

Bree Collaborative Meeting

July 23rd 1-3PM

Hybrid



Before We Begin...

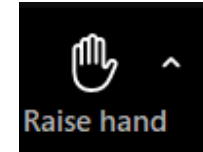


- The meeting is hosted as a Zoom Webinar
- When you log on, you are automatically an “Attendee”
 - As an attendee, you are automatically muted and are unable to turn on your video or sound.
- Bree Staff will promote Bree Members to a “Panelist” so they are able to speak and share their video with the meeting group
- **Please notify Bree staff in the chat if you are attending the meeting on behalf of a Bree Member.** Bree staff will promote you to “Panelist”

Public Comment



- As a member of the public, you are an “Attendee” in the meeting and cannot unmute yourself or share your video.
- If you would like to provide a public comment, **please raise your hand by clicking the button at the bottom of your screen.**



- Bree staff will call on you to speak and promote you to a “Panelist.”
- As a “Panelist”, you will be able to unmute yourself and share your video to provide your comment.
- After you have commented, Bree staff will move you back to an “Attendee” for the meeting.

Agenda



- **Welcome & Introductions**
 - Action Item: Adopt May Minutes
- **LGBTQ+ Report Updates & Reaffirm**
- **Evaluation Updates**
- **2026 Topic Nominations, Discussion & Vote**
- **Next Steps and Close**



Minutes



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
Norriumi 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

LGBTQ+ Report Updates



Report Categorization



| Active/Reaffirmed | Needs Review | Inactive |
|---|---|--|
| <ul style="list-style-type: none">• AGE: < 5 years old• EXTERNAL PARTNERS: External partners should actively implement and evaluate• STAFF IMPLICATIONS: Can do active evaluation and implementation work• <i>Reaffirming is restricted to the stakeholder specific guidelines in each report, excluding background/problem statement sections</i> | <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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 |

LGBTQ+ Report Updates(2018)



- Pediatrics HEADSSS assessment
- Recommended syphilis screening frequency
- For individuals on Apretude, HIV screening recommended every 2 months.
- Approval of Lenacapavir Q6month injection for PrEP (FDA approved mid June 2025). HIV screening recommended every 3 months.
- Doxy-PEP Recommendations
- Recommendations needed for anal cancer screening, conducting a DARE, anal cytology, and high resolution anoscopy (ANCHOR Study published)
- Immunization for HPV recommended through age 45 for people living with HIV
- Cervical cancer screening recommended every 3 years for people living with HIV

Goal: Reaffirm the LGBTQ+ Report and Guidelines

Primary Care Providers: HEADSSS



- **Pediatrics:** Use the most updated version of the **HEADSSS** assessment that includes language on sexual orientation and on behaviors. More information [here](#).

H: Home

E: Education & Employment

A: Activities

D: Drugs, Smoking & Alcohol

S: Sex & Relationships

S: Self-Harm, Depression & Self-Image

S: Safety & Abuse

Primary Care Providers: HIV/STI Screening



- **Areas Requiring LGBTQ-Specific Standards and Systems of Care**
 - **HIV and STI screening:**
 - Follow the Washington State Sexually Transmitted Diseases screening guidelines for men who have sex with men and transgender persons available [here](#).
 - For all sexually active men who have sex with men, and transgender or nonbinary persons who have sex with men, including those engaging in any anal, vaginal or oral sex, these guidelines recommend at least annual screening for HIV and STIs.
 - Screening refers to testing in the absence of signs, symptoms or a known exposure to STI. Patients in long-term (> 1 year), mutually monogamous, HIV concordant relationships do not require HIV/STI screening.
 - Providers should test for gonorrhea and chlamydial infection at all exposed anatomical sites of potential infection (i.e., pharynx, rectum, urethra/vagina, or other appropriate nonstigmatizing term).
 - Screen all pregnant individuals for syphilis at the first prenatal visit, during the third trimester and at birth, rather than risk based approach to testing, given increasing rates of congenital syphilis. Follow [ACOG and CDC guidelines](#) for syphilis screening in pregnancy.

Primary Care Providers: HPV Immunization



- **Immunizations:** Men who have sex with men and transgender persons should generally receive immunizations based on recommendations for the general populations. However, because some vaccine preventable infections are more common among sexual and gender minorities, clinicians should ensure immunity or vaccination for Hepatitis A and B for men who have sex with men, transgender persons, and people living with HIV, Hepatitis C, or chronic liver disease as well as sexual partners of patients who have Hepatitis B.
 - Immunize all patients through age 26 for human papillomavirus (HPV), and all people living with HIV through age 45. Monitor for changes to this recommendation from national organizations.

