

2027 Topic Nominations

Prioritized by the Steering Committee

- **REVISION: Addiction & Dependence Treatment Report & Guidelines**
- **Anal cancer screening**
- **Artificial Intelligence (AI) governance and clinical implementation**
- **Mobile Integrated Health (2)**
- **Nutritional Risk and Malnutrition**
- **Obstructive Sleep Apnea**
- **Opportunistic salpingectomy (OS) for ovarian cancer prevention**
- **Pediatric pain management, including commendations for multimodal and nonopioid pain management**
- **Peripheral Artery Disease**
- **Polycystic Metabolic Ovarian Syndrome (formerly PCOS)**

All Others

- ARNPs in Primary Care; transition-to-practice pathways (2)
- Autoimmune diseases delayed diagnoses
- Bidirectional Behavioral Health Integration (BHI) from the patient perspective
- Community-based palliative care access
- Community-based sepsis recognition and treatment

- Continuity of Care, Interinstitutional Transfers (2)
- Language Interpretive Services
- Obstetrics Care (2012) Revision
- Oral Health Access for people with intellectual disability
- Peer Review
- Polypharmacy
- Sexual and Reproductive Health Report & Guidelines Revision
- Tele-curbside (access to specialty care in rural communities)
- Tobacco: Commercial tobacco and smoking cessation treatment, SBIRT (ACT for under 18)
- Women's Health services access
- Youth behavioral health and substance prevention in rural communities (early identification, prevention, SBIRT)
- How patients have changed
- 'acceptable' unprofessionalism of trial lawyers

See a full list of the topic submissions [here](#).

Topic	Overview	Proposed Scope	Potential Partners	Unique Bree Impact
REVISION: Addiction & Dependence Treatment	About 48 million people in the U.S. have a substance use disorder, but only 3.6% received treatment. ¹ and More than 1 in 10 of Apple Health enrollees in 2022 had a substance use disorder diagnosis, with highest rates in American Indian/Alaska Native, Non-Hispanic White, and Black or African American populations. ² SUD's are associated with a range of negative health risks and outcomes, including increased risk of contracting infections like HIV and Hepatitis C, developing cancer, cardiovascular disease, or stroke, and impacts both gestational parent and child when used during pregnancy. ³ Strategies exist to identify those experiencing substance use, provide a range of effective treatment options, reduce harm, and support them through recovery. Integrating these across settings with an aligned approach will support better access to and quality of care for those with SUDs.	SUD care integration across settings: crisis care, physical healthcare, housing, community-based agencies, and behavioral healthcare. Identifying current and emerging best practices for SUD care across these settings, recommended payor benefit design and reimbursement, employer policies, and defining state agency level recommendations for measurement of utilization and outcomes. Develop a unified approach to SUD care as a chronic condition across systems and settings.	UW Addiction, Drugs, and Alcohol Institute HCA DOH Washington Society of Addiction Medicine	The Bree could identify evidence-based and emerging best practices for substance use disorder care, align payment structures, and develop recommendations for measuring statewide utilization and outcomes.

¹ Substance Abuse and Mental Health Services Administration. (2025). 2024 companion infographic report: Results from the 2021 to 2024 National Surveys on Drug Use and Health (SAMHSA Publication No. PEP25-07-006). Center for Behavioral Health Statistics and Quality. <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases>

² Ju, H., Bittinger, K., Campbell, K., Angelo, F., & Felver, B. (2025, December). Current state assessment: Report 1: Prevalence of substance use disorder diagnoses among Apple Health enrollees SFY 2019–SFY 2022 (RDA Report 9.130). Washington State Department of Social and Health Services, Research and Data Analysis Division. <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-9-130.pdf>

³ National Institute on Drug Abuse. (2022, March 22). Addiction and health. National Institutes of Health. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/addiction-health>

