Dr. Robert Bree Collaborative Meeting Minutes
May 21st 2025 | 1:00-3:00
Hybrid

Members Present VIRTUALLY

Emily Transue, MD, Comagine Health, *(chair)*
Sharon Eloranta, MD, Washington Health Alliance
Kimberly Moore, MD, Franciscan Health System
Jake Berman, MD, MPH, University of Washington
Susanne Quistgaard, MD, Premera Blue Cross
Colleen Daly, PhD. Microsoft
Gary Franklin, MD Washington State Department of Labor and Industries
Judy Zerzan-Thul, MD Washington HCA
Colin Fields, MD, Kaiser Permanente
Kristina Petsas, MD, United Healthcare
Mary-Kay O'Neill, MD
Darcy Jaffe, ARNP, WSHA

Members Absent

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

Staff, Members of the Public

Beth Bojkov, MPH, RN, FHCQ
Karie Nicholas, MA, GC, FHCQ
Ginny Weir, MPH, FHCQ
Rodney Anderson, MD
Tao Kwan-Gett, MD, DOH
Katina Rue, DO
Ty Jones, MD, Regence
Shima Lawson
Susanna Waldman, WSMA

WELCOME, INTRODUCTIONS

Dr. Emily Transue welcomed everyone and opened the meeting. Dr. Transue then asked the Collaborative for a motion to approve the minutes from March.

> ***Motion:*** Approve March Minutes
> ***Outcome:*** Unanimously approved March Minutes

WORKGROUP UPDATES -= FIRST EPISODE PSYCHOSIS

Dr. Transue invited Darcy Jaffe to review the progress on our First Episode Psychosis workgroup. The workgroup has developed guidelines thus far on early detection and rapid access focused on effective/easy screening for psychosis, improved education/outreach to patients with serious mental health concerns, and payment parity. The workgroup has worked on guidelines for primary care providers, behavioral health agencies and other audiences like HCA and schools/academic institutions. Next steps include:

- Refining health plan guidance, steps towards comprehensive coverage for coordinated specialty care (CSC) including the HCPCS codes
- Adapting the CSC model to lower resourced settings
- Culturally safe practices in FEP
- Coordinated transition of care once CSC is wrapped and
- Time permitting, special considerations for certain populations – people who may not benefit from CSC

WORKGROUP UPDATES – BLOOD PRESSURE CONTROL EQUITY

Beth Bojkov, MPH, RN, FHCQ and Dr. Jake Berman, UW, provided updates on the progress of the Blood Pressure Control Equity workgroup. The workgroup has developed draft recommendations around accurate blood pressure screening, and increasing opportunities for people in underserved communities to be screened. The group prioritizes accurate screenings when someone interacts with the healthcare system and widely disseminated opportunities to increase screening and connection to care. The workgroup is interested in promoting partnerships between delivery systems and health plans to support mobile screening in the community, blood pressure screening being one of such preventive screenings. The workgroup also plans to develop guidelines to:

- support implementation of non-physician led teams,
- increase geographical distribution
- equity-centered quality improvement initiatives.

WORKGROUP UPDATES – SURGICAL PATIENT OPTIMIZATION

Beth Bojkov, MPH, RN, FHCQ, provided updates on the progress of the Surgical Patient Optimization workgroup. The workgroup has been working on developing guidelines to support the screening for and treating hyperglycemia perioperatively. The workgroup has developed preoperative screening guidelines that are in line with diabetes screening recommendations, and day of surgery screening guidelines based on surgical risk score and preoperative glycemic control (including PMH of diabetes). The workgroup needs to further develop health plan guidance that will incent these guidelines, and will next month focus on preoperative anemia identification and optimization.

Questions

- What does the group want to recommend regarding patients undergoing ambulatory procedures?
    - Still a difficult problem to solve, workgroup is still working through it

RECATEGORIZATION

Dr. Transue then transitioned the meeting to return to our report recategorization. Beth Bojkov reviewed the report categorization schema again.