Primary Care Providers: Doxy-PEP



- **Bacterial STI Prophylaxis**

- **Doxy-PEP:** Doxycycline post-exposure prophylaxis (Doxy-PEP) should be provided to persons who would benefit the most while minimizing antimicrobial use. Recommend and discuss benefits and harms of using doxy-PEP with individuals who are at higher risk, including men who have sex with men and transgender women with a history of at least one bacterial STI (syphilis, gonorrhea or chlamydia) during the past 12 months, and men who have sex with men or transgender persons who take PrEP regardless of bacterial STI history. Engage in shared decision-making around doxy-PEP for other individuals, such as men who have sex with men and transgender women who have not had a bacterial STI diagnosed during the previous year, but will be participating in activities that will increase likelihood of exposure to STIs. Use clinical judgment and shared decision-making to guide use of doxy-PEP with other populations. Follow [CDC doxy-PEP guidelines](#) or more updated evidence-based information.

Primary Care Providers: PrEP



HIV:

- **PrEP:** Ensure that patients who are men who have sex with men, who are transgender persons who have sex with men, or others who may be at risk know about PrEP.
 - Follow the [Washington State Department of Health and Public Health Seattle and King County PrEP Implementation Guidelines](#) for identifying people without HIV who might benefit from PrEP, and [US Public Health Services guidelines for the medical management of PrEP](#). (Please note that WA State guidelines recommend STI screening of men who have sex with men and transgender persons on PrEP every three months) **Updated guidelines recommend STI screening every two months for those taking cabotegravir.**
 - Most primary care medical providers should be able to prescribe oral PrEP and manage patients on oral PrEP. However, if a provider is unable to provide PrEP onsite, **or the treatment plan includes long-acting injectable PrEP**, develop a referral network to support the patient in finding accessible care. The WA State Department of Health funds PrEP

Primary Care Providers: Cervical Cancer Screening for People Living with HIV



- **Cancer Screening:**

- Discuss regular, appropriate cervical cancer screening and breast cancer screening with patients with cervical and breast tissue for patients who are at higher risk of cervical and breast cancer including women who have sex with women or men and transgender men or genderqueer people who were assigned female at birth. People living with HIV should receive cervical cancer screening (PAP and co-testing for HPV) every 3 years.

Primary Care Providers: Anal Cancer Screening



- Discuss anal cancer screening for populations at high risk, such as men who have sex with men and transgender women or genderqueer people who were assigned male at birth living with HIV. Screening is recommended to start at age 35. Several groups should begin screening at age 45, including women and men who have sex with women living with HIV, men who have sex with men & transgender women without HIV. People with a history of high-grade squamous intraepithelial lesions (HSIL) or cancer should screen within a year of diagnosis. Solid organ transplant recipients should be screened 10 years after transplant.
- Engage in shared decision-making conversations around screening for anal cancer with people over 45 years of age with a history of one or more of the following: cervical or vaginal HSIL or cancer, perianal warts, persistent cervical HPV 16, or those with immunosuppression (rheumatoid arthritis, lupus, crohn's disease or ulcerative colitis)
- Screening includes digital anal rectal exam (DARE) and anal cytology and/or anal HPV testing. Abnormal results should be referred for high resolution anoscopy (HRA).
- Follow [NIH/CDC/IDSA](#) guidelines for anal cancer screening or most updated evidence-based guidelines.

Appendix E: Family Planning and Fertility



Appendix E: Family Planning and Fertility

All individuals and families should be empowered to make choices that are best for them around family planning and fertility. Options such as assisted reproductive technology, donor services, and inclusive counseling can help individuals and couples achieve their reproductive goals. Many clinics and organizations offer affirming care and guidance tailored to various identities and pathways to parenthood.

Cryopreservation: Cryopreservation is the process of freezing and storing sperm, eggs, or other gametes for future use. This technique is commonly used in fertility preservation for individuals undergoing medical treatments that may affect reproductive ability, such as chemotherapy or gender-affirming care, and for those planning to delay parenthood. It can also benefit people facing certain fertility challenges or those who want to provide more reproductive options for themselves or their partners. Local clinics fertility clinics, sperm banks and egg banks for Washington residents include the following:

