

**Bree Collaborative Meeting**  
September 24<sup>th</sup> 2025 | 11:00AM-3:00PM  
**Hybrid**

---

**MEMBERS PRESENT**

---

Emily Transue, MD, Comagine Health, (chair)  
Jake Berman, MD, MPH, University of Washington  
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  
Norifumi Kamo, MD, MPP, Virginia Mason  
Colin fields, MD Kaiser-Permanente

Drew Oliveira, MD, WHA  
Arooj Simmond, MD, Providence  
Darcy Jaffe, ARNP, WSHA  
Rodney Anderson, MD, FCN  
Tao Kwan-Gett, MD, DOH  
Katina Rue, DO, Team Health  
Nicole St. Clair, MD, Regence  
Kristina Petsas, MD, UHC  
Susanne Quistgaard, MD, Premera Blue Cross

---

---

**MEMBERS ABSENT**

---

Greg Marchand, The Boeing Company  
June Alteras, MN, RN, Multicare

---

**STAFF AND MEMBERS OF THE PUBLIC**

---

Beth Bojkov, MPH, RN,  
FHCQ  
Karie Nicholas, MA, GC,  
FHCQ  
Emily Nudelman, DNP,  
RN, FHCQ  
Ginny Weir, MPH, FHCQ  
Cyndi Tefft, MSFT  
Barbara

Shawna Altmiller  
Kelle Dragich  
Ty Jones  
Kristin Bohreer, RN  
Hillary Norris, WSMA  
Jamie Teuteberg, HCA  
Kristin Villas WAHBE  
Tina Asiimwe, Kaiser Permanente

---

**WELCOME**

---

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 July Minutes

***Outcome:*** Unanimously approved July Minutes

---

**AWARD PRESENTATION**

---

Beth transitioned the meeting to Ginny Weir, CEO, FHCQ and Dr. Emily Transue to present this year's Mountain Climber awards for Health Equity to three organizations:

- Community Health Plan of Washington
- Virginia Mason St. Francis Hospital
- Kaiser Permanente

---

**BP SCREENING AND CONTROL**

---

Emily Transue transitioned the meeting to invite Drs. Jake Berman and Norris Kamo to review the progress on the blood pressure screening and control report. The following feedback was provided:

- Incoming community information exchange could support better connection to care
- Bree Collab would like to rely on national guidelines but stay specifically away from a blood pressure target
- Challenge isn't the number, the challenge is the process of blood pressure control
- Important to have monitoring for clinical outcomes using CPT codes
- Need pathways to providing validated BP cuffs – still ironing out
  - Would recommend giving cuffs to primary care providers that they can provide to their patients
  - CHPW does that, but not replicable
- Community organizations are excited to engage with this work

### **FIRST EPISODE PSYCHOSIS**

---

Dr. Transue transitioned the meeting to review the contents of the First Episode Psychosis workgroup, including focus areas, workgroup members and an overview of stakeholder guidelines. Feedback included:

- Do most health plans cover CSC?
  - No, there's lots of interest but lots of structural challenges putting together a case rate
- HCA recommendations may not be specific to HCA, but potentially overlapping with DOH
  - HCA accredits courses in behavioral health
- Access?
  - Access to CSC is limited, if its not available what could a PCP do as a next best thing, lots of conversations about that
  - Had several workgroup members from New Journeys on the workgroup, advocating for more CSC, and provided lots of examples of programs
- Have a wide variety of options available makes the most sense

**Motion:** Place report up for public comment

**Outcome:** Approved for public comment

### **SURGICAL OPTIMIZATION**

---

Dr. Transue transitioned the meeting to allow Dr. Carl Olden to present the surgical patient optimization report and guidelines, including the focus areas, workgroup membership and an overview of stakeholder guidelines. Feedback and questions included:

