

The Bree Collaborative
Draft Perimenopause & Menopause Charter and Roster

Problem Statement

Each year, approximately 1.3 million Americans enter menopause, yet more than one-third of those experiencing symptoms remain undiagnosed.¹ Fewer than 20% are clinically identified before they fully transition into menopause. Rural residents, in particular, face even greater barriers to receiving timely diagnosis and treatment.² Symptoms of perimenopause and menopause—such as hot flashes, sleep disturbances, mood changes, and cognitive difficulties—can significantly impact daily life. Evolution of scientific evidence and approach to care has led to high variation in standard across primary care.³ Proper identification, screening, and management of both the symptoms of menopause and the potential health complications associated with menopause, such as cardiovascular disease, osteoporosis, mental health concerns, urogenital and sexual health concerns, and others, are essential for protecting health through the menopausal transition. Transparent evidence-based guidelines for perimenopause and menopause care could significantly improve patient outcomes and quality of life for Washingtonians.

Aim

To standardize high quality care and best practices for perimenopause and menopause care in Washington state in order to prevent disease, promote health, and improve quality of life.

Purpose

To propose evidence-informed guidelines to the full Bree Collaborative on practical and evidence-informed methods for implementation perimenopause and menopause care in outpatient settings, including:

- Defining topic area and scope
- Defining perimenopause and menopause -
- Aligning organizational practices in evidence-informed screening and shared decision-making around treatment for perimenopause and menopause-related symptoms in primary care
- Screening and prevention for whole person mid-life health through the menopause transition
- Identifying and promoting menopause-friendly employer practices
- Identifying and/or recommending methods of measuring quality of perimenopause/menopause care

Out of Scope: Other reproductive health topics, other women's health topics, post-menopausal care

Duties & Functions

The workgroup will:

- Research evidence-informed and expert-opinion informed guidelines and best practices (emerging and established).
- Identify current barriers and future opportunities for implementing interventions.
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.

- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies including metrics or a process for measurement.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative. The Bree Collaborative director and program coordinator will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. Bree Collaborative staff will conduct meetings, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the Bree Collaborative director.

| Name | Title | Organization |
|--|---|-------------------------------------|
| Nicole Saint Clair, MD, FACOG (chair) | Executive Medical Director | Regence |
| Cyndi Tefft | Global Benefits Governance Manager | Microsoft |
| Kristina Petsas, MD, MBA, MLS | Chief Medical Officer - Commercial (Employer & Individual) - PNW, AK, HI | United Healthcare |
| Karin Inderbitzin, RN, BSN | Occupational Nurse Consultant Clinical Quality and Care Transformation Employee and Retiree Benefits Division | Washington Health Care Authority |
| Janice Tufte | Health Systems Research and Quality Improvement Patient Collaborator | Hassanah Consulting |
| Josephine Young, MD, MPH, MBA, FAAP | Medical Director, Commercial Markets | Premera |
| Laura Marie MacPherson, MSN | Director of Maternity Programs | Molina |
| Drew Oliveira, MD, MHA | Medical Director | Washington Health Alliance |
| Naomi Busch, MD | Founder and Director | Seattle Menopause Medicine |
| Annelise Gaaserud, MD | Family Medicine Physician | Kaiser Permanente |
| Arooj Simmonds, MD | CMO North Division | Providence |
| Carolyn Halley, MD | Family Medicine, Obstetrics | Healthpoint |
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¹ Society for Women's Health Research. (2024, February). Menopause fact sheet [PDF]. Retrieved July 7, 2025, from https://swhr.org/wp-content/uploads/2024/03/swhr_factsheet_menopause_rev_0222-1.pdf

² Dwyer, E. R., Maki, P. M., Katz, R., Mallampalli, M. P., & Reed, S. D. (2025). Menopause symptom burden and management across rural, suburban, and urban settings in a U.S. population. *Menopause*, 32(1), 23–30.

<https://doi.org/10.1097/GME.0000000000002454>

³ Zahn, K., Pittman, A., Conklin, J., Knittel, A., & Neal-Perry, G. (2024). *Disparities in menopausal care in the United States: A systematic review*. *Maturitas*, 186, 108021. <https://doi.org/10.1016/j.maturitas.2024.108021>