- [Pacific Northwest Fertility](#) (Seattle, WA)
- [Seattle Children's Fertility Preservation Program](#) (Seattle, WA)
- [RMA Fertility Clinics](#) (Seattle, WA)
- [Overlake Reproductive Health IUI Fertility Clinic](#) (Bellevue, WA)
- [UW Medicine Fertility Clinics](#) (Seattle, WA)
- [Pinnacle Fertility](#) (Kirkland, Bellevue, Everett, Seattle, Tacoma, WA)
- [Center for Reproductive Health](#) (Spokane, WA)
- [POMA Fertility](#) (Kirkland, Bellingham, WA)
- [Seattle Sperm Bank](#) (Seattle, WA)
- [Cascade Cryobank](#) (Lynnwood, WA)

Interested individuals can also find sperm cryobanks through this national directory: [National Directory for Sperm Cryobanks](#)

Family Planning: There are a variety of options to support family planning, especially for LGBTQ+ individuals and families, offering a wide spectrum of pathways into parenthood. Sperm banks and egg banks play a crucial role for those pursuing fertility treatments, reciprocal IVF, or planning for surrogacy. Surrogacy agencies offer guidance and support for intended parents—including gay men, transgender women, single fathers and others —navigating the complex legal and medical processes of gestational or traditional surrogacy. Several resources are also available for adoption planning and support for people who are adopted.

Surrogacy Agencies/Organizations

- [Pacific Cascade Surrogacy](#) (Seattle, WA)
- [Pacific Northwest Fertility](#) (Seattle, WA)
- [NW Surrogacy Center](#) (Seattle, WA)
- [Giving Tree Surrogacy](#) (Seattle, WA)
- [American Surrogacy](#)
- [Men Having Babies](#)

Adoption Planning

- [Open Adoption & Family Services](#): Oregon & Washington (Seattle, WA, Portland, OR)
- [Adoption Mosaic](#) (support agency for adopted people)

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Public Comment

BREE MEMBERS ONLY – Vote for Reaffirmation



- Motion to Reaffirm
 - Vote: Aye/Nay
- Results



Evaluation Insights



Key Challenges and Barriers



- Alignment of topics with other organizational initiatives in Washington State
- State and federal budget constraints
- Federal changes to requirements, regulations, and standards
- Measurement and data
- Staffing
- Licensing scope – CEU available
- Innovation

Setting ourselves up for success



- Usefulness to organizations that can make systems transformation
- Availability of utilization data
- Availability of outcomes/impact data
- Clear distribution path or support
- Clear strategy on how to evaluate or influence resource distribution
- Clear goal
- Clear value add

Feedback from stakeholders



- Employer payors are ahead of the curve on their benefits design
- Topics that are a priority to companies with a global footprint and to small, rural organizations
- Legal/regulatory barriers not addressed in Bree recommendations
- Room for innovation
- Profitability
- Importance to providers

Can we evaluate the outcomes and impact?



| What | How |
|-----------------------------------|--|
| Tools | Score cards, evaluation frameworks, collaborative banks, |
| Evaluation processes | Evaluation subcommittees, awards program |
| Changes to guidelines development | Retirement and revision, employer “score card” - things that support better evaluation |
| Measurement | Aligned process measures, aligned outcomes measures |
| Outreach | Initiatives, webinars, forums |
| Examples of Implementation | Evaluation submissions, dashboards, case studies, |
| Data collection | Leveraging FHCQ program data, automated system for score cards, event attendance, etc. |

2026 Topic Selection



Where have we seen adoption?



