

Dr. Robert Bree Collaborative Meeting Minutes
January 22nd 2025 | 1:00-3:00
Hybrid

Members Present VIRTUALLY

Emily Transue, MD, Comagine Health, (<i>chair</i>)	Colleen Daly, PhD. Microsoft
Darcy Jaffe, ARNP, WSHA	
Mary Kay O'Neill, MD, Mercer	
Sharon Eloranta, MD, Washington Health Alliance	
Norrifumi Kamo, MD, MPP, Virginia Mason	
Kristina Petsas MD, MBA, MLS United Healthcare	
Kimberly Moore, MD, Franciscan Health System	
Nicole Saint Clair, MD, Regence BlueShield	
Jake Berman, MD, MPH, University of Washington	
Darcy Jaffe, MN, ARNP, FACHE, Washington State Hospital Association	
Susanne Quistgaard, MD, Premera Blue Cross	
Judy Zerzan-Thul, MD Washington HCA	

Members Present IN-PERSON

Gary Franklin, MD Washington State Department of Labor and Industries

Members Absent

Carl Olden, MD, Central Washington Family Medicine
Colin fields, MD Kaiser-Permanente
Greg Marchand, The Boeing Company
June Alteras, MN, RN Multicare

Delegates

Rodica Pop for June Alteras, MN, RN Multicare

Staff, Members of the Public

Beth Bojkov, MPH, RN, FHCQ
Karie Nicholas, MA, GC, FHCQ
Emily Nudelman, DNP, RN, FHCQ
Ginny Weir, MPH, FHCQ
Cora Espina, ARNP, MN, DNP Student UW
Rodney Anderson, MD
Audrey Joyce,
Shawn West
Tao Kwan-Gutt, MD, DOH

WELCOME, INTRODUCTIONS

Dr. Emily Transue welcomed everyone and opened the meeting. Time was provided for introductions for new attendees Dr. Tao Kwan-Gutt. Dr. Transue then asked the Collaborative for a motion to approve the minutes from November.

Motion: Approve November Minutes (Gary)

Outcome: Unanimously approved September Minutes

EVALUATION UPDATES

Dr. Transue then transitioned the meeting to invite Karie Nicholas, MA, GDip, Evaluation and Measurement Manager, forward to share updates on evaluation efforts.

- Workgroup evaluation materials for OUD: Frameworks, Evaluation Matrix and ScoreCards have been published. QR code was shared to access resources and tools.
- Reporting Initiative was launched Jan 3, 2025. 2 participants have submitted data and QR code was shared for dissemination to audiences of Bree reports.
- The evaluation staff's aim is to focus on Purchasers and employers in 2025. Activities include using a framework to ensure that reports include actionable items by employers and purchasers. Meetings to engage employers and purchasers' perspective will take place.
- Upcoming Dashboards for Perinatal Behavioral Health, OUD Treatment, Diabetes Care, and Outpatient Infection Prevention. These will include score cards, case studies, implementation support data.
- Q1 2025 Activities
 - New case studies: Diabetes pilot study (Confluence), Heat Related Illness Thurston County Climate Action Team pilot.
 - Subcommittees and Frameworks: All 2025 workgroups, Subcommittees will start June 2025. Internal Bree report, and perinatal Behavioral Health Baseline evaluation reports are on-going.
 - Bree Collaborative reporting initiative (Jan-Dec 2025)
 - Purpose: provide a simple way for all stakeholders to report on their use of the Bree Guidelines
 - Focus on purchasers: improve engagement with purchasers through evaluation
 - Dashboard builds submission by different organizations of our score cards is now to the point where we can start building dashboards for the uptake and concordance of care with our guidelines
 - Evaluation Blog – BEACON QR code shared
 - this month's blog includes new evaluation tools
 - Highlights new additions to resources, spreading reports, and discussing evaluation work

IMPLEMENTATION UPDATES

Dr. Transue then transitioned the meeting to invite Emily Nudelman, DNP, RN, Director of Implementation and Outreach, forward to share updates on implementation updates.

- Workgroups: The Health Equity Action Collaborative Implementation Support Group and Social need and Health Equity Workgroup will maintain bimonthly meetings to facilitate collaboration and project development. Members from the Heat and Wildfire Smoke workgroup will begin monthly meetings to guide implementation strategies to further uptake of the new report.
- Bree Report Spotlight Webinars have been scheduled to highlight the new reports for audiences.
- Plans for Ministries on Youth Behavior Health will begin Winter 2025.

UPCOMING EVENTS

Dr. Emily Nudelman reviewed upcoming events. Included in the presentation and chat for members to disseminate.

2025 CHARTERS

FIRST EPISODE PSYCHOSIS CHARTER

Dr Transue transitioned the meeting to Darcy Jaffe, ARNP, WSHA (Chair)

- The charter and roster were presented and highlighted representation from clinicians, employers and public health plan.
- The purpose included exploring barriers and facilitators to improvement in coverage for public and private evidenced based models of care. This also included expanding capacity to provide coordinated specialty care, like “New Journey’s” teams.
- Out of scope include chronic and persistent psychotic disorder.

