reasonable for our facility or organization.	3.0	4.0	3.3

HEALTH SYSTEM SURVEY

DR. ROBERT BREE COLLABORATIVE

Data Capacity Survey - Participants

Health Care Providers

- PeaceHealth
- Yakima Valley Farmworkers Clinic
- Confluence Health
- Seattle Children's
- Virginia Mason Franciscan Health
- Polyclinic
- MultiCare
- HealthPoint
- UW Medicine & UW Physicians

Health Plans & Community Partners

- Community Health Plan of Washington
- United Healthcare

Questions for this survey were measured using a Likert scale.

Scale:
1= Strongly Disagree
2= Disagree
3= Neutral
4= Agree
5= Strongly Agree

Questions about understanding and ability to implement (N=11)	Health Care Systems	Health Plans	FQHCs/Critical Access Hospitals/ Community Orgs
The use of the guidelines increased my/our UNDERSTANDING of what data should be captured and shared with others on my/our team.	4.0	4.0	3.0
From my perspective, the use of the guidelines increased our organizations ABILITY to implement data sharing solutions with other partners.	3.5	3.0	3.0
The use of the guidelines increased our organizations ABILITY to implement analytics capabilities.	3.7	4.0	3.0

HEALTH SYSTEM SURVEY

DR. ROBERT BREE COLLABORATIVE

Questions about goals (N=10)	Health Care Systems	Health Plans	FQHCs/Critical Access Hospitals/ Community Orgs
The goals for REFERRALS were clear in all guidelines we used.	3.7	4.0	2.7
The goals for DATA TRANSPARENCY (such as sharing information with patients) were clear in all the guidelines we used.	3.2	4.0	2.7
The goals for DATA STANDARDIZATION were clear in all of the guidelines we used.	3.3	4.0	2.7
The goals for DATA AGGREGATION capabilities were clear in all guidelines we used.	3.4	4.0	2.7
The goals for DATA COLLECTION were clear in all of the guidelines we used.	3.6	4.0	3
The goals for POPULATION HEALTH MANAGEMENT were clear in all the guidelines we used.	3.8	4.0	3.3

HEALTH SYSTEM AND DATA CAPACITY SURVEY

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Concordance of Care - Participants

Health Care Providers

- The Everett Clinic/Polyclinic
- UW Medicine & UW Physicians
- MultiCare
- Kaiser Permanente
- HealthPoint
- Arbor Health Morton Hospital

Health Plans & Community Partners

- Community Health Plan of Washington
- United Healthcare
- Office of the Superintendent of Public Instruction (OSPI)

The scale used to measure concordance of care is:

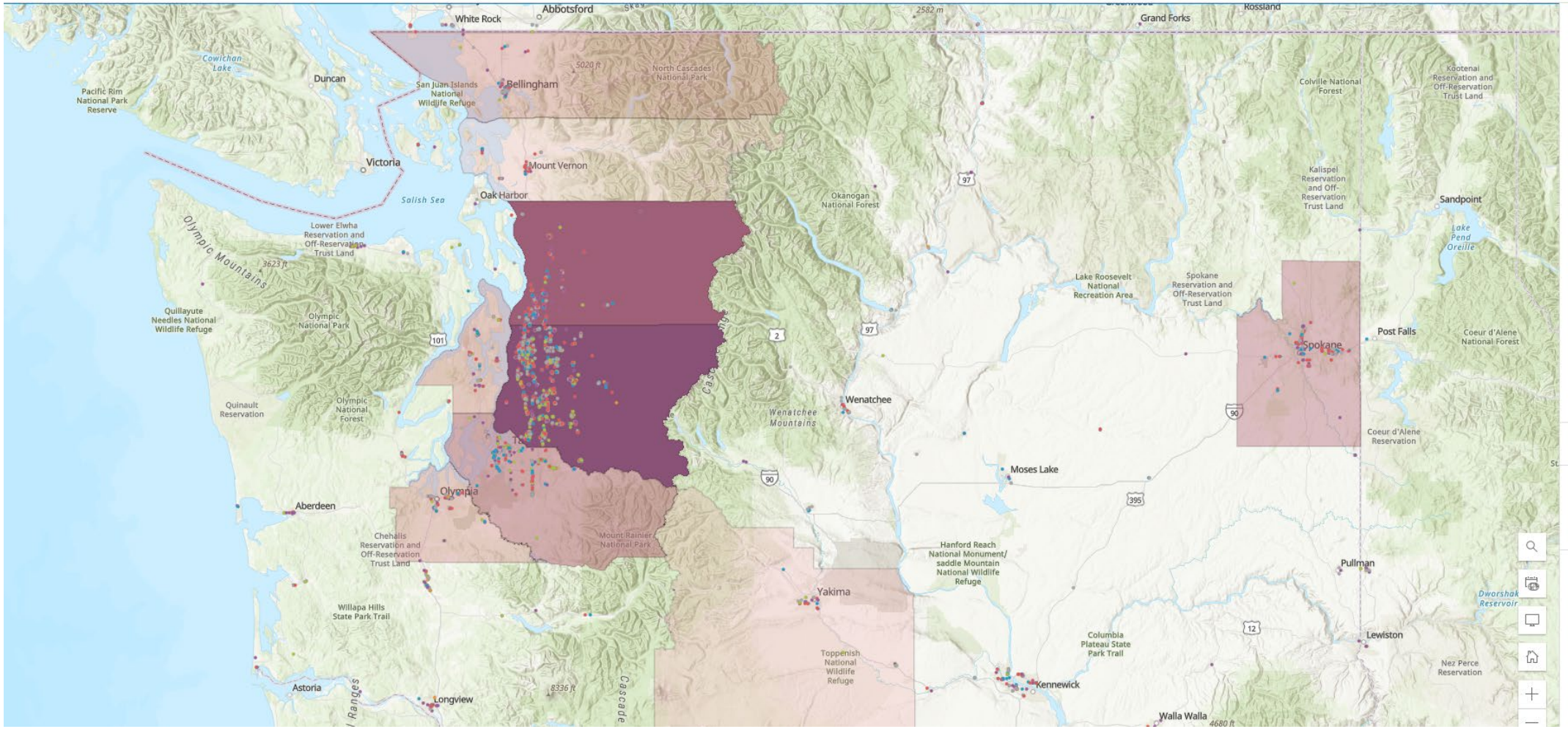
0 -No action taken

1 -Actively considering adoption

2 -Some/similar adoption

3 -Full adoption

Concordance of Care - Geography



Topics and Results

0 -No action taken

1 -Actively considering adoption

2 -Some/similar adoption

3 -Full adoption

- *Obstetrics Care (2012) – 1.7/2.6*
- *Spine/Low Back Pain (2013) – 1.5/2.2*
- *Prostate Cancer Screening (2015) – 1.6/1.8*
- *Oncology Care (Early and Inpatient, 2016 & 2020) – 2.1/2.6*
- *Addiction & Dependence Treatment (2015)– 2.1/2.1*
- *Opioid Prescriptions (Metrics, Acute, Older adults 2017, 2020, 2022) – 1.4/2.5*
- *End Of Life Care Planning (2014) – 1.7/2.0*
- *Avoidable Hospital Readmissions (2014)– 2.6/2.6*
- LGBTQ Care (2018) – 2.1/2.3
- Alzheimer's and other Dementias (2017) – 1.1/1.6
- Pediatric Psychotropics (2016)– 1.8/2.5
- Telehealth (2021)– 1.7/2.5
- OUD Treatment (2017, in revision) – 2.0/2.0
- Behavioral Health Integration (2017) – 1.8/2.5
- Suicide Care (2018)– 1.8/2.4
- Cervical Cancer Screening (2021)– 1.8/2.1
- Pediatric Asthma (2023) – 1.6/2.3
- Hepatitis C (2022)– 1.0/1.6
- Outpatient Infection Control (2022) – 2.1/2.4
- Colorectal Cancer Screening (2020)– 2.2/2.5
- Reproductive Health (2020) – 1.5/2.0
- Palliative Care (2019)– 1.8/1.9
- Primary Care (2020)– 2.1/2.5

Note: The first score is for all organizations that turned in a score card, the second is omitting missing data.