- All major elective procedures screen for anemia or hyperglycemia?
  - Also looked at risk factors (BMI, age)
  - Not thinking about minor procedures, noninvasive, duration over 90 minutes patients should be screened
- Change the patient decision aid into educational materials: include the Patient decision aid – if you have these significant risks, and should we delay your surgery if there are risks

- Are hypoglycemics addressed?
  - Yes, and carbohydrate drinks. Details being ironed out

**Motion:** Place report up for public comment

**Outcome:** Approved for public comment

## 2026 TOPIC SELECTION

---

Dr. Transue transitioned the meeting to review general administrative instructions for 2026 topic selection, then invite presenters forward in the following order:

One-pagers:

Kidney Health

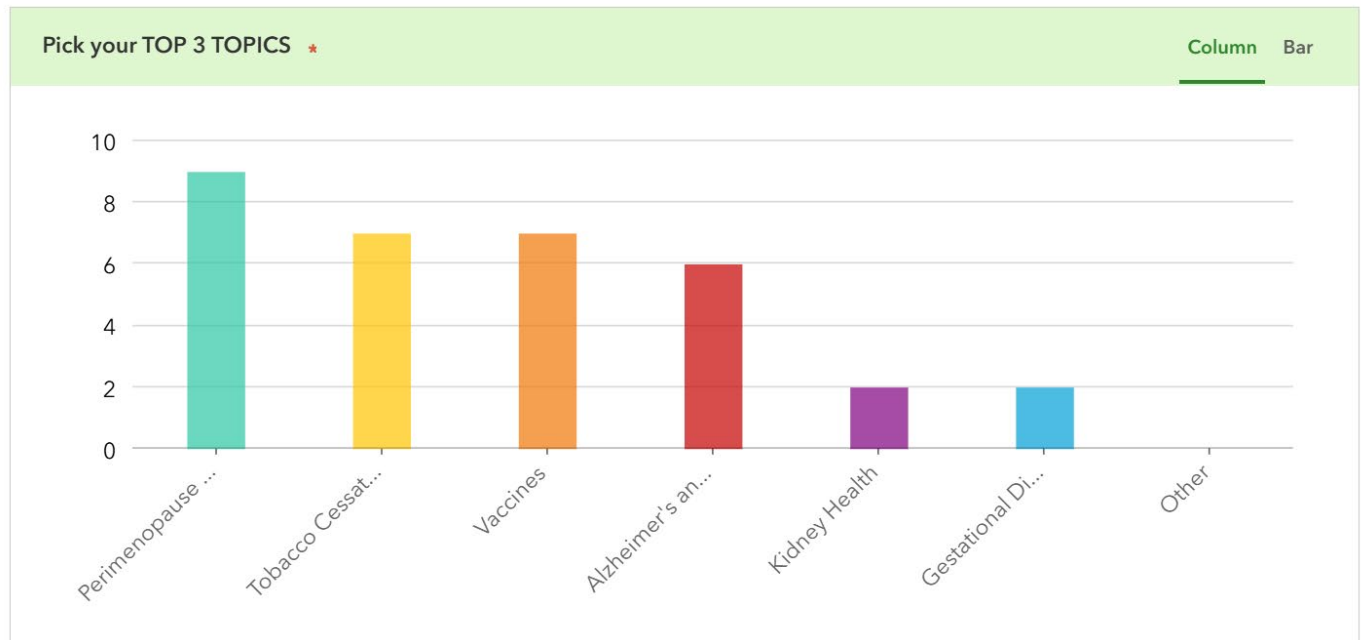
Perimenopause/Menopause

### Presentations

- **Kidney Health:** presented by Dr. Emily Transue
  - Is the case definition clear of when someone has or doesn't have kidney disease?
    - ADA and KDIGO has pretty clear guidelines
  - Would the workgroup look at emerging or potential AI support?
    - Could definitely be in scope
  - Need to broaden scope beyond people that have diabetes,
    - WHA is building infrastructure to monitor screening adequately, proper diagnosis, management, reno-protective drugs, and end-stage primary outcomes reducing cardiovascular events
  - Super important to catch kidney disease upstream
- **Perimenopause/Menopause:** presented by Cyndi Tefft and Dr. Colleen Daly, Microsoft
  - US is behind the UK when it comes to employer space for perimenopause/menopause strategies
  - Large variation across rural/urban and racial/ethnic and income spectrums – people are already not listening to women and their symptoms and that is compounded
  - Huge drop in hormone use after 2002 data that has not proportionately increased since then, there's underuse of treatment
  - Is the Menopause Society certification accepted widely?
    - Used to be the NAMS, as its expanded they've established themselves in addition to ACOG as a voice pulling evidence-based guidelines around a couple topics like hormone therapy. It's accepted but not widely well-known, could use a boost and could fill in some gaps that they don't address
  - Great topic – huge opportunity for education for providers
  - How are these recommendations replicable for employers across the spectrum?
    - Employer piece would be important but not entire report
    - Always a challenge to be sensitive to variation from large systems and small systems