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Opportunistic Salpingectomy (OS)	Ovarian cancer is the most lethal gynecologic malignancy, and 5 th leading cause of cancer death in women in the U.S. Most cases of ovarian cancer arise in the fallopian tube (FT). Surgical removal of the FTs (Salpingectomy) is a safe and effective ovarian cancer prevention strategy that avoid complications of oophorectomy. ^{4,5} Opportunistic salpingectomy (OS) is recommended for any person with ovaries and FTs who has completed childbearing and is undergoing pelvic surgery. ⁶ Multiple practice guidelines internationally recommend OS expansion into nongynecological surgeries. ^{7,8} Barriers include limited patient/provider awareness, lack of resources for training/credentialing of nongynecological surgeons, coverage/reimbursement variation, ambiguous eligibility criteria, and lack of framework for outcome evaluation.	Developing a framework for determining eligibility for OS, integration strategies across surgical settings (inpatient, outpatient), clarify coverage and reimbursement for the procedure, define measurement of utilization and outcomes, and align with SCOAP on implementation.	SCOAP Fred Hutch	The Bree could adopt and adapt OS implementation across surgical settings through partnership with SCOAP, clarify coverage and reimbursement pathways for the procedure, and promote awareness among delivery systems, plans, and employers of an effective ovarian cancer prevention strategy

⁴ McAlpine, J.N., Opportunistic salpingectomy: uptake, risks, and complications of a regional initiative for ovarian cancer prevention. Am J Obstet Gynecol, 2014. 210(5)

⁵ Hanley, G.E., Examining indicators of early menopause following opportunistic salpingectomy. Am J Obstet Gynecol, 2020. 223(2)

⁶ ACOG Committee Opinion No. 774: Opportunistic Salpingectomy as a Strategy for Epithelial Ovarian Cancer Prevention. Obstet Gynecol, 2019. 133(4)

⁷ Piek, J.M., Opportunistic Salpingectomy for Prevention of Tubo-Ovarian Carcinoma: The European Society of Gynecological Oncology Consensus Statements. JAMA, 2026. 335(10)

⁸ Mor-Hadar, D., FIGO position statement on opportunistic salpingectomy as an ovarian cancer prevention strategy. Int J Gynaecol Obstet, 2024. 167(3): p. 976-980.

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Polyendocrine Metabolic Ovarian Syndrome (PMOS, formerly PCOS)	Polyendocrine metabolic ovarian syndrome (PMOS) affects 1 in 8 women. ⁹ It is a chronic hormonal health condition irregular menstrual cycles, ovary changes, hirsutism, weight gain, and fertility concerns. Living with PMOS is associated with increased risk for other conditions, such as diabetes, hypertension, depression,, and infertility. People impacted by PMOS frequently report dissatisfaction with care, delayed diagnosis, and missing work ^{10,11} The healthcare-related economic burden of PMOS due to pregnancy-related and long-term morbidities alone is estimated to be over \$4 billion annually. ¹² Addressing PMOS could improve provider awareness and comprehensive care, including diagnosis, treatment, chronic condition prevention, behavioral health, and fertility planning	Identification of PMOS through assessment of symptoms and diagnostic procedures (ultrasound, blood tests) Comprehensive care planning across the lifespan inclusive of first-line treatment, prevention of associated chronic conditions, and referral fertility planning Alignment of coverage and benefit design for first line treatments of PMOS and fertility options	OBCOAP DOH HCA Women's Commission WCAAP	The Bree could standardize PMOS diagnosis and treatment to improve care, reduce costs and productivity loss, and support chronic disease prevention and fertility planning.

⁹ Teede, H. J., Khomami, M. B., Morman, R., Laven, J. S. E., Joham, A. E., Costello, M. F., Patil, M., Rees, D. A., Berry, L., Cree, M. G., Zhao, H., Norman, R. J., Dokras, A., Piltonen, T., & Global Name Change Consortium. (2026). *Polyendocrine metabolic ovarian syndrome, the new name for polycystic ovary syndrome: A multistep global consensus process*. *The Lancet*, 407(10545), 2329–2339. [https://doi.org/10.1016/S0140-6736\(26\)00717-8](https://doi.org/10.1016/S0140-6736(26)00717-8)

¹⁰ American Society for Reproductive Medicine. (2023). *Recommendations from the 2023 international evidence-based guideline for the assessment and management of polycystic ovary syndrome*. https://www.asrm.org/globalassets/asrm/practice-guidance/practice-guidelines/pdf/recommendations_from_the_2023_int_evidence-based_guideline_on_pcos.pdf

