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**Bree Collaborative Meeting**  
November 19<sup>th</sup> 2025 | 1:00-3:00PM  
**Hybrid**

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**MEMBERS PRESENT VIRTUALLY**

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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  
Drew Oliveira, MD, WHA

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  
Mary Kay O’Neill, MD (facilitator)

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**MEMBERS ABSENT**

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Greg Marchand, The Boeing Company  
Arooj Simmond, MD, Providence  
Colin fields, MD Kaiser-Permanente  
Emily Transue, MD, Comagine Health  
James Murray, MD, Confluence  
Jon Liu, MD, Amazon

**STAFF AND MEMBERS OF THE PUBLIC**

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Beth Bojkov, MPH, RN, FHCQ  
Karie Nicholas, MA, GC, FHCQ

Emily Nudelman, DNP, RN, FHCQ  
Ginny Weir, MPH, FHCQ  
Susanna Waldman, WSMA

**WELCOME**

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Dr. O’Neill welcomed everyone and opened the meeting. Dr. O’Neill then asked the Collaborative for a motion to approve the minutes from last meeting.

**Motion:** Approve September Minutes

**Outcome:** Unanimously approved September Minutes

**BLOOD PRESSURE SCREENING AND CONTROL REPORT AND GUIDELINES**

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Dr. O’Neill transitioned the meeting to invite Dr. Kamo to present the first draft of the Blood Pressure Screening and Control report and guidelines, including:

- Key priorities for all stakeholders
- Guidelines specific to primary care, outpatient specialty clinics, health plans, employers, state agencies (HCA, DOH, LHJs), community pharmacies, and dentists/dental clinics
- Other sections including evidence review, universal screening recommendations, team-based care roles and examples, and pathways to validated BP cuff access
- Requested Revisions:

- Shorten key takeaways and highlight a couple priorities before posting

**Motion:** Approve Report and Guidelines for Public Comment Minutes

**Outcome:** Unanimously approved Report and Guidelines for Public Comment Minutes

## **SURGICAL OPTIMIZATION**

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Dr. O’Neill transitioned the meeting to allow Dr. Carl Olden to review the Surgical Optimization public comments and approved adaptations to the report and guidelines. Changes included:

- Additional guidelines for surgical teams on optimization if a patient does not have an established PCP
- Health systems primarily responsible for health messaging
- Recommending separating screening and treatment out of a bundled payment
- Specify metrics/measures included in evaluation framework

Requested Revisions

- More specific timeframe for communication between surgery teams and PCPs if optimization needs to occur

**Motion:** Adopt Report and Guidelines

**Outcome:** Report and guidelines adopted with revisions

## **FIRST EPISODE PSYCHOSIS**

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Dr. O’Neill transitioned the meeting to allow Darcy Jaffe, ARNP, to review the First Episode Psychosis public comments and approved adaptations to the report and guidelines. Changes included:

- Adapt language in the report to account for the anosognosia experienced by many people with FEP – more intensive family and PCP involvement in care coordination and support across the continuum
- Highlight that most screening tools need adequate training for their use
- Added autoimmune conditions to potential medical causes of psychosis

Requested Revisions

- Guideline statements for determining decisional capacity, especially in primary care
- Reference to Mental Health Advance Directives (dependent on progress of that workgroup)

**Motion:** Adopt Report and Guidelines

**Outcome:** Report and guidelines adopted with revisions

## **ROUND ROBIN UPDATES**

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Dr. O’Neill transitioned the meeting to invite Bree members from state agencies to provide brief updates.

