

Dr. Robert Bree Collaborative Meeting Minutes
March 26th 2025 | 1:00-3:00
Hybrid

Members Present VIRTUALLY

Emily Transue, MD, Comagine Health, (*chair*)
Sharon Eloranta, MD, Washington Health Alliance
Norrifumi Kamo, MD, MPP, Virginia Mason
Kimberly Moore, MD, Franciscan Health System
Jake Berman, MD, MPH, University of Washington
Susanne Quistgaard, MD, Premera Blue Cross
Judy Zerzan-Thul, MD Washington HCA

Colleen Daly, PhD. Microsoft
Gary Franklin, MD Washington State Department of
Labor and Industries
Colin Fields, MD, Kaiser Permanente

Members Absent

Carl Olden, MD, Central Washington Family
Medicine
Colin fields, MD Kaiser-Permanente
Greg Marchand, The Boeing Company
Darcy Jaffe, ARNP, WSHA

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
Rodney Anderson, MD
Tao Kwan-Gett, MD, DOH
Katina Rue, MD, Trios Health
Ty Jones, MD, Regence
Shima Lawson
Jane Wiseman, SBCTC
Susanna Waldman, WSMA
Amy Laurent, Microsoft
Amy Florence, Premera

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 January.

Motion: Approve January Minutes (Judy), Seconded (Norris)

Outcome: Unanimously approved September Minutes

SHARE-OUT SESSION

Dr. Transue then invited members to share challenges that their systems are currently facing and any strategies used to overcome them.

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.

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.

- Updates to the Evaluation program in 2025
 - Measurement Bank
 - Webinar series on evaluation tools
 - Building dashboards on report implementation and evaluation
 - Prioritizing perinatal behavioral health first
 - Moving forward, looking to build dashboards for all reports and guidelines moving forward
 - Creating evaluation forums for evaluators to meet and confer on the use of the guidelines and evaluation tools
- Case study development
 - Everett Clinic – Opioid Metrics, estimated completion June 2025
 - ESD 105 – Asthma report, estimated completion Summer/fall 2025
 - Confluence – Diabetes estimated completion Summer 2025

2025 WORKGROUP UPDATES

FIRST EPISODE PSYCHOSIS

Dr Transue transitioned the meeting to Beth Bojkov, MPH, RN, to provide updates to the FEP workgroup

- The workgroup has identified focus areas around the following:
 - Early detection & rapid access
 - Effective/easy screening for psychosis
 - Improved outreach for patients with serious mental health concerns
 - Payment parity
 - Improvements in treatment
 - Individualized treatment plans
 - Clinical high risk groups and late-onset psychosis
 - Regional adaptations
 - Increased use of long-acting injectables
 - Transitions of care
 - Coordinated transitions of care
 - Step-down services for CSC
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SURGICAL OPTIMIZATION

Beth transitioned to talking about Surgical Optimization workgroup progress. The workgroup identified the following focus areas:

- Preoperative anemia management
 - Early identification and diagnosis
 - targeted treatment
 - nutritional optimization
 - coordination of multidisciplinary care
 - monitoring before surgery
 - population level management of blood products
- Perioperative management of glycemic status
 - Early and accurate screening for glucose dysregulation
 - glucose monitoring
 - stress and inflammation management
 - pharmacological interventions
- Payment reform
 - value-based payment
 - anemia and glycemic status employer screenings
- Multidisciplinary collaboration/communication
 - Primary care and surgical providers collaboration

Questions

- Looking good so far, what we're curious about is the handoff between intraoperative management and postoperative management; Fall into bucket after surgery – Surgical team reluctant to care for glucose management in the days after procedure
 - This is something we want to talk about through the group
- Upstream risk stratification – how much of that is communications/coordination between PCP and specialist in identifying people that need additional risk management prior to surgery, or population risk management tools ahead of surgery to identify those individuals and set them on a pathway ahead of surgery

BLOOD PRESSURE CONTROL EQUITY

Beth transitioned to reviewing Blood Pressure Control Equity workgroup progress. The workgroup has identified the following focus areas:

- Blood Pressure Screening
 - Accurate, guideline-aligned screening & diagnosis
 - Community outreach (employer strategies)
- Individualized Blood Pressure Management
 - Culturally congruent practices
 - Self-monitoring programs
 - Connection to resources for social needs
 - Reducing financial barriers to individualized care
 - Patient-centered practices (e.g., SDM)
- Integrated Team-Based Care
 - Non-physician led team members and roles
 - Medical neighborhood/home integrated care

- Access to care (geographic distribution, number of providers, telehealth)
- Payment models to support team-based care
- Equitable Quality Improvement
 - Internal data collection/registries maintained for quality improvement
 - Equity-centered quality improvement programs
 - Improving Provider Responsiveness

REPORT CATEGORIZATION SCHEMA

Dr Transue transitioned the meeting to reviewing the report categorization schema.

- The Problem: Since 2011, the Bree Collaborative has published over 40 different sets of reports and guidelines. Some we've revised and updated, (like Treatment for OUD or TKR/THR) but most we haven't. This means we have some reports and guidelines that are up to date/reflect current best practices, and others that are out of date/no longer relevant without distinguishing between them.
- Constraints: Bree staff time to review current practice guidelines on an annual basis
- Proposed Solution: Introduce a categorization method for published reports

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

Discussion:

- Overall positive feedback for the schema
- Bree members request a system or process for identifying reports within the 5 year category that might need updates before they reach 5 years of age
- The group discussed the LGBTQ+ report and guidelines and SDM as potentially being up for reaffirmation. The Collaborative will revisit these reports next meeting when we have met a quorum.

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**