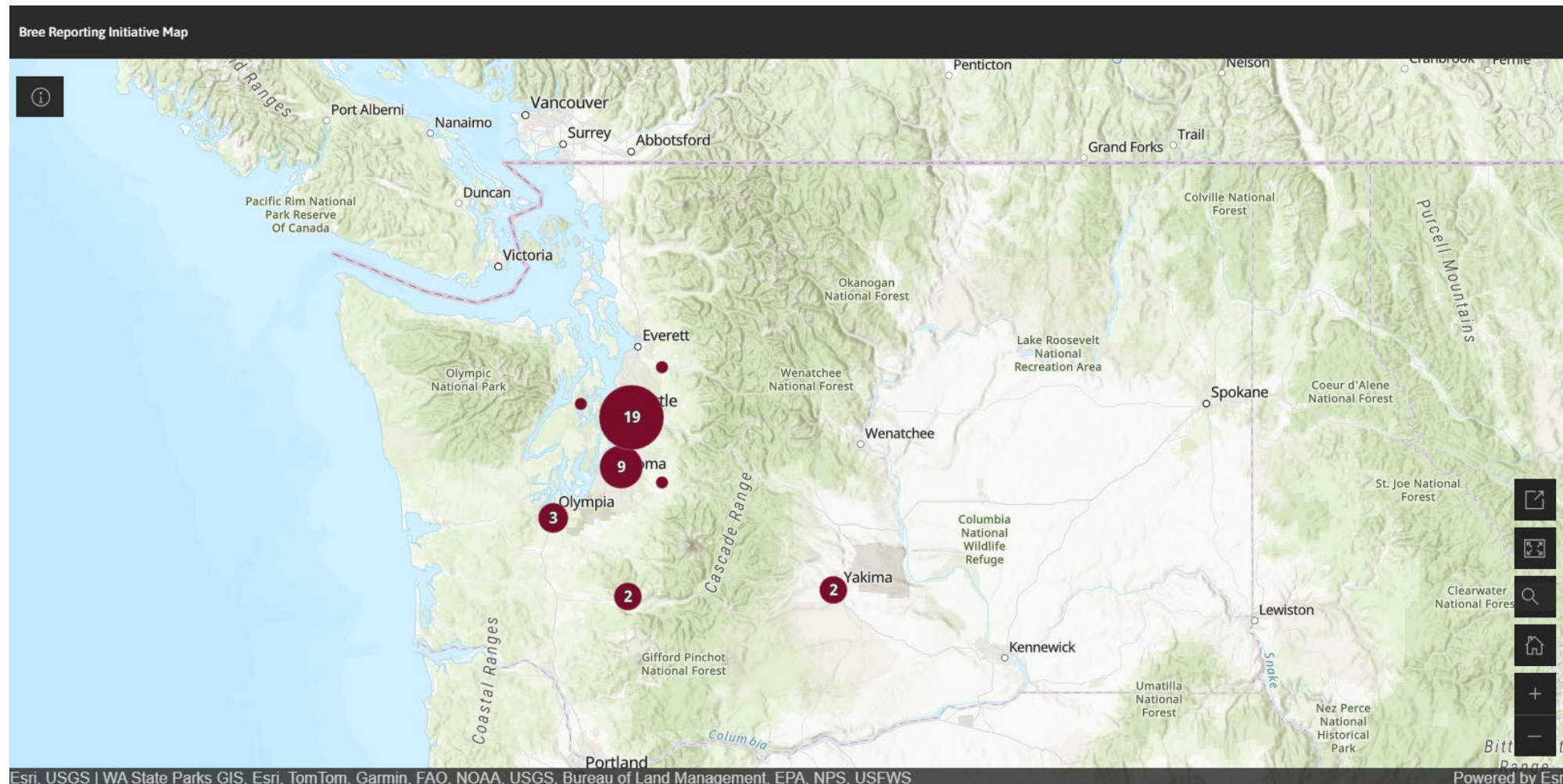
24 with over 42 different delivery sites report partial or complete adoption of Bree Guidelines (June 2025)

Organizations represent health plans, health systems, hospitals, employers, educational service districts, critical access hospitals, networks, QI organizations, chiropractors, and state agencies.

Data limited, reflects more recent guidelines

| Topics | Percent Implementing |
|---|----------------------|
| Behavioral Health | 85.7% |
| Chronic Disease Management | 47.6% |
| General (e.g., Primary Care, LGBTQ+, SDM) | 42.8% |
| Oncology | 38.1% |
| Managing Pain | 21.4% |
| Aging | 14.3% |
| Infectious Disease Management | 14.3% |
| Care transitions | 11.9% |
| Surgery | 9.5% |
| Reproductive and Sexual Health | 7.1% |

Who submitted the data?



2026 Topic Nominations



Process Overview



Review
nominations
from Bree
members and
the public

Overview of
topic
selection
worksheet

More detail
on 10 topics
selected from
the above by
Bree Steering
Committee

Discussion by
Bree
Collaborative
members

Public
Comment

Voting: Each
Bree member
votes for 3
topics (no
preference
order)

**Top 6 topics
developed
further for
final decision
in September**

Keep in Mind...



For each potential topic, ask yourself:

- What key gaps or barriers are preventing improvement in Washington?
- What unique role would Bree have in improving outcomes for each of these topic ideas?
- What are the relevant initiatives in Washington? Could we build on existing efforts?
- What knowledge gaps remain before confirming this as a topic for 2026?