Darcy motioned to approve, Nicole 2nd

Motion: Approve the **FIRST EPISODE PSYCHOSIS CHARTER**

Outcome: Unanimously approved

SURGICAL OPTIMIZATION CHARTER

Dr Transue transitioned the meeting to Beth Bojkov (Bree staff)

- Roster was presented and highlighted representation from clinicians, employers and public health plan, but still looking for private plan representation.
- Charter aims include the collaborative management between primary care and surgical care
- Focus areas will include best practices around anemia and glycemic control practices.
- Out of scope areas include transitions in care and emergent care.

Norris 1st, Gary 2nd

Motion: Approve the **SURGICAL OPTIMIZATION CHARTER**

Outcome: Unanimously approved Surgical Optimization Charter

BLOOD PRESSURE CONTROL EQUITY CHARTER

Dr Transue transitioned the meeting to Dr. Jake Berman

- The roster was presented and highlighted representation from clinicians, employers and public health plans.
- The charter aims were presented including a review of the guidelines, to improve trust between healthcare delivery systems and communities at risk, and improved reimbursement for healthcare services.
- Discussed the value of multidisciplinary groups including medical specialists but the need for representation from people with lived experience and how to fund or mitigate barriers like cost, that prohibit some to participate.

Motion: Approve the **BLOOD PRESSURE CONTROL EQUITY CHARTER**

Outcome: Unanimously approved Blood pressure control for equity Charter

2024 REPORTS WERE PRESENTED FOR APPROVAL

BEHAVIORAL HEALTH EARLY INTERVENTION FOR YOUTH DRAFT REPORT

Dr Transue transitioned the meeting to Dr. Terry Lee, Community Health Plan of Washington (CHPW)

Dr. Lee provided an overview of the public comments:

- Expand on Behavioral Health Definition to align with Washington Thriving and incorporate more information about fully integrated models of care

Changes were made based on comments:

- Added literature **on integrated care models and** further emphasized the Bree Collaborative previous work on Behavioral Health Integration diagram.
- Added **Expanded behavioral health definition** further, clarified focus on interventions early in disease progression, and conditions for which a BH provider would treat
- Aligned some guidelines with recommendations from School-based services subgroup at HCA- mostly under the state agencies recommendations.

Motion: Approve the **BEHAVIORAL HEALTH EARLY INTERVENTION REPORT**

Outcome: Unanimously approved Behavioral Health Early Intervention Report

EXTREME HEAT & WILDFIRE SMOKE DRAFT REPORT

Dr Transue transitioned the meeting to Beth Bojkov, Bree Staff and Dr. Chris Chen, Washington HCA), to review the Extreme Heat and Wildfire Smoke draft report public comments.

General comments were summarized

- Minor adjustments to language phrasing (e.g., redlining -> historical redlining)
- Re-ordered at-risk populations in the executive summary
- Heat pumps in addition to air conditioners across the report and guidelines

Beth highlighted statements on the report that were made based on public comments.

Questions, Comments & Answers

- Gary suggested that a model program would be helpful to reference, related to the recommendation to explore the provision of compensation of missed wages by Labor and Industries.

Dr. Transue transitioned the group to vote for the report to be approved.

Motion: Approve the **EXTREME HEAT AND WILDFIRE SMOKE REPORT**

Outcome: Unanimously approved Extreme Heat and Wildfire Smoke Report

PRESENTATION

Dr Transue transitioned the meeting to Dr. Mary Kay O'Neil (who also announced that she was retiring)

- The purpose was to share the perspective from employer representation of the Bree.
- Shared the objectives of the employer including health, productive workforce, attractive benefits to retain and resources that provide effective services.
- 50% of health plans in the US are employer based. This includes employers with >500 employees which would be 74% self-insured, so assume a large cost of the provision of healthcare.
- 84% of large employers offer wellness programs, and there are projections of increasing to as much as \$94.6 billion spending on wellness in 2025.
- 53% of larger employees now provide on-site clinics
- Employee barriers that employers are trying to reduce – engagement, access and effectiveness in their health/wellness
- She speculates that employers may feel like they are paying for healthcare but don't have much control over systems, delivery service models, services.

Discussion

- Workgroup member proposed the consideration of a separate work group representing the employer perspective, that could serve as a consultant to the workgroups. This framework would be different than the current practice of embedding employer perspective within each workgroup

- Workgroup members acknowledged the “public health” work that employers commit to when taking on employer-based health plan

CLOSING, PUBLIC COMMENT AND NEXT STEPS

Dr. Transue thanked those who attended and closed the meeting. Next Bree Collaborative Meeting: **March 26th 2025, 1-3PM**

- Gary suggested utilizing the matrix format to discuss commentary and appropriate response by Bree staff and members.

DRAFT