

## **Bree Collaborative | Lung Cancer Screening**

January 7<sup>th</sup>, 2025 | 3-4:30PM

Hybrid

### **MEMBERS PRESENT VIRTUALLY**

Joelle Fathi, DNP, ANP-BC, UW (cochair)  
Kim Kummer, MS, MPH, CIC, Jamestown Family  
Clinic (cochair)  
Matty Triplette, MD, MPH, Fred Hutch  
Kristin Bohreer, RN, Virginia Mason  
Ty Jones, MD, CPPS, CHPW, CAQSM, Regence  
Susanne Quistgaard, MD, Premera

Norilyn De La Pena, Public Health Seattle King  
County  
Brandon Omernik, MS, CTTS, Fred Hutch  
Drew Oliveira, MD, MHA, Washington Health  
Alliance  
Jessica Beach, MPH, Molina  
Maggie Chin, MD, Kaiser Permanente  
Asher Strauss, PsyD, Kinwell

### **STAFF AND MEMBERS OF THE PUBLIC**

Beth Bojkov, MPH, RN, Bree Collaborative  
Emily Nudelman, DNP, RN, Bree Collaborative  
Karie Nicholas, MA, GDip, Bree Collaborative

### **DISCUSS: BREE BACKGROUND AND WORKGROUP PROCESS**

Beth introduced the Bree and the workgroup process. The Bree Collaborative is a program of the Foundation for Health Care Quality. The Bree was established by the state legislature in 2011 in response to health care services with high variation and utilization that do not produce better outcomes. Each year, Bree members (drawn from public and private healthcare stakeholders) choose three to four topics to develop recommendations. Lung Cancer Screening is one of three topics for 2026. The workgroup will meet monthly throughout 2025 to define the purpose and scope, identify focus areas, review existing guidelines and published evidence, and draft evidence-informed report and guidelines. The report will include guidelines for specific health care stakeholders and will be sent to the WA Health Care Authority. The workgroup must follow Open Public Meetings Act regulations. This includes workgroup member training and conflict of interest disclosure. Following the presentation, Beth opened the floor for comments.

- Given the volume of reports, what are some tangible outcomes that have come out of previous initiatives?
  - Small, tangible changes: code for evaluation of Dementia covered by Medicaid in WA
  - Large, general changes: reports have been the basis for ongoing work of other organizations such as:
    - HCA's Behavioral Health Integration survey
    - HCA's primary care work
    - OIC's Palliative Care Benefit design

### **PRESENT& DISCUSS: WORKGROUP MEMBERS AND SCOPE**

Beth invited the rest of the workgroup members to provide brief introductions and then opened the brainstorming conversation with a discussion on additional stakeholders to consider inviting to participate or speak:

- Some additional stakeholders to consider for participation or inviting to speak, including:
  - Other health delivery systems: Confluence, MultiCare, and Providence

- Tribal folks
- Radiology
- Patient Reps
- Critical Access Hospitals

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### **PRESENT& DISCUSS: TOPIC OVERVIEW**

Beth transitioned the meeting to provide an overview of the topic and potential scope.

- **Topic Overview:** Beth presented the topic of first episode psychosis as it was presented to the Bree Collaborative.

Beth transitioned the group into discussing further the outcomes the group wishes to see from this work:

- Consistent and standardized tobacco history documentation
- Benefits of centralized statewide screening for lung cancer
- Use established frameworks like NCI's 8 components of LCS
- Consider technological advances that can support lung cancer detection (e.g., AI)

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### **PRESENT & DISCUSS: CHARTER & ROSTER**

Beth then transitioned to reviewing the charter and roster. The following changes were made to the charter's purpose (changes/additions are **in red**)

Aim: To improve **early detection and screening for** lung cancer in Washington State

Purpose:

- Defining topic area and scope
- **Best practices for core components of lung cancer screening and early lung cancer detection**
- Aligning stakeholder priorities and practices around lung cancer screening
- Alignment of cross-sector quality measurement and monitoring in lung cancer screening
- Culturally relevant and sensitive care for those at risk for lung cancer and their community
- Reducing burden of disease and cost of care across all stakeholders and sectors
- **Explore technological strategies and solutions to improve lung cancer screening**
- Creating a statewide framework for equitable access and uptake of lung cancer screening for those eligible

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### **PUBLIC COMMENT AND GOOD OF THE ORDER**

Beth invited final comments or public comments, then thanked all for attending. At the next workgroup meeting, the team will review comments made from the Bree member meeting on January 28<sup>th</sup> and continue the brainstorming discussion around potential focus areas for the report. The workgroup's next meeting will be on **Wednesday, February 4th from 3-4:30PM**.