Validation and Improvements

Report (n=3)	2016 Average	2023 Average	Difference
Addiction and Dependence Treatment	1.7	2.1	0.47
Obstetrics	1.7	2.7	1.00
Avoidable Readmissions	2.8	2.8	-0.08
End of life planning	2.1	2.0	-0.07
Opioid prescribing	0.8	1.5	0.70
Oncology care	1.5	2.8	1.27
Low back pain	1.9	2.0	0.08
Prostate Cancer Screening	1.9	2.2	0.23

Equity

(N=6)	Overall	Health Care Delivery	Health plans
Overall	2.6	2.4	2.9
Demographics data collection	2.9	2.8	3.0
Social Determinants of Health data collection	2.6	2.2	3.0
Sexual Orientation and Gender Identity data collection	3.0	3.0	3.0
Uses data for QI projects	2.5	2.1	3.0
Uses data to stratify relevant metrics	2.3	2.3	2.4
Tribal Liaison	1.5	0.5	2.5

Top BARRIERS and ENABLERS to Adoption

Barrier and challenges

- Multiple critical business needs that may not align with work of the Bree (1)
- Lack of a business case (1)
- Regulatory constraints (2)
- Internal Awareness/support of Bree Guidelines (2)
- Availability and credibility of data (3)
- Burden or ease of collecting data (3)

Key success factors

A clear business case and internal awareness of the Bree guidelines were also seen as the key factors in the successful implementation of guidelines, especially for health care providers. Other enabling factors varied by the type of organization. For health plans partnerships for value-based purchasing was also a key factor in their ability to implement guidelines.

Key Lessons and opportunities

1. Variability still exists between rural and urban areas and is lower among health plans. The extent to which the HCA adoption is a driver of change in health systems should be further explored.
2. Once fully adopted, most Bree guidelines were sustainable. In general, guidelines that are not hospital-centric are adopted if their scope is narrow enough and/or if the actions are primarily aimed at health plans.
3. The Bree guidelines are very respected, and interest is high but internal awareness remains low. This is similar to the findings from the 2016 evaluation. The Bree staff is working on strategies to spread awareness of their guidelines.

Key Lessons and opportunities

4. Data collection and data sharing of patient information outside of claims data remain a difficult challenge for organizations, creating cost/time burdens. Metrics were the least adopted guidelines, with the exception of the opioid metrics. Two barriers to data use were identified that require system-wide change rather than individual organizational change:
   a. Standardization of data elements and metrics
   b. Data extractions from EHRs
5. Lack of a business case for many Bree guidelines remains a challenge to adoption. It may be valuable for the Bree to consider how to support the development of business cases for future guidelines.

Report Review Process

Emily Transue, MD, Bree Collaborative Chair

General

- LGBTQ HEALTH CARE
- PRIMARY CARE
- SHARED DECISION MAKING
- SDOH AND HEALTH EQUITY
- TELEHEALTH
- *HEALTH IMPACTS OF EXTREME HEAT – coming 2024!*

Aging

- ALZHEIMER'S DISEASE AND OTHER DEMENTIAS
- END-OF-LIFE CARE

Behavioral Health

- ADDICTION AND DEPENDENCE TREATMENT
- BEHAVIORAL HEALTH INTEGRATION
- OPIOID USE DISORDER TREATMENT – *under review 2024*
- PERINATAL BEHAVIORAL HEALTH
- *BEHAVIORAL HEALTH: EARLY INTERVENTIONS FOR YOUTH – coming 2024!*
- PEDIATRIC PSYCHOTROPICS
- RISK OF VIOLENCE TO OTHERS
- SUICIDE CARE

Oncology (Cancer)

- CERVICAL CANCER SCREENING
- COLORECTAL CANCER SCREENING
- ONCOLOGY CARE: EARLY-STAGE TESTING
- ONCOLOGY CARE: INPATIENT SERVICE USE
- PROSTATE CANCER SCREENING

Reproductive Health

- HYSTERECTOMY
- OBSTETRIC (MATERNITY) CARE
- PERINATAL BUNDLED PAYMENT MODEL
- REPRODUCTIVE AND SEXUAL HEALTH

Surgery and Bundle Payment Models

- BARIATRIC SURGERY BUNDLE
- BARIATRIC SURGERY WARRANTY
- CORONARY ARTERY BYPASS GRAFT SURGICAL BUNDLE
- CORONARY ARTERY BYPASS GRAFT SURGICAL WARRANTY
- CARDIOVASCULAR HEALTH
- LUMBER FUSION BUNDLE AND WARRANTY
- TOTAL KNEE AND TOTAL HIP REPLACEMENT BUNDLE AND WARRANTY

