

Goal: Identify top 6 topics for consideration in next round of voting

Topic	Overview	Proposed Scope	Potential Partners	Unique Bree Impact
Oncology Care Revision	About 2 in 5 people will be diagnosed with cancer in their lifetime. In 2018, total breast cancer incidence for those assigned female at birth was 17%, and prostate cancer was 22.1% for those assigned male at birth. Preventable ED visits among patients with cancer have increased from 1.8 million to 3.2 million from 2012-2019. With advancement of cancer treating technology, new unique complications and side effects may present.	Reviewing/revising risk assessment and care management guidelines for potentially preventable ED visits/hospitalizations related to cancer care Consensus guidelines for preventing ED/hospitalization for patients using novel cancer therapeutics (immunotherapy, novel radiation techniques)	WHA, Cancer Action Coalition, Fred Hutch, HCA, Emergency Medicine, United Healthcare	Bree could 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. Include payor strategies to support/reward prevention of avoidable hospital admissions.
Alzheimer's and Other Dementias Revision	By 2040, over 12% of Washington's population will be over 80, doubling dementia cases since 2020. Modifiable risk factors account for 45% of preventable or delayable cases. New therapies and diagnostic tools can help slow progression, while innovative care models offer comprehensive support for patients and caregivers.	Identifying and intervening on modifiable risk factors for Alzheimer's/other dementias Use of new diagnostic tools and biomarker testing for improved process of diagnosis Best practices for novel pharmacotherapies Comprehensive coverage for wrap-around care of patient and support system	HCA, Dementia Action Collaborative, Employers	Bree could update the state of the science, develop consensus on best practices, and promote coverage model aligned between Medicaid and commercial that includes caregiver support and team based care. Outcomes in this complex condition depend on many partners (patients/caregivers, providers, insurers) working together; Bree is able to bring all these together to develop actionable solutions.

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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 management. Provider and patient education re importance and appropriate testing. 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, CMS ESRD Network	Elevate awareness of huge missed opportunity to reduce population morbidity/mortality and costs. Build consensus around evidence-based practices for early identification and intervention, including practical infrastructure to streamline screening/report results, identify quality measures, align payor incentives, and promote team-based care.
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 management aligned to patient needs/preferences 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, ID and Dx of menopause/perimenopause, and available treatments Identification and implementation of quality measures for menopause care Identifying menopause-friendly employer policies Shared decision making in selecting individualized treatment options	Primary Care, OB-GYN, Plans, Employers, WHA	Address broad variations in care associated with major changes in evidence in recent years. Bree could build consensus around evidence-based practices, address knowledge/education gaps, standardize quality measures relevant to menopause care, promote shared decision making, and promote supportive employer practices. Address roles and impacts across the spectrum (individual, provider, employer, etc)

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Measurement-Based Depression Care	Age-standardized prevalence of depression in Washington state was 23.5% in 2020. Measurement based care is efficacious at decreasing depression severity, promoting remission and improving medication adherence for those treated with pharmacotherapy. System level implementation support is needed to sustain use of routine MBC in care for people with depression.	Evidence-based checklist of strategies to adopt MBC for depression Building system capacity to provide integrated depression care	AIMS Center/UW, HCA's PMCC, Kaiser Permanente, Healthier Here (ACHs)	The Bree could promote evidence-based guidelines for measurement-based depression care, implementation support of quality measurement and reporting, and facilitate use of depression remission in value-based payment arrangements.
Treatment of Chronic Pain for People with OUD	Around 140,000 people in Washington (1.75% of the population) 12+ have opioid use disorder. The prevalence of chronic pain in patients undergoing treatment for an OUD is generally estimated to be between 55% and 62%. Many people with OUD and chronic pain face compounded stigmatization and bias, and many providers are not versed in care for co-occurring pain for people with OUD.	Review of available evidence-based treatments of chronic pain in patients with OUD Strategies to reduce cost barriers for patients to barriers to nonpharmacological treatments Addressing intense stigmatization of people with OUD with chronic pain in clinical settings	AMDG, DOH, ADAI, pain clinics, OTPs, HCA, WSHA	The Bree and AMDG are uniquely situated to fill an important knowledge gap for the provider community in how to care for these patients. Would identify and promote best practices, also engage multiple stakeholders to eliminate/reduce cost-related barriers to non-opioid and nonpharmacological treatments for pain, and address stigma and bias associated with pain and SUDs through education, training and policies in clinical settings

