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**Bree Collaborative Meeting**  
January 28<sup>th</sup> 2026 | 1:00-3:00PM  
**Hybrid**

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**MEMBERS PRESENT VIRTUALLY**

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Emily Transue, MD, MHA, Comagine Health  
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 (to be confirmed)  
Darcy Jaffe, ARNP, WSHA  
Rodney Anderson, MD, FCN (to be confirmed)  
Tao Kwan-Gett, MD, DOH (to be confirmed)  
Nicole St. Clair, MD, Regence  
Kristina Petsas, MD, UHC

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**MEMBERS ABSENT**

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Arooj Simmond, MD, Providence (to be confirmed)  
Colin Fields, MD Kaiser-Permanente  
Susanne Quistgaard, MD, Premera Blue Cross  
Katina Rue, DO, Team Health (to be confirmed)  
James Murray, MD, Confluence (to be confirmed)

**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  
TVW Streaming

**WELCOME**

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

**Motion:** Approve November Minutes

**Outcome:** Unanimously approved November Minutes

**BLOOD PRESSURE SCREENING AND CONTROL PUBLIC COMMENTS AND FINAL REPORT**

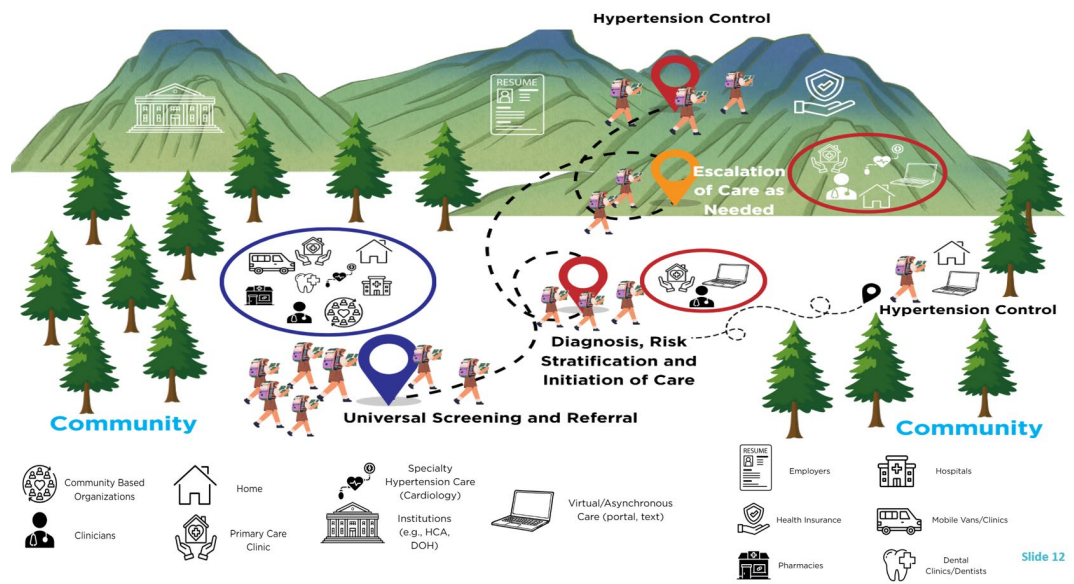
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Dr. Transue transitioned the meeting to invite Drs. Berman and Kamo to present the public comments and final version of the Blood Pressure Screening and Control report and guidelines, including:

- Hypertension Prevalence U.S. 2021-2023<sup>1</sup>
  - Over 50% of men in the U.S. have hypertension
- Graphical Abstract Below:

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<sup>1</sup> American Heart Association Council on Epidemiology and Prevention Statistics Committee & Stroke Statistics Committee, Palaniappan, L. P., Allen, N. B., Almarzooq, Z. I., Anderson, C. A. M., Arora, P., Avery, C. L., ... Khan, S. S. (2026, January 21). 2026 Heart Disease and Stroke Statistics: A Report of US and Global Data From the American Heart Association. *Circulation*. Advance online publication. <https://doi.org/10.1161/CIR.0000000000001412>



- **Public Comments**

- 5 total: 2 public health, 1 primary care provider, 1 community health worker, 1 patient/family rep
- Themes/Comments:
  - Emphasis on training and access to BP monitors
  - Clarification of HCA language
  - Approach to target of <130/80 target compared to <140/90: Some concern that at a population level a goal of moving those between 130-139 SBP to below 130 provides less risk reduction than moving those above 140 to 139 SBP or less. It's plausible that a more impactful approach for population would be to get more people to <140 SBP than everyone to <130 SBP.
    - The workgroup discussed the above comment and decided to maintain alignment with the AHA 2025 hypertension guidelines, encouraging everyone to optimize for a blood pressure target of 130/80 while reinforcing that some people may have higher blood pressure targets based on other factors. A few edits were made to the stakeholder guidelines as shown below.
  - Blood pressure screening recommendations (every opportunity vs risk-based approach): screening at “every opportunity” for everyone does not match the USPSTF guidelines – would lead to a lot of BP measurements that are not valuable.
    - The workgroup discussed this comment and decided to maintain their approach of screening at every opportunity. Given the high prevalence of hypertension and inequities in access for many underserved populations in Washington state, the workgroup decided the best approach locally would be to support the opportunity to screen blood

pressure whenever possible. They discussed that taking a blood pressure measurement, while needing to follow proper technique, does not incur excessive cost or burden on the health system or health professionals, and would be valuable in identifying individuals not already engaged regularly with the healthcare system. The workgroup decided to emphasize “current national guidelines” instead of specifically referencing USPSTF to allow more flexibility in updating this guideline.