Care Transitions

- COMPLEX DISCHARGE
- HOSPITAL READMISSIONS

Chronic Disease Management

- DIABETES CARE
- PEDIATRIC ASTHMA

Infectious Disease Management

- HEPATITIS C VIRUS
- OUTPATIENT INFECTION CONTROL

Managing Pain

- COLLABORATIVE CARE FOR CHRONIC PAIN
- DENTAL GUIDELINE ON PRESCRIBING OPIOIDS FOR ACUTE PAIN MANAGEMENT
- LOW BACK PAIN
- LONG-TERM OPIOID THERAPY
- OPIOID PRESCRIBING METRICS
- OPIOID PRESCRIBING IN OLDER ADULTS
- PALLIATIVE CARE
- PRESCRIBING OPIOIDS FOR POSTOPERATIVE PAIN

What are the issues?

1. No mechanism to understand **where each report stands**

2. Need a way to **update reports without convening a full workgroup**

Guidelines International Network (GIN)

Clinical practice guideline for Psychosocial Interventions in Severe Mental Illness

MeSH Terms:

Schizophrenia and Disorders with Psychotic Features (F03.700); Bipolar Disorder (F03.600.150.150); Psychotherapy (F04.754)

Guideline Contact:

María José Vicente Edo (mjvicente.iacs@aragon.es)

Publication Scope:

counselling

management

patient_education

rehabilitation

Countries of Application:

Spain

Guideline Publication Status:

Withdrawn

Languages:

English

Spanish

Authors:

IACS (ES)

Publication Year:

Guidelines International Network | Guidelines International Network (GIN) (ebmportal.com)

Proposed Labels

Label	Definition	Example
Active	Active and relevant report and guidelines	Diabetes Care
In Development	New Topic currently undergoing workgroup process	Extreme Heat
Needs Major Revision	New evidence emerged in the field to require a revision; Fundamental shift in approach	Alzheimer's & Other Dementias
Under Major Revision	Currently being revised by the workgroup process	Treatment for OUD
Needs Minor Revision	Minor revisions including regulatory changes, update links, or updates in clinical guidelines referenced in the document	*Cardiovascular Health*
Retired	Report no longer relevant, or the topic no longer relevant for the Bree	*Hospital Readmissions*

Major vs Minor Revision

Major Revision

- New evidence requiring expert review changing how people practice
- Fundamental shift in approach or in care
- New emerging issues or changes in health problem (e.g., fentanyl)

WORKGROUP

Minor Revision

- Updating language to match shift in the field
- Links to resources/guidelines are expired, new resources available to support efforts
- Background data is out of date