    - Broad in what we talk about and how it would apply in different situations, how can you apply principles across different employers
  - This is a topic where employers are able to do more work in this area
  - Lots of support for perimenopause/menopause
- **Alzheimer's and Other Dementias:** presented by Jamie Tueteberg, HCA
  - Scope: would MCI be within scope for this revision?

- Needs to be part of the conversation, some are diagnosed with MCI and they progress to something more serious
  - There are newer generation of standard diagnostic tools for MCI and dementia, are these within scope? How will these be handled?
    - International conference on diagnostic tools will be important to incorporate that information and see how it applies to WA context
  - Current guideline doesn't have incorrect information but does have incomplete information
- **Lung Health:** presented by Dr. Norris Kamo
  - Any disparities rural/urban?
    - Didn't see anything in the data but would assume there would be some information to say whether or not there are and how big those are
  - Topics are so interrelated, all of them
- **Gestational Diabetes:** presented by Sydney Spencer and Dr. Colleen Daly, Microsoft
  - Is high risk care for folks with diabetes a gap?
    - Gap in the guidance for workplace accommodations for folks with gestational diabetes, depending on job specifics and severity
- **Vaccines:** presented by Dr. Tao Kwan-Gett
  - What are the anticipated changes in coverage for vaccines, and could we potentially have an impact there?
    - Insurance plans have all historically followed the same guidelines in terms of ACIP especially in thinking about cost to members, we participate with vaccine association
    - Changes that we have to think about are more around compliance
    - Want to minimize disruption and change from the system we've maintained
    - AHIP has nationally said we're covering all the vaccinations, but value of Bree report here would be NGO talking about benefits of vaccination and that's where there's a gap in helping people choose vaccination
  - Didn't see employers as an audience here – how would they be included in this kind of topic
    - Employers are generally supportive of routine vaccination, but they may not be aware of the benefits
    - Before all this at the federal level, vaccination levels had a long way to go already in flu and covid
  - How would this differ than the West Coast Health Alliance
    - High level vaccine guidance, wouldn't get into level of detail and analysis that a Bree workgroup would

