

Dr. Robert Bree Collaborative Meeting Minutes
July 23rd 2025 | 1:00-3:00
Hybrid

Members Present

Emily Transue, MD, Comagine Health, (*chair*) (*in person*)
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
Carl Olden, MD, Central Washington Family Medicine
Norrifumi Kamo, MD, MPP, Virginia Mason
Kristina Petsas, UHC

Kristina Petsas, MD, United Healthcare
Mary-Kay O'Neill, MD
Darcy Jaffe, ARNP, WSHA

Members Absent

Colin fields, MD Kaiser-Permanente
Greg Marchand, The Boeing Company
June Alteras, MN, RN, Multicare

Staff, Members of the Public

(15)

Beth Bojkov, MPH, RN, FHCQ
Karie Nicholas, MA, GC, FHCQ
Ginny Weir, MPH, FHCQ
Tao Kwan-Gett, MD, DOH
Katina Rue, DO
Shima Lawson
Susanna Waldman, WSMA
Jennifer Flickinger, Boston
Ariel Oksendhal
Helena Hufnagel, HCA (proxy for Judy)
Nancy Connolly
Sydney Y. Rogalla
Tanya Bardyn
DH
Terra
TVW Streaming
Ty Jones
Rodica Pop (Proxy)
Kat W
Shawna Altmiller
Amy Laurent

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 May Minutes

Outcome: Unanimously approved May Minutes

LGBTQ+ REPORT UPDATES

Beth reviewed changes to the LGBTQ+ report and guidelines (2018):

- Pediatrics HEADSSS assessment
- Recommended syphilis screening frequency
- HIV screening recommended every 2 months for those on carbotegravir
- Approval of lenacapavir Q6month injection for PrEP (FDA approved mid June 2025) and recommended HIV screening
- Doxy-PEP Primary care guidelines
- Recommendations needed for anal cancer screening, conducting a DARE, anal cytology, and high resolution anoscopy (ANCHOR Study published in 2022)
- Immunization for HPV recommended through age 45 for people living with HIV
- Cervical cancer screening recommended every 3 years for people living with HIV

Bree staff requested questions from Bree Collaborative members, and request for public comment.

- HHS guidelines have been removed – need to find new links

Motion: Reaffirm LGBTQ+ Guidelines

Outcome: Unanimously reaffirmed LGBTQ+ Guidelines

EVALUATION UPDATES

Emily Transue transitioned the meeting to reviewing some feedback from partners on evaluation. Some key challenges and barriers to our reports and guidelines have been:

- 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 – CEUs available
- Innovation

Some examples of ways the Bree can set ourselves up for success in our reports and guidelines are the following:

- 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 goals and value add

Feedback that stakeholders have provided to our report and guidelines in the past:

- Employer payors are ahead of the curve on their benefits design
- Topics that are priority to companies with a global footprint and to small, rural organizations

- Legal/regulatory barriers not addressed in Bree recommendations
- Room for innovation, they are not innovative enough for some stakeholders and too innovative for others
- Profitability
- Importance to providers

2026 TOPIC SELECTION

Dr. Transue transitioned the meeting to begin the process of topic selection for 2026. To begin the conversation, she reviewed some data from our reporting initiative to show where we've made progress in the past.

24 organizations with over 42 different delivery sites reported partial or complete adoption of Bree Guidelines as of June 2025. Organizations represent health plans, health systems, hospitals, employers, educational service districts, critical access hospitals, networks, QI organizations, chiropractors and state agencies. Data is limited in its reach across the state, and reflects a bias toward more recently published 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%

A map that shows the distribution of reporting organizations can be found here:

<https://www.qualityhealth.org/bree/evaluation/bree-collaborative-reporting-initiative/>