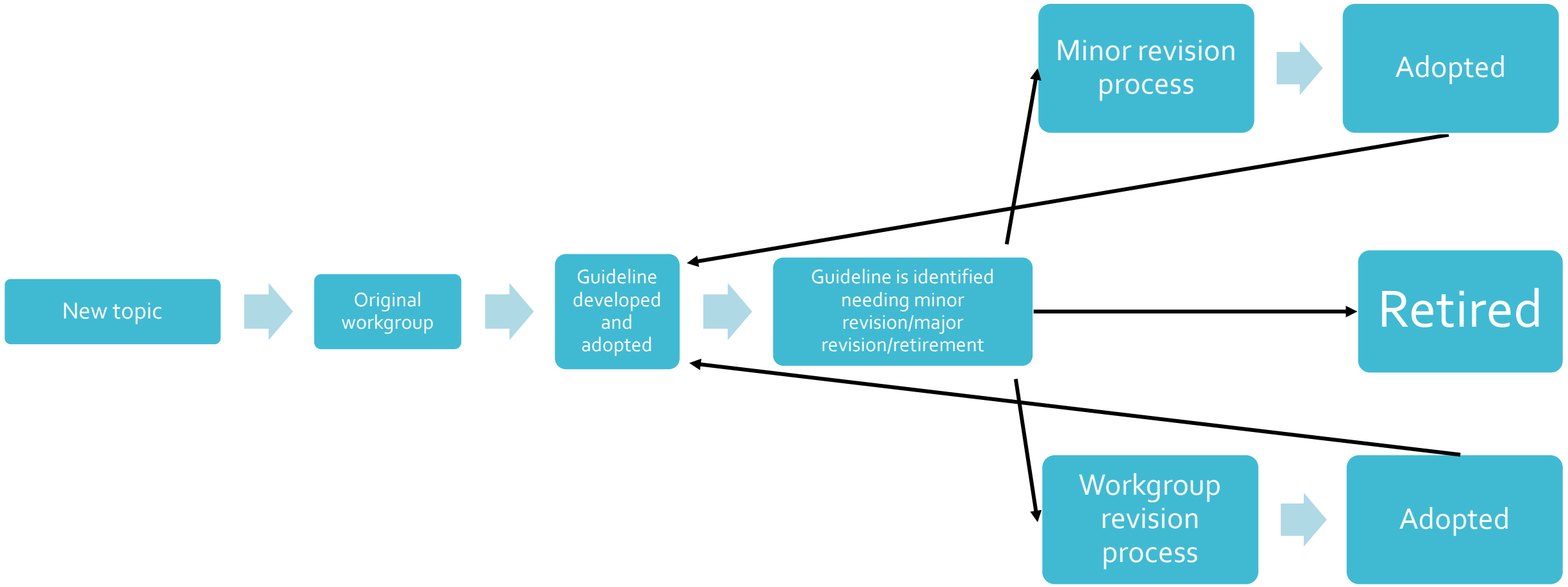
NO WORKGROUP

Minor Revision Process

1. Bree Collaborative Members identify report as needing a minor revision
2. Bree Staff connect with small informal group of experts to confirm updates needed
3. Draft updates to report with feedback from experts
4. Public Comment Period
5. Hold an open public meeting to review updated guidelines and provide feedback
6. Updates presented to Bree Collaborative members at meeting for approval

Current Report Lifecycle

Proposed New Report Lifecycle

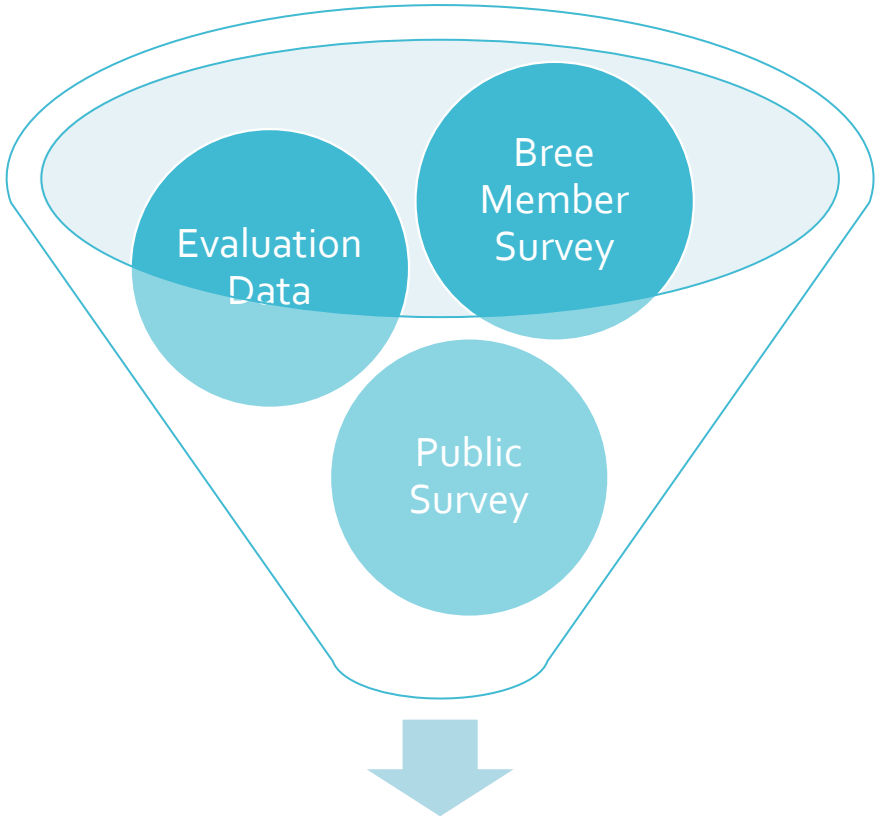


Discussion & Feedback

Please share your feedback on proposed new report lifecycle.