Active/Reaffirmed	Needs Review	Inactive
• **AGE:** < 5 years old • **EXTERNAL PARTNERS:** External partners should actively implement and evaluate • **STAFF IMPLICATIONS:** Can do active evaluation and implementation work • *Reaffirming is restricted to the stakeholder specific guidelines in each report, excluding background/problem statement sections*	• **AGE:** 5+ years • **EXTERNAL PARTNERS:** Do not roll back implementation of previous guidelines, Follow more updated guidance if available – Bree members can point to where that might be if possible • **STAFF IMPLICATIONS:** Passive implementation and evaluation efforts	• **AGE:** 5+ years • **EXTERNAL PARTNERS:** labelled on website as inactive; Bree staff indicate other relevant sources with more updated information • **STAFF IMPLICATIONS:** halt implementation and evaluation efforts

For reports that are active, and less than 5 years old, the Bree Collaborative requested a process by which reports could be updated if new evidence was uncovered.

Dr. Transue reviewed the contents of the Shared Decision Making Report and guidelines and reasons for reaffirming.

The SDM Report frames the recommendations under four priority focus areas:

- A common understanding and shared definition of shared decision making and the benefit of shared decision making.
- Ten priority areas as an initial focus for the health care community.
- Highly reliable implementation using an existing framework customized to an individual organization. (stages of change framework)
- Documentation, coding, and reimbursement structure to support broad use.

Shared decision making is a key component of patient-centered care, “a process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences.”

Shared decision making is appropriate for treatments, management options, or screenings that are: (1) preference-sensitive and (2a) have high-quality clinical evidence for more than one option including no treatment or (2b) that have a lack of evidence and no clinical consensus on the best option (i.e., clinical equipoise).

The workgroup prioritized 10 key health conditions for which SDM is appropriate and staged ten areas baed on prevalence of use, availability and Washington HCA certification.

- Abnormal Uterine Bleeding (procedural)
- Advance Care Planning
- Attention Deficit Hyperactivity Disorder Treatment (behavioral health)
- Cancer Screening (breast, prostate, colorectal, lung)

- Depression Treatment (behavioral health)
- Knee and Hip Osteoarthritis (procedural)
- Herniated disk (procedural)
- Opioid Use Disorder Treatment (behavioral health)
- Spine Surgery (Lumbar Fusion) (procedural)
- Trial of Labor After Cesarean Section (procedural)

Dr. Transue asked for comments on the proposal to reaffirm the SDM report and guidelines. No comments or questions were raised. Dr. Transue then asked for a motion to reaffirm the SDM report and guidelines.

Action: Reaffirm the SDM report and guidelines.
Outcome: SDM report and guidelines reaffirmed (unanimous)

Dr. Transue then transitioned to reviewing the Avoidable Hospital Readmissions Report and Guidelines. This report discusses national and Washington State-specific data, the evidence base around interventions to reduce readmissions, organizations and initiatives in Washington State working to reduce avoidable hospital readmissions, and recommends three items:

- Support for the collaborative model as used in Washington State. The Bree Collaborative recommends that at a minimum, Hospital Readmissions Collaboratives be recognized by the following three items:
    - Formally writing a charter that includes a list of participating organizations, shared expectations for best practices, and measures of success.
    - Demonstrating evidence of participation in recurring meetings.
    - Recognition by the Washington State Hospital Association (WSHA) or Qualis Health as an active member. WSHA or Qualis Health will recognize collaboratives for a period of one year after which time the organizations will reevaluate their roles.
- Support for the tools and techniques to reduce readmissions in Washington State, especially the Washington State Hospital Association's Care Transitions Toolkit, the work done by Qualis Health, and the work done by the Washington Health Alliance. The Bree Collaborative recognizes the consensus work based on best available evidence that went into the Care Transitions Toolkit and recommends that hospitals adopt the Toolkit in its entirety. It is understood that some variation may be appropriate based on clinically compelling reasons.
- Two hospital-specific measures are recommended: Percent of inpatients with diagnosis of acute myocardial infarction (AMI), heart failure (HF), community acquired pneumonia, chronic obstructive pulmonary disease (COPD), and stroke for which there is:
    - Patient discharge information provided to the primary care provider (PCP) or aftercare provider within three business days of discharge, and
    - A documented follow-up phone call after discharge within three business days.

Darcy Jaffe, ARNP, provided further context to say that since this report and set of guidelines were published in 2014were published in 2014, they are no longer in use and Washington State hospitals have moved forward to using other tools for avoiding hospital readmissions. Her recommendation would be to make this report and set of guidelines inactive. Time was provided for comments and questions, of a few Bree members offered their support for the motion.