- HCA: Dr. Judy Zerzan-Thul
  - Medicaid coverage: some ambiguity around who qualifies as “medically frail” and exempt from Medicaid work requirements
  - Still in slight deficit for state budget
  - HCA director focus buckets:
    - Meeting the needs of Washingtonians – thinking about operations, HR1 especially for folks losing insurance, delivery system sustainability, cost and affordability
    - Closing disparities and advancing health equity: BH, primary care,

- maternal/child health, rural health
  - Strengthening agency operations: internally how do we work on people and processes, get more focused; Executive order – customer experience improvement, executive order on tribal relations and government to government interaction
- Questions
  - Is there a specific group that is forming to be a coalition to support insurance access?
    - Difficult to do ahead of clarity from CMS, not sure if there's going to be flexibility or uniformity of access
    - Whatcom county is building a community task force to support local resources to fill gaps in coverage
- WSHA: Darcy Jaffe, ARNP
  - Working closely with HCA to understand implications of Medicaid changes for hospitals and their communities
    - Working group of hospital representatives to be ready to respond to CMS changes
    - Also keeping an eye on rural health transformation project
  - One rural hospital close to closing, many are tenuous. Hospitals are responding to cuts and new taxes from last legislative session
  - No big proactive bills for next leg session
  - 2026 workplan priorities:
    - Maternal and infant health
    - Opioid harm prevention
    - Workplace violence prevention
    - Medicaid – readmission, low risk deliveries and follow up discharge after psych admission
  - Preparing for respiratory season, anticipating high census due to low vaccination rates
    - Any late efforts to get people vaccinated?
      - Working with DOH
- L&I: Dr. Gary Franklin
  - Agency medical directors group update: dealing with chronic opioid advocacy groups have petitioned Washington medical commission to make opioid prescribing language and rules in 2011 and 2019 more permissive again like in 1999 – HCA medical directors group is going to be responding to that in a letter outlining concerns
    - Strongly advise that groups with strong interest in opioid issue to weigh in on this letter – will send out letter
- DOH: Dr. Tao Kwan-Gett
  - New secretary of health wrapping up first 100 days
  - Want to create stronger ties to healthcare system between DOH and HCA
    - State health improvement plan identifies healthcare access and behavioral health and two priorities
  - Communicable disease updates
    - Avian influenza case reported with new strain not previously identified in humans – H5N5.
    - Outbreak of infant botulism in the US associated with powdered formula, affected 23 infants and 1 Washington resident so far
  - West Coast Health Alliance

- Will continue to monitor ACIP and other groups to continue to provide evidence-based guidance from trusted associations/organizations (e.g., Heb B vaccine)
  - May turn attention to regionally standard approach to infection prevention – e.g., when a provider gets COVID-19, how soon can they come back to work after being sick
- Rural health transformation project
  - Focusing on rural health workforce development
- Questions
  - Was the H5N5 case contracted from backyard poultry, what role do HCPs/deliver systems have in reporting?
    - Counseling patients who have backyard flocks or work in agriculture to avoid contact with sick or dead animals
    - Counsel patients who hunt or do outdoor activities, have pets avoid coming in contact with sick or dead animals
    - Counsel those who are exposed to use PPE
    - When you see a patient with flu symptoms ask about animal exposure and travel history – have low threshold to test for influenza and consult with PH department
    - LHJs have ability to provide testing as needed
    - CDC said that infection can clear from nasopharynx earlier than lower airway – if you have someone with symptoms and they test negative with a nasopharynx swab, consider a lower airway sample

#### **CASE STUDIES:**

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Dr. O’Neill transitioned the meeting to invite Karie Nicholas, MA, GDip, to share updates from two case studies utilizing our guidelines to drive change in the system, both through partnership with Confluence Health:

- ED and Outpatient Visits for Kids with Asthma: Observation during a wildfire smoke episode in September of 2025
- Using education to decrease disparities in CGM monitor utilization

**Go to ‘Examples of Implementation’ [here](#) to read more information.**

#### **CLOSING AND PUBLIC COMMENT**

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Dr. O’Neill thanked those who attended, reviewed upcoming events and closed the meeting. Next Bree Collaborative Meeting: **January 28<sup>th</sup> 2026 1PM-3PM**