Topic Selection Process 2025

Topic Selection Process



2025 Topics (2 revisions, 1 new topic)

Timeline

March

- Overview the and reporttopic selection process lifecycle, adopt labeling schematic

April

- Release member survey
- Prep public survey

May

- Review survey results
- Release Public Survey

Report Review Timeline

June

- Analyze survey results alongside evaluation results

July

- Present survey findings in combination with evaluation data
- Pick top 6 topics

August

- Prepare one-pagers on top 6

September

- Select 3 new topics for 2025

The Ask

Complete Bree Member Survey in **April**

- Top 5 Old Topics
- Suggest New Topics

Implementation Updates

Emily Nudelman, DNP, RN, Transformation and Community Partnership Manager

Updates

- Bree Spotlight Webinars
  - Perinatal Behavioral Health
  - Diabetes Care
  - Complex Discharges
- Checklists are developed for 2023 reports and online
- Implementation tools and resources added as well

Complex Discharges Report Checklists

- Delivery Site and Health System Checklists: Level 1, Level 2, Level 3
- Health Plan Checklists: Level 1, Level 2, Level 3

Diabetes Care Report Checklists

- Delivery Site and Health System Checklists (Ambulatory Care): Level 1, Level 2, Level 3
- Health Care Professional Checklists: Level 1A, Level 1B, Level 2
  - Note: No level 3 for this audience

Perinatal Behavioral Health Report Checklists

- Delivery Site and Health System Checklists (Birthing Hospitals): Level 1, Level 2, Level 3
- Delivery Site and Health System Checklists(Outpatient Care Clinics): Level 1, Level 2, Level 3
- Health Care Professional Checklists: Level 1, Level 2, Level 3

Resource Library

Resource Library

- WELCOME
- BARRIERS AND FACILITATORS
- FISHBONE DIAGRAM
- AIM STATEMENT
- LOGIC MODEL
- PDSA CYCLE
- SUSTAINING CHANGE
- PERSON FIRST LANGUAGE

Welcome to our resource library! Here you can find tools and resources related to general implementation support and past Bree report topics. View the tabs on the side bar to access the material.

If you would like to meet with Bree staff for a technical assistance meeting, please email bree@qualityhealth.org to schedule an appointment.

https://www.qualityhealth.org/bree/resource-library/

Implementation Guide

NEW! Perinatal Behavioral Health

GUIDELINE INFORMATION
READ ON-LINE
IMPLEMENTATION CHECKLISTS BY AUDIENCE
RESOURCES AND TOOLS (COMING SOON)
METRICS AND EVALUATION TOOLS
EXAMPLES OF IMPLEMENTATION - IN DEVELOPMENT

Guideline title: Perinatal Behavioral Health

Publication Status: Current

Date of last evidence search: 2023

Date for review: TBD

Scope: education and communication; integrated behavioral health; care coordination; community linkage to social programs; expanded team roles.

Methods: (Data here)

Description: The Perinatal Behavioral Health topic was selected by Bree Collaborative members in September 2022 and a workgroup of clinical and community experts met from January 2022 to January 2023. The Bree recommendation focus areas are organized around identifying a person with or at risk for perinatal behavioral health needs and ensuring they receive appropriate treatment and follow-up care.