**First Vote**



#### Public Comment

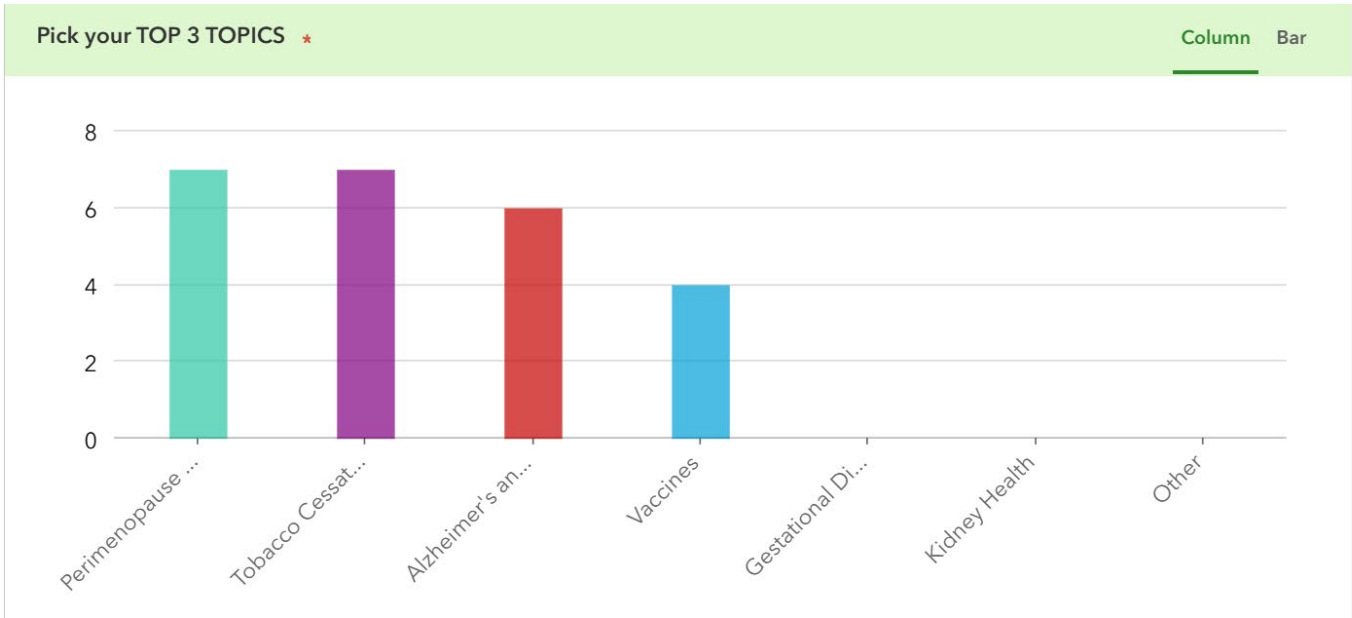
- Comment from health benefit exchange: lung health and kidney disease would be great ones to work on, as of 2026 carriers are no longer rating for tobacco, and perimenopause/menopause would be a great topic given large population impact

#### Discussion

- Want to focus on the top 4 here: perimenopause/menopause, lung health, vaccines and alzheimer's and other dementias
- Dr. Transue expressed some concern that there might be people not listening to us regarding vaccines, this might be a place where the Bree's role presenting evidence to the world is likely to make a difference
  - Most important audience for a Bree report would be the healthcare system, the public would have other channels where they get information from, and include DOH in that
  - Looking at the system level how we can improve vaccination rates that is something we could really benefit from
  - Some hesitance with vaccines because we're seeing a lot of policy showing up on this topic, AMA is only going to be recognizing ACIP guidelines before May, with Western states collaborative in anticipation that legislature would also be acting on this topic, would advocate for alzheimer's over vaccines
  - If we were going to do this today I would agree, the guidelines will roll out a year from now and product could be very timely and provide some clarity to the healthcare community
    - Don't think provider community realizes how poor vaccination uptake is
    - Bree could bring in new information and package it up in a way that is useful
  - Who is pushing back if we don't?
- Judy advocated for Alzheimer's and other dementias, it's on the rise and there's lots of tools especially general primary care folks don't know about and don't use
  - Could make an impact in diagnosing early dementia and doing treatment/interventions to maximize slow down of dementia
  - Data on alzheimer's drugs are not super solid – not great data that is substantially slows

disease progression, but could be addressed in the workgroup

Final Vote



2026 Topics:  
Perimenopause/menopause  
Lung Health: Lung Cancer Screening and Tobacco Cessation  
Alzheimer's and Other Dementias Revision

CLOSING AND PUBLIC COMMENT

Dr. Transue thanked those who attended, reviewed upcoming events and closed the meeting. Next Bree Collaborative Meeting: **November 19<sup>th</sup> 1PM-3PM**