¹¹ Huddleston, H. G., Milani, A., & Blank, R. (2024). Productivity loss due to polycystic ovary syndrome and its relationship to race, mental health and healthcare delivery indices. *F&S Reports*, 5(2), 157–163. <https://doi.org/10.1016/j.xfre.2024.02.004>

¹² Riestenberg, C., Jagasia, A., Markovic, D., Buyalos, R. P., & Azziz, R. (2022). Health care-related economic burden of polycystic ovary syndrome in the United States: Pregnancy-related and long-term health consequences. *The Journal of Clinical Endocrinology & Metabolism*, 107(2), 575–585. <https://doi.org/10.1210/clinem/dgab613>

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AI governance and clinical implementation	Artificial Intelligence (AI) is rapidly entering the healthcare ecosystem through documentation, triage, decision support, prior authorization, imaging, patient communication, administrative workflows, and more. In 2024, 2 of 3 physicians report using healthcare AI in their practice. ¹³ Washington faces a fragmented landscape for AI implementation in healthcare, with no consistent governance frameworks in place. Concerns over data privacy and ownership, algorithmic bias, model interpretability, regulatory oversight, and maintenance of clinician oversight of care remain as health system seek to scale solutions that address workforce and access issues. ¹⁴ Frameworks for ethical, scalable, evidence-based use of AI in healthcare exist, inclusive of clinician training in AI literacy, robust regulatory frameworks to ensure transparency, safety and accountability, and application of equity principles to use AI to narrow rather than widen disparities.	Framework for integrated governance inclusive of clinical, legal, ethical, and patient perspectives at the system level¹⁵ Defining clear go/no-go thresholds for use of AI and requirements for ongoing monitoring focused on patient outcomes Human-in-the-loop requirements to ensure AI supports rather than replaces clinician judgment Apply equity frameworks to identify and mitigate bias in application¹⁶	Microsoft HCA DOH	The Bree Collaborative could provide a framework for healthcare AI governance for delivery systems, plans, and employers by aligning incentives, vendor contracting standards, prior authorization use cases, health system best practices, and trust among patients, healthcare, and AI vendors.

¹³ American Medical Association. (2025). AMA augmented intelligence research: Physician AI sentiment report. American Medical Association.

<https://www.ama-assn.org/system/files/physician-ai-sentiment-report.pdf>

¹⁴ Fahim, Y.A., Hasani, I.W., Kabba, S. et al. Artificial intelligence in healthcare and medicine: clinical applications, therapeutic advances, and future perspectives. Eur J Med Res 30, 848 (2025). <https://doi.org/10.1186/s40001-025-03196-w>

¹⁵ Washington State Artificial Intelligence Task Force. (2026, July). Washington State Artificial Intelligence Task Force final report. Office of the Washington State Attorney General. <https://agportal-s3bucket.s3.us-west-2.amazonaws.com/Publications/WA%20AI%20Task%20Force%20Final%20Report%20July%202026.pdf>

¹⁶ Washington State Health Care Authority. (2024, March). HCA artificial intelligence ethics framework. <https://www.hca.wa.gov/assets/program/hca-artificial-intelligence-ethics-framework.pdf>

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Mobile Integrated Health	Mobile Integrated Health (MIH) programs housed in Fire Departments across Washington state offer essential, non-emergency services to residents of their county or jurisdiction. MIH programs have been reported as cost-effective through prevention of unnecessary healthcare utilization and expensive medical transportation. ^{17,18,19} Pilots of these programs have also demonstrated improvement in self-efficacy of managing conditions and increased utilization of outpatient services. ²⁰ Many services provided by MIH teams in Washington, such as physical assessment, medication administration for chronic conditions, care coordination, and screening for and addressing health-related social needs are traditionally reimbursed for under health insurance; however, these programs are primarily grant-funded, leading to financial instability and constraints on scaling.	Aligned definition of MIH programs that allows for flexibility to meet community needs Identification of eligible reimbursable services and removal of barriers for MIH programs Design of ideal collaborative model between state agencies, payors, and MIH programs to support sustainable and scalable deployment of MIH statewide	National Association of Mobile Integrated Healthcare Providers, Greater Health Now ACH, Kirkland Fire, DOH HCA Seattle Fire,	The Bree Collaborative could leverage partnerships to bridge gaps in coverage and reimbursement for services already being provided in the community to support and expand MIH programs and achieve sustainability for an evidence-based approach to healthcare delivery