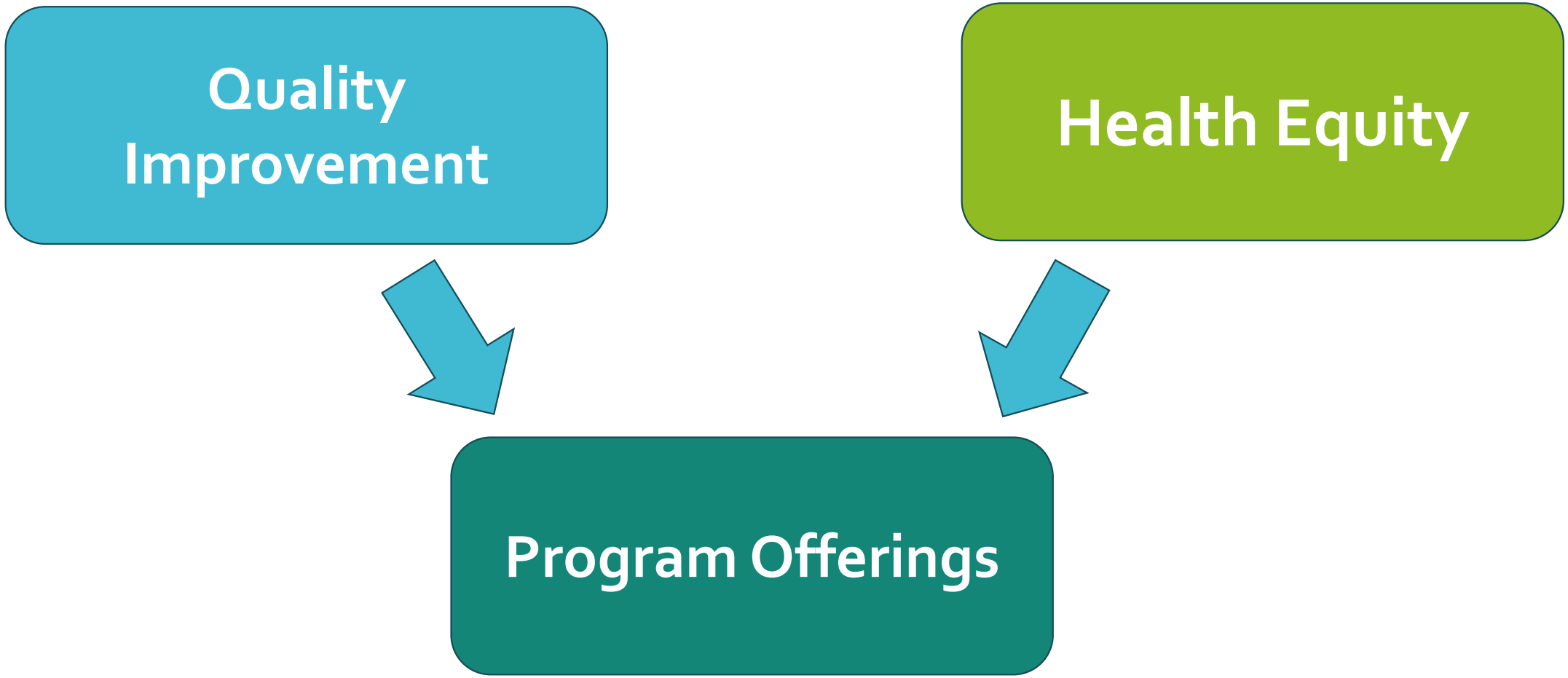
Program Planning for 2024

- Working to understand the landscape for each topic
- Capacity to participate
- Staff Capacity

Strengths of Bree

- A neutral convener
- Breaking down silos
- Connections
- Reliable source of information
- Collective action
- Across healthcare ecosystem

Program Planning



Learning Labs

- Overview
- Design
- Topics
  - Event on April 24th
  - Event on May 16th
- CME

Perinatal Behavioral Health

- Why?
- Summit
- When: Fall 2024 (September)
- Funding
- Current Status

Health Equity Action Collaborative 2023 Recap

- 10 Organizations
- Topics: Behavioral Health Integration, Colorectal Cancer Screening, LGBTQ Care, Obstetric Care, Pediatric Asthma, Reproductive and Sexual Health, and SDOH.
- 7 months long