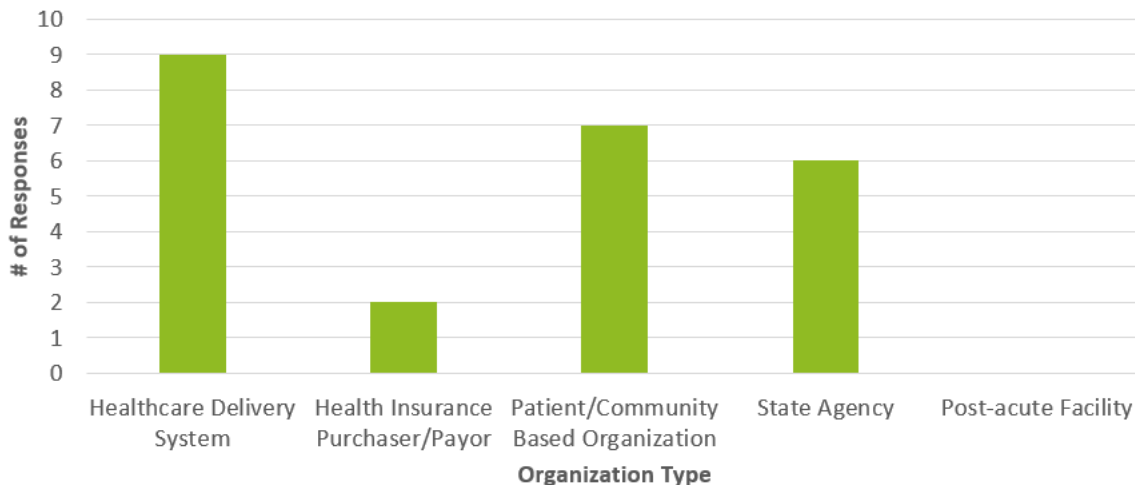
Dr. Transue then transitioned to reviewing the process for selecting our 2026 topics.

- Review Bree and public topic nominations
- Review top 10 topics selected by Steering Committee in more detail
- Engage in discussion with Bree members
- Engage in first round of voting to identify top 6 topics
- Continue discussion as needed
- Engage in second round of voting to identify top 6 topics, as needed.

Dr. Transue then reviewed the Bree and public topic nominations for 2026. Topics with overlap between Bree and Public are highlighted in yellow.

- Bree

- Perinatal opioid use and postpartum opioid use disorder treatment for birthing parent and newborn
- Management of overweight and obesity
- Kidney health
- Treatment of chronic pain in patients with opioid use disorder
- Perimenopause and menopause
- Gestational diabetes
- Transitioning care for people released from carceral settings
- Identifying and addressing health-related social needs in care delivery
- Access to claims data on BH/MH
- Trauma-informed care
- 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
- Tobacco/nicotine cessation and lung cancer screening
- Prostate cancer screening revision
- Oncology care revision
- Public (N=24)



- Revision of Low Back Pain- last visited in 2013
- Improve primary care quality and reporting capacity for depression using measurement-based care
- Kidney Care
- Paying for perinatal care driving/incentivizing evidence-based clinical care and outcomes and equity
- Perimenopause
- Pediatric Autism Diagnosis and Support post diagnosis
- Immunizations, STIs, long term care/health homes, BCS-E, SNS like homelessness/housing instability.
- Prediabetes
- Lumbar fusion- revision
- Low back pain- revision
- Prescribing opioids for post op pain- revision
- HEALTH LITERACY. Health care all starts and ends with patients making choices.
- Management of Clinically Uncertain Diagnoses
- Transitions of care to the community after inpatient hospitalization
- Prioritize food security and nutrition to improve health outcomes
- GLP-1s for weight loss
- Loneliness and lack of social connection
- Influencing prescriber monitoring for SSRI's
- Collective well-being. Strengthening families and communities' abilities to generate the common

- good
- Autism support services in rural communities. Home healthcare services in rural communities.
- GLP-1 Receptor Agonist usage for health conditions including obesity in adults and children
- Access & affordability of dental care -annual maximums -dental fear/hesitation -preventive services
- Vaccine Hesitancy

Dr. Transue then provided a brief overview of each of the top 10 topics selected by the Steering Committee and a summary of the unique impact the Bree could have in this area, which can be found on the topic selection worksheet: <https://www.qualityhealth.org/bree/wp-content/uploads/sites/8/2025/07/Topic-Selection-Worksheet-Final.pdf>