Bree Topic Nominations



Behavioral Health

Perinatal Opioid Use and postpartum opioid use disorder treatment for birthing parent and newborn

Chronic Conditions

Medical Management of Overweight and Obesity

Kidney Health

Managing Pain

Treatment of chronic pain in patients with opioid use disorder

Reproductive Health

Perimenopause and Menopause

Gestational Diabetes

Transitions of Care

Transitioning care for people released from carceral settings

Bree Topic Nominations



General

Identifying and addressing health-related social needs in care delivery

Access to claims data on BH/MH

Trauma-informed care

Infectious Disease

Vaccinations: current status in WA for children and adults, and best practices

Screening and treatment of STIs, particularly syphilis, given WA high rate of congenital syphilis

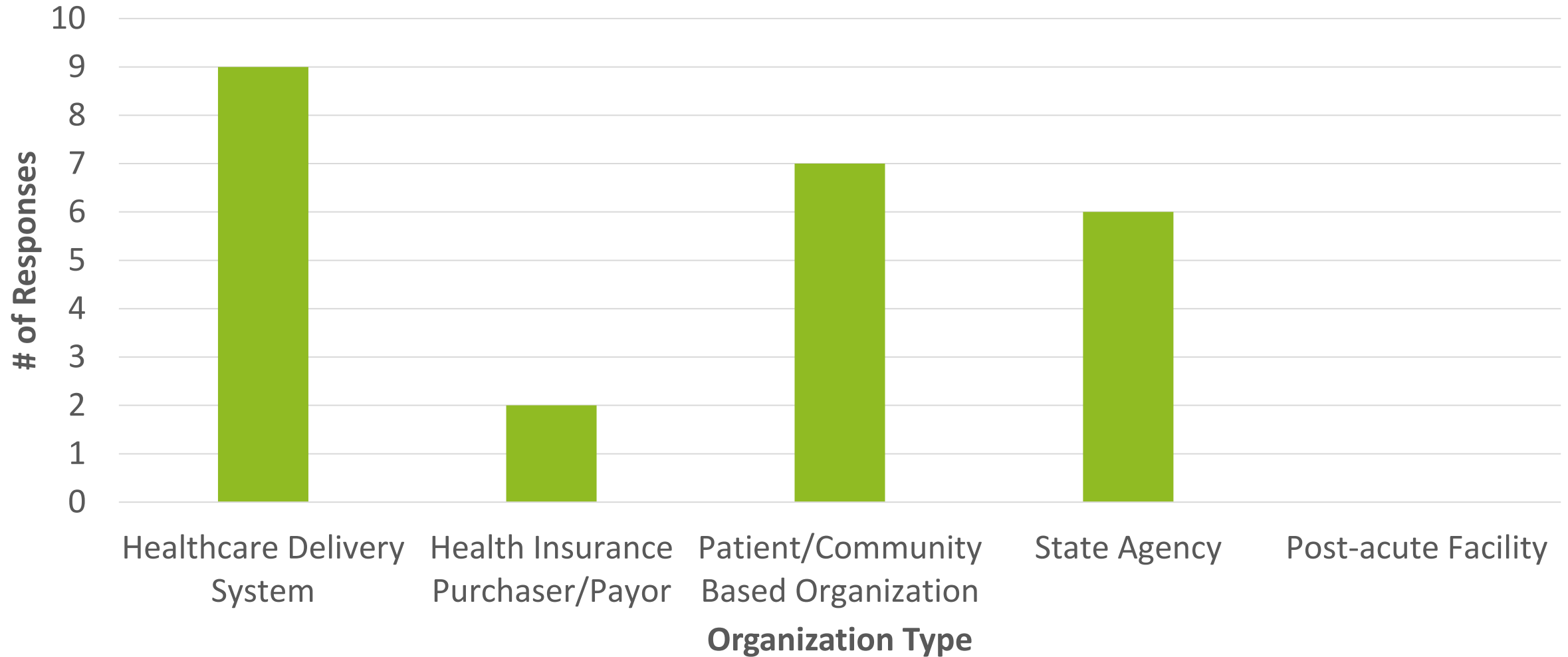
Oncology

Tobacco/Nicotine Cessation and Lung Cancer Screening

Prostate Cancer Screening REVISION

Oncology Care REVISION

Public Topic Nominations, N=24



Public Topic Nominations



Behavioral Health

Improve primary care quality and reporting capacity for depression using measurement based care

Influencing prescribing and monitoring practices for SSRIs

Pediatric autism diagnosis and support post diagnosis/support for rural communities

Prescribing opioids for post-op pain revision

Chronic Conditions

Kidney Care

Prediabetes

GLP-1s for weight loss/GLP-1 receptor agonists usage for health conditions including obesity in adults and children

Transitions of Care

Transitions of care to the community after inpatient hospitalization

Public Topic Nominations



Reproductive Health

Perimenopause and Menopause

Paying for perinatal care driving/incentivizing evidence-based clinical care and outcomes and equity