- Edits (red text is updated language)
  - Primary Care Settings and Professionals:
    - **Screen BP in all adults** at every opportunity per current national guidelines using accurate methods. (see Target:BP)
      - Refer people with BP  $\geq$  130/80 for further primary care. **The higher the blood pressure, the more time sensitive it is to complete further evaluation and management**
  - Other Specialty Clinics, Hospitals, Community Pharmacies, DOH/LHJs, Dentistry, etc.:
    - **Screen BP in all adults** at every opportunity per current national guidelines using accurate methods. (see Target:BP)
      - Refer people with BP  $\geq$  130/80 for further primary care. **The higher the blood pressure, the more important it is to refer and complete the referral.**
  - Hospitals
    - **Inpatient management of hypertension is out of scope for this report and set of guidelines. Follow current national guidelines (e.g., American Heart Association/American College of Cardiology) for inpatient hypertension management. These guidelines for hospitals focus on standardized hypertension diagnosis using national clinical practice guidelines, team-based care, health-related social needs screening and follow-up, culturally and linguistically appropriate services, and prompt primary care follow-up.**
- Dr. Kamo then reviewed the patient and family facing guidelines, including the following: reinforcing and supporting updated blood pressure targets, when to seek emergency care, taking blood pressure at home and seeking out care team support for high readings, discussing barriers to maintaining healthy blood pressure (e.g., childcare, work hours, etc.), use of trustworthy and evidence-based information and joining a self-measured blood pressure program in their area
- Questions
  - On the prevalence slide, has the point at which you make the diagnosis changed over time as well?
    - Diagnostic criteria hasn't changed (two different blood pressure readings have changed); using 2017 BP guidelines

- How do we navigate updated national guidelines?
  - We try to reinforce that professionals should focus on most updated current national guidelines.

**Motion:** Adopt Report and Guidelines

**Outcome:** Unanimously adopted Report and Guidelines

## **2026 CHARTER: LUNG CANCER SCREENING**

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Dr. Transue transitioned the meeting to Joelle Fathi, DNP, ARNP, cochair of the Lung Cancer Screening Workgroup and Beth Bojkov, MPH, RN, to review the Lung Cancer Screening charter and roster. The charter aim and purpose were reviewed as follows:

**Aim:** To increase appropriate lung cancer screening in Washington State in order to decrease the incidence and mortality from lung cancer

**Purpose:**

- Reinforcing 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

**Out of Scope**

- Tobacco and vaping prevention (e.g., school-based programs)
- Other lung related conditions
- Lung cancer treatment
- Other cancer screening initiative and guidelines
- Management of incidental lung nodules
- Exposure to radon and air pollution (e.g., wildfire smoke)
- Risk for lung cancer among people who fall outside the current screening guidelines without a history of smoking

See roster [here](#).

There were no questions. One comment about appreciation of focusing on tobacco cessation within the lens of lung cancer screening.

**Motion:** Adopt Lung Cancer Screening charter and roster

**Outcome:** Charter and roster adopted

## **2026 CHARTER: ALZHEIMER'S AND OTHER DEMENTIAS REVISION**

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Dr. Transue transitioned the meeting to allow Kris Rhoads, PhD, to review the Alzheimer's and Other Dementia's Revision charter and roster. The charter aim and purpose were reviewed as follows:

Aim: To update and standardize evidence-based prevention, early detection, and treatment for those living with and at risk for Alzheimer's Disease and other dementias to prevent and delay progression of these conditions for our community.

Purpose:

- Align with the WA Alzheimer's State Plan and the Dementia Action Collaborative Working Group
- Update report with recent evidence on risk reduction across the life span, biomarker testing, nonpharmacological interventions, and novel drug therapies for Alzheimer's and dementias
- Develop an implementation plan for age-friendly health systems to improve cognitive impairment care through team-based approaches and clarify roles across healthcare services and specialties
- Align payor coverage for early detection and intervention, such as through team-based care
- Standardize quality measures for Alzheimer's and dementias
- Identify ways to expand service access in underserved areas and enhance long-term support for patients, families, and caregivers

Out of Scope

- Other conditions that cause cognitive dysfunction (e.g., TBI)
- Other conditions commonly associated with aging

See roster [here](#).

Questions/Comments

- Will you address the question of screening?
  - Evidence around uniform screening is not there, but will address case detection
- Support for addressing biomarkers and lots of potential \$ tied up in biomarkers. Lots of misinformation about biomarker testing, lots of people coming to Brain Wellness Center with those tests already done and not understanding what that means.