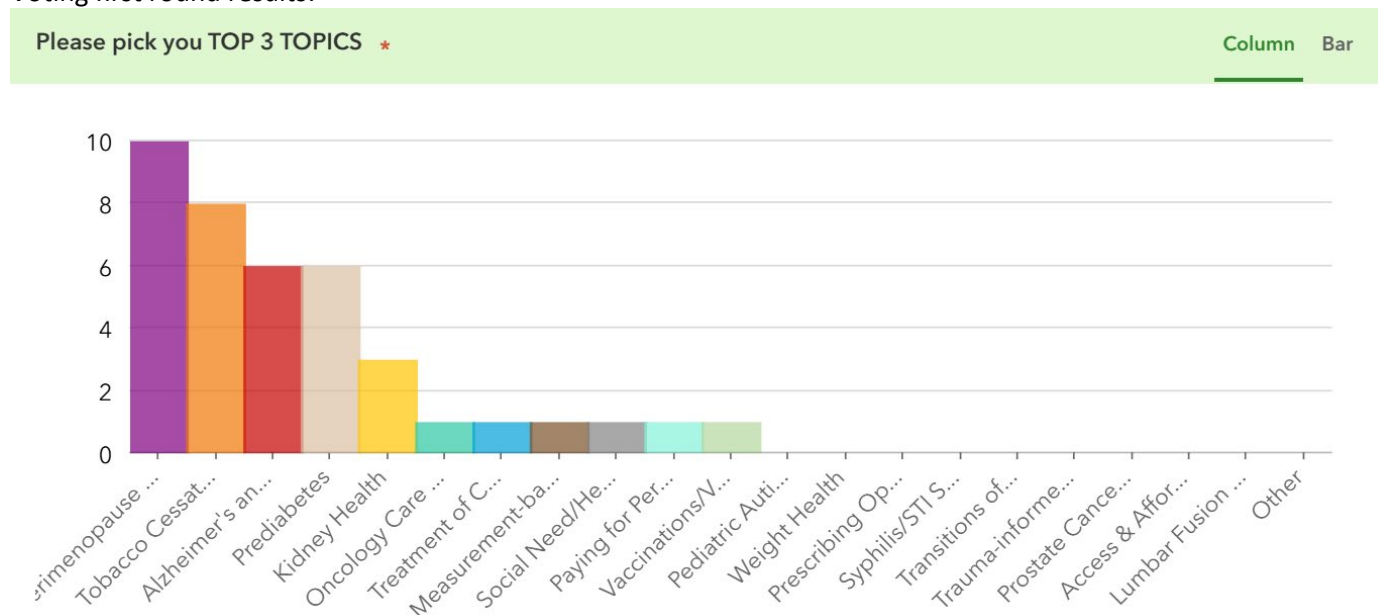
Discussion:

- Dr. Kwan-Gett mentioned the new DOH leadership is extremely interested in bridging public health and health care systems to have an impact on Washington state's health
- Gary stated he submitted the Chronic Pain for people with OUD topic, and in light of DOH's new priorities advocated for more upstream topics
- Several supported Perimenopause/menopause, lots of knowledge gaps in this area and priorities for employers, good topic because such an impact in workplace
- HCA not enthusiastic about weight health or pediatric autism topics, still evolving research and best practices in this area
- Advocacy for tobacco cessation/lung cancer screening in that there are evidence based treatments just not being utilized, and could be better infrastructure for identification and screening, smoking seems to be becoming more popular, would be a great partnership with public health and the healthcare system
- Colleen advocated for perimenopause/menopause and gestational diabetes, Microsoft working in both of these areas, some racial/ethnic populations have higher burden of gestational diabetes
- Gestational diabetes also could be partnership with public health systems, and has impact on life expectancy for many marginalized groups, 85,000 births per year in WA so it's a big population to focus on
- Suggestion to use statewide EMR API to allow data collection of health related social needs which spans multitude of topics and could improve care across many populations that are disproportionately impacted. Aligning stakeholders across the state to develop an information highway could be super helpful for all topics.

Public Comments

- Nancy C. provided public comment advocating for loneliness and social isolation as a topic. There's aren't many active interventions, but it contributes to behavioral health concerns and physical health (dementia, cardiac disease, etc.) difficult to study but extremely impactful
- Jennifer F. with Boston Scientific, advocating for nonopioid alternatives for procedures that are minimally invasive to reduce use of opioids

Voting first round results:



Discussion:

- Vaccines and vaccine hesitancy: dealing nationally with largest # of measles cases for many years, and may lose status as a country that has eliminated measles. Vaccine hesitancy is a challenge across many communities. Is an area that has lots of opportunity between healthcare providers and public health.
 - Other members advocated for vaccines as vaccine hesitancy is hard to tackle, and concerns around vaccine supplies could be a concern moving forward.
- Don't want to reach final list today, want to collect a bit more information about each of these topics before we make final decision.
- Dr. Transue proposed developing the top 5 choices and vaccines/vaccine hesitancy for September, and asked for objections from Bree members. No objections were submitted.
- Dr. Transue provided final opportunity for public comment, and no comments were raised.

Final Top 6 to be discussed in September:

- **Perimenopause and menopause**
- **Tobacco cessation/lung cancer screening**
- **Alzheimer's and dementias revision**
- **Gestational Diabetes**
- **Kidney Health**
- **Vaccinations/Vaccine Hesitancy**

CLOSING, PUBLIC COMMENT AND NEXT STEPS

Dr. Transue thanked those who attended, provided an opportunity for Karie to share that next meeting we will be recognizing the organizations that received the Mountain Climber award, reviewed upcoming events and closed the meeting. Next Bree Collaborative Meeting: **September 24th 11AM-3PM**