STIs

Surgery

Lumbar fusion revision

Managing Pain

Low back pain revision

Public Topic Nominations



General

Management of clinically uncertain diagnoses

Collective wellbeing/strengthening families and communities

Governor Board and Commission Oversight

Vaccine hesitancy/immunizations

Access & affordability of dental care – annual maximums – dental fear and hesitation/preventive services

Social Needs

Loneliness/social isolation

Health literacy

Food security and nutrition

Housing/homelessness

Topics with Overlap (Bree + Public)



| Topic Name |
|------------------------------|
| Weight Health |
| Kidney Health |
| Perimenopause/Menopause |
| STIs (syphilis specifically) |
| Vaccinations |

Topic Selection Worksheet



- Oncology Care Revision
- Alzheimer's and Other Dementias Revision
- Kidney Health
- Perimenopause and Menopause
- Measurement-based Depression Care
- Treatment of Chronic Pain for People with OUD
- Gestational Diabetes
- Lung Cancer Screening/Tobacco Cessation
- Pediatric Autism
- Weight Health

| Topic | Overview | Proposed Scope | Potential Partners | Unique Bree Impact |
|-----------------------------|--|---|---|---|
| Kidney Health | Chronic kidney disease (CKD) affects over 1 in 7 adults, yet nearly 90% are unaware they have it. CKD-related mortality in Washington State rose by about 50% from 1999–2020, with 6.2 deaths per 100,000 in 2022. Diabetes and high blood pressure are leading risk factors. Cardiovascular causes account for highest percentage of mortality, and Black patients and other marginalized racial and ethnic groups are disproportionately affected. | Consensus on best practices and health system infrastructure for appropriate screening for kidney disease and treatment Identifying quality measures/metrics that can be used to monitor system-level care quality and align incentives | DOH, HCA, Primary care, Health plans (Regence), NW Kidney Council | Bree could build consensus around evidence-based practices for early identification and intervention for kidney disease, provide practical infrastructure recommendations to streamline screening/report results and identify quality measures for monitoring of quality kidney care at the system level and align payor incentives, and promote team-based care following chronic care model |
| Perimenopause and Menopause | Each year, about 1.3 million individuals enter menopause, yet over one-third with symptoms go undiagnosed. Fewer than 20% are identified before menopause, with rural residents facing greater barriers to treatment. Symptoms often affect daily life, and proper management is crucial for long-term health. Clear perimenopause and menopause care guidelines could improve outcomes and quality of life in Washington state. | Consensus of best practices for patient and provider education, identification and diagnosis of menopause and perimenopause, and available treatments Identification and implementation of quality measures for menopause care Identifying menopause-friendly employer policies | Primary Care, OB-GYN, Plans, Employers, WHA | Bree could build consensus around evidence-based practices, to address knowledge/education gaps, standardizing quality measures relevant to menopause care, and promoting supportive employer practices |

Perimenopause and Menopause



Over 1 million people enter menopause each year, yet many experience symptoms for months/years before diagnosis with many peoples' symptoms remaining un-mitigated, impacting quality of life, longevity, and overall health.

Bree's Unique Impact

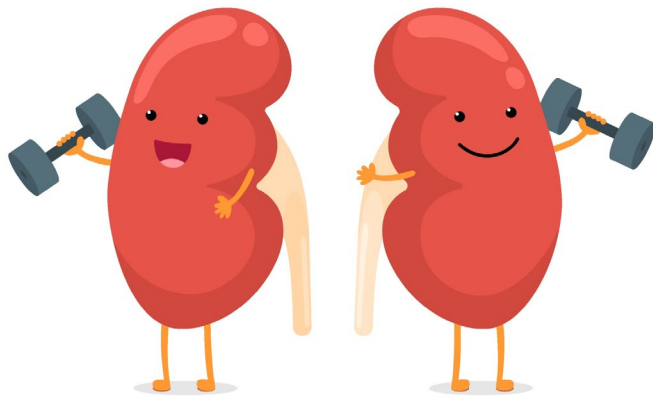
- Address broad variation in care associated with major changes in evidence recent years
- Build consensus on best practices, address knowledge/education gap
- Standardize quality measures relevant to menopause care
- Promote shared decision making
- Address roles and impacts across the spectrum (provider, employer, etc.)



Kidney Health



Kidney disease often goes undiagnosed, disproportionately impacts marginalized communities, and has been causing increased mortality/morbidity and cost in Washington state, largely driven by cardiovascular causes.



Bree's Unique Impact

- Elevate awareness of huge missed opportunity to reduce population morbidity/mortality and costs
- Consensus on & streamline infrastructure to support early identification and intervention
- Identify quality measures, align payor incentives, and promote team-based care

Alzheimer's and Other Dementias Revision



By 2040, dementia cases are predicted to double in Washington, many of which can be prevented or delayed through addressing modifiable risk factors and cared for better through improved diagnosis and wrap-around care models.