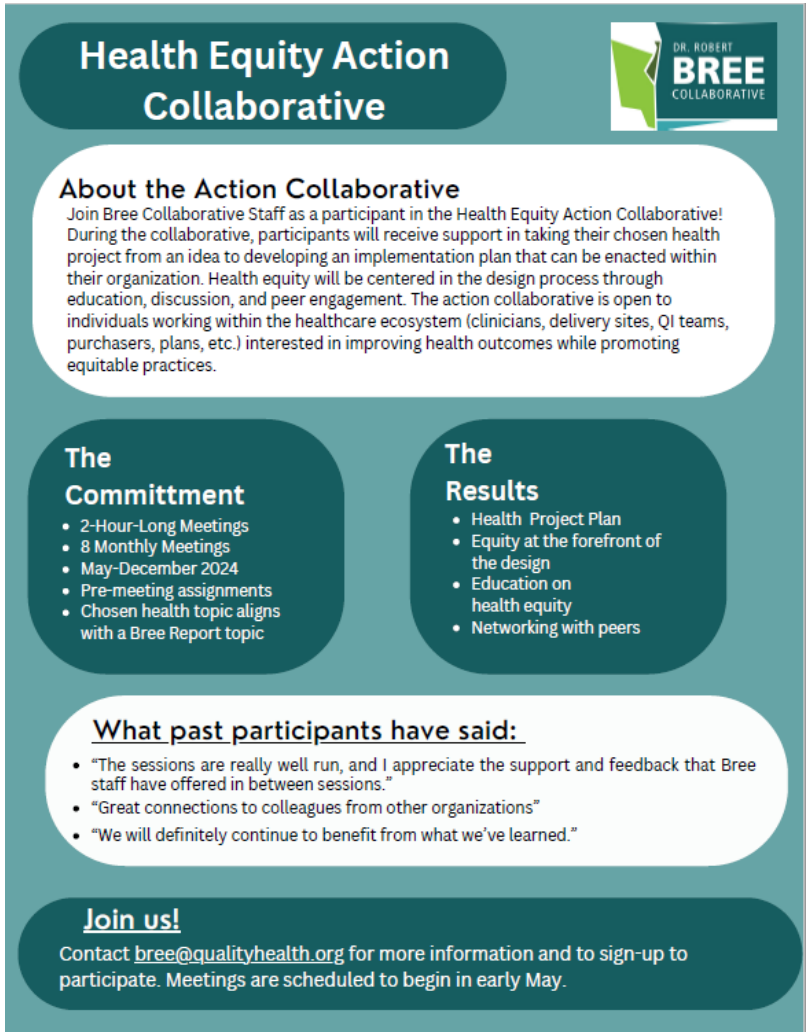
Statement	Average Score
I had a positive experience participating in the HEAC.	4.9
My goals of participating in the HEAC were met.	4.5
I utilized at least one Bree guideline into my organization's project implementation plan.	4.3
I applied health equity principles into the project implementation plan design.	4.4
I evaluated the relationships between SDOH, historical events, and current practices that may influence health outcomes of my population of focus through discussion and learning presentations.	4.6
I developed project planning skills for the implementation of guidelines.	4.6

Topics	Average Score on Pre-survey (n=35)	Average Score on Post-survey (n=8)
Bree Collaborative Reports	1.8	3.6
Finding sources of evidence (e.g., evidence-based recommendations, promising practices, practice-based evidence) to inform your project design	3.2	3.9
Completing a root cause analysis (i.e. Fishbone diagram)	2.5	4.1
Developing a Strategic, Measurable, Ambitious, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) aim statement	2.8	4.1
Developing a logic model	2.5	3.8
Measures & Metrics use and development	2.9	3.9
Developing Plan-Do-Study-Act cycles	2.8	3.6

HEAC Comments

Health Equity Action Collaborative

- 2023 Cohort
  - Quarterly meetings
- 2024 Cohort
  - 7 meetings to 8 meetings
  - May-December
  - Looking to begin recruiting soon
  - Information online



Questions

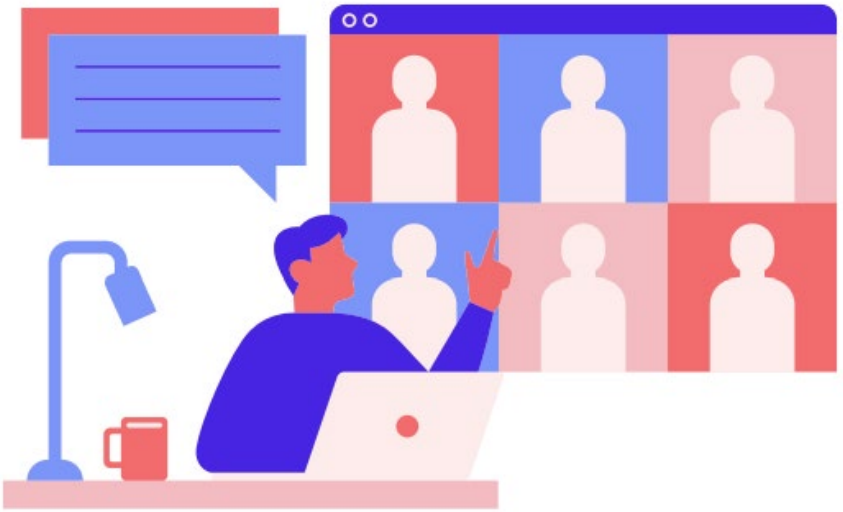
Closing

Public Comment

Please raise your hand to be called on

Upcoming Events

- Learning Lab: Connecting with Latino Communities on Diabetes Care
  - Wednesday, April 24th 12-1:15 PM PT



Final Reminder: The Ask for Bree Members

Complete Bree Member Survey when released in **April!**

Next Meeting **May 22nd 1-3PM**