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Gestational Diabetes (GDM)	Gestational diabetes (GDM) affects about 7% of pregnancies, with higher rates among certain racial and ethnic groups. GDM increases the risk of type 2 diabetes for birthing individuals and raises the chance of complications such as preeclampsia, premature birth, and C-section. Early prevention, detection, and intervention can reduce perinatal risks and future diabetes.	<p>Promotion of early screening for GDM in pregnancy, access to nutritional counseling and early referral to maternal fetal medicine (MFM) as needed</p> <p>Identification and implementation of quality metrics in VBP arrangements</p> <p>Reducing cost-related barriers to GDM pharmacological and nonpharmacological interventions</p> <p>Employer GDM-friendly accommodations and coverage for diabetes prevention programs.</p>	DOH, Microsoft, HCA, Primary Care, OB-GYNs, American Diabetes Association	Multi partner approach is needed to improve outcomes. Bree could build consensus around evidence-based best practices for GDM prevention, screening, and care through pregnancy and beyond. Address reduction of administrative or cost barriers to care. Enable sustainability of change by addressing quality measures for use in VBP arrangements and quality monitoring. Recommend employer accommodations for individuals with GDM.
Lung Cancer Screening/Tobacco Cessation	About 15% of at-risk Washingtonians receive lung cancer screening, despite 5-year survival rates being six times higher with early detection. Smoking-related health costs total \$2.8 billion annually. Barriers to cessation include limited provider time and coverage gaps for medications, and screening rates remain low due to inconsistent documentation.	<p>Evidence-based guidelines for screening for patients at high risk, screening process and potential standardization of documentation and quality measures</p> <p>Payor policies to remove barriers to comprehensive lung cancer screening and tobacco cessation interventions</p>	Washington Cancer Action Coalition, VMHC, Fred Hutch, HCA, UW Health Systems and Pop Health	Bree could address patient and provider knowledge gaps; facilitate standards and systems for screening, documentation and referrals, and promote evidence-based tobacco cessation practices. Bree could also work with payors to reduce barriers to cessation products and screening, address quality infrastructure for LCS.

				measures/metrics for use in payment arrangements.
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Pediatric Autism Spectrum Disorder	Overall prevalence 1 in 31 8 year olds identified with ASD (1 in 20 for boys). Prevalence ranges by race/ethnicity as well, with highest rates in AAPI and AIAN communities. People with autism may have many different symptoms that leads to difficulty with accurate diagnosis as providers receive limited training and education. Access to evidence-based therapies for ASD is limited and varies widely, and specialty services have long wait times.	<p>Evidence based best practices for health systems for accurate screening, diagnosis and referral for evaluation</p> <p>Identification of existing interventions with best evidence-base, and promising practices for patients without access to specialty care.</p> <p>Payor strategies to increase access (e.g., telehealth), coordination support, and identification of patient-centered quality metrics</p>	HCA, UW SPARK?, WCAAP?, Commercial Payors	The Bree could reduce clinical variation in screening and diagnosis by promoting best practices for primary care and behavioral health settings, identify existing evidence-based interventions and promising practices, with practical guidance for patients with access to limited access to specialty care. The Bree also could align payors in providing best available access to interventions for autism and support for patients and their caregivers.
Weight Health	In 2023, over 65% of Washingtonians had a BMI categorized as overweight or obese. Individuals with higher weight experience stigma from the healthcare system and disparities in access to evidence-based treatment (e.g., pap tests). Medical management can reduce weight and risk for chronic conditions, which includes	<p>Weight-related stigma education/training, build consensus on best practices for medical management of overweight and obesity, and improve disparities in preventive measures</p> <p>Employer benefit coverage of nonpharmacological and pharmacological methods of</p>	Multicare, WSHA, Health Plans, UW Obesity/Nutrition Center, WHA, Employers	The Bree could build consensus on best practices in patient-centered medical management, including nonpharmacological and pharmacological methods, address weight stigma and reduce disparities in preventive care. The Bree could also uplift comprehensive coverage of a range of options for weight

	nonpharmacological and pharmacological interventions.	weight management; Weight-friendly employer policies		management, and promote inclusive employer practices.
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Topic	Resources
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