Action: Motion to inactivate Hospital Readmissions report and guidelines
Outcome: Hospital Readmissions report and guidelines inactivated.

TOPIC SELECTION PROCESS

Dr. Transue then transitioned the meeting to review the 2026 topic selection process.

- Bree member survey and public survey opened May 12th 2025, and wqill close Juen 18th 2026
- Suggestions thus far from Bree members include:
    - Treatment of chronic pian in patients with opioid use
    - Access to claims data on behavioral health/mental health
- Suggestions thus far from the public include:
    - Revision of Low Back Pain report and guidelines
        - Suggested that the revision focus on BVNA (Basi vertebral nerve ablation) – Bree members advocated that his report topic is more appropriate for review by the HCA's HTCC
    - Improve primary care quality and reporting capacity for depression using measurement based care
        - Support from Bree members for this topic, as it focuses on implementation of previous work and aligns well with HCA priorities
    - Kidney Care (Chronic Kidney Disease)

All topic suggestions will be reviewed at the July Bree Collaborative meeting

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.

- Awards
    - Trailblazer
        - Signal Health
        - Everette Clinic/PolyClinic
        - VMFH St. Joseph's
        - VMFH St. Michaels
        - VMFH St. Elizabeth's
        - VMFH St. Anne's
        - VMFH St. Francis
        - Yakima Memorial Hospital
        - Eastside Health Network /Evergreen Hospital
        - CHPW
        - Franciscan Medical Group
        - Eastside Health Network/Overlake Hospital
        - Kaiser
    - Pathfinder
        - Community Health Plan of Washington – Diabetes
        - Boeing – Perinatal Behavioral Health
- Event information
    - Webinar series
        - July 2025: Measuring Change: Using Bree Collaborative Guidelines and Metrics to Inform Provider-facing Opioid Prescribing Dashboards – with Optum Health
        - Fall 2025: Measuring Change: Comparing Evaluation Priorities and Frameworks
    - Evaluation forums
        - Topic: Perinatal Behavioral Health - Date: May 28th, 2025

        - Topic: Outpatient Infection Control - Date: June 25th , 2025
        - Topic: Impacts of Extreme Heat and Wildfire Smoke - Date: July 24th , 2025
        - Topic: OUD Treatment Revision - August 27th, 2025
        - Topic: Youth Behavioral Health - Date: September 25th, 2025
    - Dashboard build and launch
        - Bree members requested to see a version of the dashboard to provide better feedback on which topics to create a dashboard for next
- In Progress
    - Data automation with WSU
        - Build new score cards in Survey123
        - Aligned Metrics across audience in reports
        - Will provide better insights into utilization of Bree services
        - Will provide better analysis of score card data
    - Case Studies
        - Everett Clinic (Opioid metrics)– Will be presenting in July in a webinar
        - ESD 105 (Asthma) – New data coming in June of 2025
        - UHC (BH integration) – Cancelled by UHC
        - Confluence (Diabetes) – May result in a new prospective study to provide evidence for our report
        - Thurston County Climate Action Team (HRI) – NEW! Planning a pilot project for the distribution of portable heat pumps, leverages Bree Guidelines

STATE AGENCY UPDATES IN BRIEF

Dr. Transue invited Judy Zerzan-Thul, MD, HCA and Tao Kwan-Gett, MD, DOH, to provide brief updates from their state agencies on impacts from state and federal budgetary developments.

- HCA:
    - 6% administrative cut to PEBB and SEBB, 6% agency cut
    - Came close to overspending last year, so additional cuts to make – either in WAC or constitution it is an felony for director and chief financial officer to overspend
    - Bigger uncertainty is what's happening at the federal level – lots of concern about very large cuts on that side
    - Trying to figure out where to keep work going using some opioid settlement funds
- DOH
    - Dr. Kwan-Gett provided several updates about bills that passed the legislature that impacted DOH funding

CLOSING, PUBLIC COMMENT AND NEXT STEPS

Opportunity for public comment was provided, and no comments were raised. Dr. Transue thanked those who attended and closed the meeting. Next Bree Collaborative Meeting: **July 23rd 2025, 1-3PM**