Bree's Unique Impact

- Uniquely positioned to convene the many partners needed to support patients and families with this complex condition
- Update state of the science and develop consensus on best practices
- Promote coverage model supporting caregivers and team-based care



Oncology Care Revision



Nearly 40% of people will be diagnosed with cancer in their lifetime, and rising rates of preventable emergency room visits/hospitalizations highlight the need to address complications/side effects of novel cancer therapeutics



Bree's Unique Impact

- Update consensus guidelines on best practices to avoid ED/hospitalization for patients receiving novel cancer therapeutics, bringing perspectives and addressing roles of multiple partners in the system
- Align payor strategies to support and/or reward prevention of avoidable admissions/ED visits

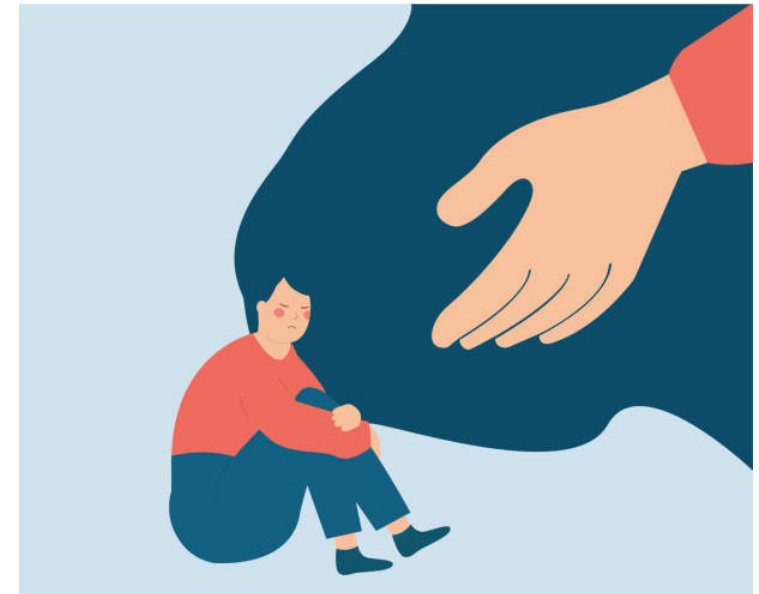
Measurement-Based Depression Care



Almost 1 in 4 people in Washington experienced depression in 2020; measurement-based depression care can effectively reduce symptoms severity but requires sustained system-level implementation support for widespread adoption.

Bree's Unique Impact

- Promote evidence-based guidelines for measurement-based depression care
- Support implementation of quality measurement and reporting
- Facilitate use of depression remission in VBP arrangements



Treatment of Chronic Pain for People with OUD



About half of people living with OUD also experience chronic pain, facing compounded stigma and limited provider expertise in managing co-occurring conditions



Bree's Unique Impact

- The Bree and AMDG are uniquely situated to fill an important knowledge gap for providers
- Reduce cost-related barriers to non-opioid and nonpharmacological treatments
- Address compounded stigma and bias in the healthcare system through education, training and policies

Gestational Diabetes (GDM)



Gestational diabetes affects about 7% of pregnancies, disproportionately impacts marginalized communities, and raises risk for both parent and child; early prevention, identification and management can significantly improve outcomes

Bree's Unique Impact

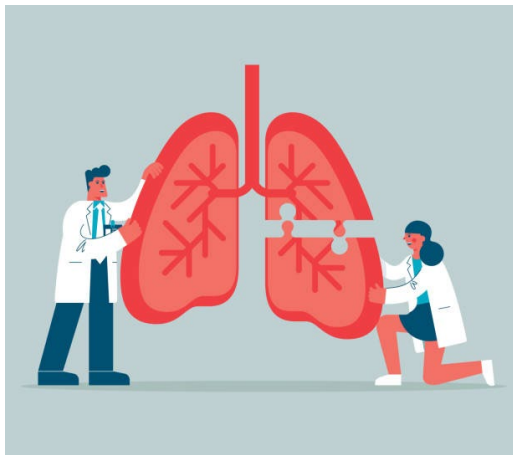
- Multi-partner approach needed to improve outcomes
- Build consensus on prevention, screening and care through pregnancy and beyond
- Reduce administrative or cost barriers to care
- Sustainability of change through VBP arrangements/quality monitoring



Lung Cancer Screening (LCS)/Tobacco Cessation



Early detection significantly raises lung cancer survival rates, but few eligible people get screened; smoking-related healthcare costs are in the millions, and evidence-based interventions are inconsistently offered and used.



