
Bree Collaborative | Surgical Patient OptimizationWednesday July 9th, 2025 | 7-8:30AM**Hybrid**

MEMBERS PRESENT VIRTUALLY

Carl Olden, MD, Central Washington Family
Medicine
Nick Kassebaum, MD, SCOAP
Nawar Alkhamesi, MD, PhD, MBA, FRCS (GEN.
SURG.), FRCS, FRCSEd, FRCSC, FACS, FASCRS
Evan P. (Patch) Dellinger, MD
Andrea Allen, RN, Washington HCA
Rosemary Grant, RN, BSN, CHPQ, CPPS,
Washington State Hospital Association

Edie Shen, MD, UW Medicine/Harborview
Cristina Stafie, MD, Kaiser Permanente
Irl Hirsch, MD, UW Medicine
Tony Roche, MD, Harborview
Ty Jones, MD, Regence
Tiffany Levia, Proliance

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Karie Nicholas, MA, GDip, Bree Collaborative

WELCOME

Carl Olden, MD, workgroup chair, welcomed everyone to the Bree Collaborative Surgical Patient Optimization July Workgroup.

HMC + DUKE ANEMIA OPTIMIZATION

Dr. Olden transitioned the meeting to allow Drs. Shen and Roche to present on anemia optimization clinics.

- Duke University implemented a preoperative optimization program for elective surgeries, with published work with workflow for joint replacement surgery patients expanding to other areas of surgery.
- Identify anemia and treat before the elective surgery, using Hb threshold and provide preop anemia optimization
 - Evaluate for iron deficiency and other causes of anemia, follow up with appropriate treatment
- Duke clinic used POC Hb testing in surgeon clinic - > if anemia, prescribe iron therapy as needed
 - Typically IV iron
 - Evaluate through history and physical, as well as lab tests, to identify underlying cause
 - Severe anemia or other hematologic concerns referred to hematology for further evaluation and management
- Surgical teams need to be on board with importance of anemia optimization – collaboration between surgical clinic, pre-anesthesia clinic and preop anemia clinic – each had specific roles in managing anemia from initial screening to treatment and follow up
 - Follow up study from Duke: significant reduction in transfusions for ortho patients, not for gyn patients (change in LOS for gyn patients)
 - Harborview focusing on identifying and diagnosing anemia early, perform reflexive testing of iron, B12, folate, and initiating treatment for deficiencies starting with spine surgeries
 - Aim to educate providers and ensure appropriate preop planning, risk counseling to adequately prepare patients for surgery

- HMC also designing clinical report that will be generated to identify patients with anemia scheduled for major spine surgery – identify and follow up
- Challenges include the following
 - Early identification can be challenging due to lack of sufficient time for optimization before surgery
 - Need to educate patients and clinicians about benefits of anemia optimization, potential risks of proceeding with surgery in anemic state and benefits of delaying until optimal hemoglobin levels are achieved.
 - Community hospitals with fewer resources may not be able to implement all this themselves – consider specific restraints and resources of each setting

IRON FORMULATIONS

Beth transitioned the group to review iron formulations and cost, inviting Dr. Ty Jones to bring materials forwards reviewing costs:

- Various iron formulations have different costs to delivery systems, patients and plans.
- Prior authorization not required for most formulations in Regence
- Consider associated facility fees for administration, total cost can be significant

Follow-up tasks:

- **Facility Fees:** Investigate and report the facility fees associated with iron infusions. Compare costs of different iron formulations including facility fees to determine most cost-effective option
- **Patient Costs:** Analyze claims data to determine the actual costs seen by patients for iron sucrose infusions.
- **Preoperative Screening Costs:** Provide the costs for preoperative medical evaluations and colorectal cancer screenings at FQHC.
- **Blood Product Costs:** Obtain the cost per unit of blood from blood centers for comparison with iron infusion costs.

PUBLIC COMMENT AND GOOD OF THE ORDER

Carl invited final comments or public comments, then thanked all for attending and their effort. The workgroup's next meeting will be on Tuesday, August 5th from 7-8:30AM, where we will hear from the hospital liaison committee for Jehovah's witnesses and review our anemia guidelines thus far.