**Motion:** Adopt Alzheimer's and Other Dementias Revision charter and roster

**Outcome:** Charter and roster adopted

## **2026 CHARTER: PERIMENOPAUSE AND MENOPAUSE**

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Emily Transue, MD, MHA, transitioned the meeting to allow Nicole Saint Clair, MD, and Beth Bojkov, MPH, RN, to review the Perimenopause and Menopause charter and roster. The charter aim and purpose were reviewed as follows:

Aim: To standardize high quality care and best practices through perimenopause and menopause in Washington state in order to prevent disease, promote wellbeing, reduce cost, and increase productivity.

Purpose:

- Define the symptoms of perimenopause and menopause from the patient perspective and how clinical decision-making can support patients
- Whole-person evidence-informed care and wellbeing for people experiencing perimenopause and menopause integrated into primary care
- Promoting evidence-based screening and shared decision making around treatment for perimenopause and menopause-related symptoms
- Enhancing individual health literacy around perimenopause and menopause

- Screening and prevention for whole person mid-life health through the menopause transition, such as for cardiovascular disease, metabolic health, osteoporosis, mental health concerns, urogenital and sexual health concerns, and others
- Identifying and promoting menopause-informed employer practices
- Identifying and/or recommending methods of measuring quality of perimenopause/menopause care
- Considerations for caring for people from the LGBTQ+ community and/or utilizing gender affirming care, for folks who arrive at menopause surgically for other reasons, and other special populations

#### Out of Scope

- Other reproductive health topics (e.g., sexual and reproductive health)
- Other women's health topics

See roster [here](#).

#### Questions/Comments

- Would consider including registered dietician/nutritionist for at least one meeting to provide some input

Critical to think about dissemination of this work once it is finished – would consider asking a primary care trainee to participate

**Motion:** Adopt Perimenopause and Menopause charter and roster

**Outcome:** Charter and roster adopted

### ROUND ROBIN UPDATES

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Emily Transue, MD, MHA, transitioned the meeting to invite Bree members to share announcements and updates from their organizations with the Bree Collaborative member communities.

- HCA: Dr. Judy Zerzan-Thul
  - Revenue forecast on Feb 16<sup>th</sup> now, typically draft budgets right after that
  - Potential government shut down, may be withholding of funding in more states than currently listed
  - Chris Chen, MD, leaving HCA
- DOH: Dr. Tao Kwan-Gett
  - DOH and LHJ busy with measles outbreak – 8 cases in Snohomish, Kittitas, and Clark counties; complicated by involving immigrant communities suspicious of government and vaccination; also complicated by immigration enforcement activity.
  - Governor appointed chief of immigration and refugee health to cabinet level
  - Commissioner of Health in MN spoke to the association of state and territorial health officials – urged everyone to be critical consumers of information and continue caring for our communities
  - West Coast Health Alliance came out to support AAP childhood immunization schedule, different than ACIP recs
  - State agencies folks are part of national governors association learning community on opioid overdose prevention – WA asked to share best practices and cheer each other on
- Comagine: Emily Transue, MD, MHA
  - Cancellation of millions of \$ for substance use, then it reappeared
  - Focusing on supporting our workforce in MN

- Concerns over
- L&I: Dr. Gary Franklin
  - Agency Medical Directors Group sent a letter of concern to WA Medical Commission because of draft rules to make opioid prescription guidelines more permissive
  - Further workgroup meeting coming up
- WSHA: Darcy Jaffe, ARNP
  - Hospital leaders meeting with elected folks in Olympia – general conversation is maintenance
  - Hospital leaders have many questions around the Medicaid eligibility criteria and impact on financial sustainability
  - Quality improvement work this year: Maternal and Infant health, reducing the # of c-sections for low risk individuals, rolling out Team Birth – by the end of this year all hospitals with birthing units will have implemented
  - Opiate harm prevention
  - Workplace violence – safer spaces for workforce and patients
  - Preparing for the world cup with the Northwest Healthcare Response Network
- UHC: Kristina Petsas, MD
  - [American Health Rankings Publication released for 2025](#) – How does WA stack up?
    - 7<sup>th</sup> in the nation
    - Performed particularly well in:
      - Lower economic hardship
      - Strong civic engagement
      - High internet access
      - Low physical inactivity
      - Strong clinical care resources
    - Challenges compared to other states:
      - Rise in drug related deaths
      - Higher mental distress
      - Higher non-medical drug use
      - Housing instability
      - Slightly lower cancer screening rates
- WHA: Drew Oliveira, MD
  - CKD toolkit being released soon
  - Report coming out on menopause coming out soon – employer based case study

## **CLOSING AND PUBLIC COMMENT**

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Emily Transue, MD, MHA, thanked those who attended and provided opportunity for public comments. There were no public comments. Emily Nudelman, DNP, RN, reviewed upcoming events and Emily Transue, MD, MHA, closed the meeting.

Next Bree Collaborative Meeting: **March 25<sup>th</sup>, 2026, 1PM-3PM PST**