Smoking cessation



Bree's Unique Impact

- Provider and system barriers could be addressed through multi-stakeholder approach
- Address patient and provider knowledge gaps
- Build consensus on standards and systems for screening, documentation and referrals
- Reduce payor barriers to cessation products and LCS, and address quality infrastructure for LCS

Pediatric Autism (ASD)



Autism affects about 1 in 31 8-year-olds in the U.S., disproportionately impacts marginalized populations and with significant challenges in accurate diagnosis and access to evidence-based therapies

Bree's Unique Impact

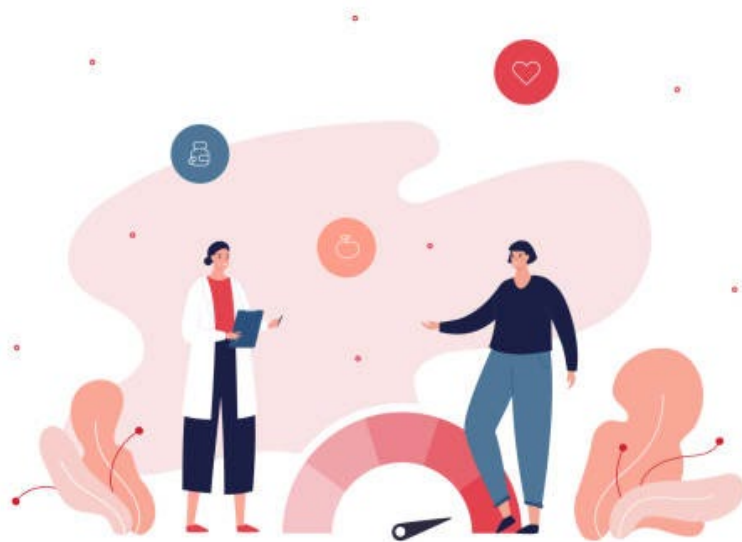
- Reduce clinical variation in screening and diagnosis
- Identify existing evidence-based interventions/promising practices
- Provide practical guidance for patients with limited care access
- Align payors providing access to interventions with best evidence and support for patients and caregivers



Weight Health



Over 65% of Washingtonians experience overweight or obesity, facing stigma in healthcare and disparities in evidence-based care; comprehensive medical management can support weight health optimization and reduce chronic disease risk



Bree's Unique Impact

- Build consensus on best practices for patient-centered medical management of weight
- Address systemic weight stigma and disparities in preventive care
- Uplift comprehensive coverage for a range of weight management options
- Promote inclusive employer practices

Bree Member Additional Input



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Public Comment

Voting Instructions & Next Steps



- Only Bree Members confirmed by the Governor's office may participate in official voting
- Pick your **TOP 3 TOPICS**
- The order does not matter
- Results will be displayed for further discussion

CONFIRMED BREE MEMBERS ONLY

Voting Round 1



RESULTS



Keep in Mind...



For each potential topic, ask yourself:

- What key gaps or barriers are preventing improvement in Washington?
- What unique role would Bree have in improving outcomes for each of these topic ideas?
- What are the relevant initiatives in Washington? Could we build on existing efforts?
- What knowledge gaps remain before choosing this as a topic for 2026?

Public Comment

CONFIRMED BREE MEMBERS ONLY

Voting Round 2



RESULTS



Next Steps & Closing



Awards



 FOUNDATION FOR Health Care Quality

We are happy to announce this year's winners

2025

MOUNTAIN CLIMBER AWARD



 **COMMUNITY HEALTH PLAN** of Washington™

Diabetes

 **KAISER PERMANENTE** OF WASHINGTON

Perinatal Behavioral Health

 Virginia Mason Franciscan Health™
A member of CommonSpirit

St. Francis Hospital

Perinatal Behavioral Health

Bree Member September Retreat



- **September 24th, 11AM-3PM IN PERSON**

- **Location TBD, Lunch provided!**

*Hybrid/virtual options will be available if unable to attend in person

Please let Bree Staff know if you are interested in presenting one of our topic choices in September!

Upcoming Events



- Wednesday July 30th 12-1PM - **Using Bree Collaborative Guidelines and Metrics to Inform Provider-facing Opioid Prescribing Dashboards**
- Wednesday July 30th 1-2PM - **Errors, Emotions and Ethics: CRP & Caring for the Caregiver**
- October 16-17th 8AM-1PM – **22nd Annual Washington Patient Safety Conference**