¹⁷ Xie F, Yan J, Agarwal G, Ferron R. Economic Analysis of Mobile Integrated Health Care Delivered by Emergency Medical Services Paramedic Teams. JAMA Netw Open. 2021;4(2):e210055. doi:10.1001/jamanetworkopen.2021.0055

¹⁸ Iribarren, S. J., Cato, K., Falzon, L., & Stone, P. W. (2017). What is the economic evidence for mHealth? A systematic review of economic evaluations of mHealth solutions. PLOS ONE, 12(2), e0170581. <https://doi.org/10.1371/journal.pone.0170581>

¹⁹ Gregg, A., Tutek, J., Leatherwood, M. D., Crawford, W., Friend, R., Crowther, M., & McKinney, R. (2019). Systematic review of community paramedicine and EMS mobile integrated health care interventions in the United States. Population Health Management, 22(3), 213–222. <https://doi.org/10.1089/pop.2018.0114>

²⁰ Vartanian, K., Jones, K., McMenamin, K., & Sanchez, K. (2018, March). Community paramedics: Health Share of Oregon evaluation report. Center for Outcomes Research and Education (CORE). <https://aimhi.mobi/wp-content/uploads/2025/07/2018.03-CORE-Oregon-Community-Paramedics-Report.pdf>

Topic	Overview	Proposed Scope	Potential Partners	Unique Bree Impact
Pediatric Pain Management	Pain is one of the most common reasons children and adolescents seek medical care in the U.S. ²¹ While opioid prescriptions for pediatric patients have been declining since the 2010s, implementation of appropriate prescribing has not been consistent, leading to inadequate management. Exposure to severe pain without adequate control is associated with increased morbidity and mortality into adulthood. ²² Disparities Several medical associations and societies have developed pediatric pain management guidelines in recent years, including the American Academy of Pediatrics and American Dental Association. ^{23,24}	Identifying and consolidating pain management guidelines for pediatric patients across a range of settings (outpatient, inpatient, surgical) Refining measurement of utilization and outcomes related to pain management Identify evidence-based administrative and financial levers to incent appropriate pediatric pain management	WCAAP HCA WSHA DOH AMDG?	The Bree could update the state of the science on pediatric pain management, prevent over- or under-use of methods to control pain in a population vulnerable to long-term impacts, and improve quality of life for children and their families

²¹ Anderson JL, e Silva LOJ, Funni SA, et al. Epidemiology of paediatric pain-related visits to emergency departments in the USA: a cross-sectional study. *BMJ Open*. 2021;11(8):e046497.

²² International Association for the Study of Pain. (2021, July 9). Pain in children: Management. <https://www.iasp-pain.org/resources/fact-sheets/pain-in-children-management/>

²³ Hadland, S. E., Agarwal, R., Raman, S. R., Smith, M. J., Bryl, A., Michel, J., Renny, M. H., Larson-Steckler, B., Wexelblatt, S., Wilder, R. T., Flinn, S. K., & American Academy of Pediatrics Clinical Practice Guideline Writing Group. (2024). Opioid prescribing for acute pain management in children and adolescents in outpatient settings: Clinical practice guideline. *Pediatrics*, 154(5), e2024068752. <https://doi.org/10.1542/peds.2024-068752>

²⁴ Carrasco-Labra, A., Polk, D. E., Urquhart, O., Aghaloo, T., Claytor, J. W., Enciso, R., Glick, M., González-Cabezas, C., Jindal, A., Kademani, D., Kolnick, L., Kumar, V., Lira, A., Mungia, R., Shih, A., & American Dental Association Science and Research Institute Clinical Practice Guideline Panel. (2023). Evidence-based clinical practice guideline for the pharmacologic management of acute dental pain in children, adolescents, and adults: A report from the American Dental Association Science and Research Institute, the University of Pittsburgh, and the University of Pennsylvania. *The Journal of the American Dental Association*, 154(9), 814–825. <https://doi.org/10.1016/j.adaj.2023.06.014>

Topic	Overview	Proposed Scope	Potential Partners	Unique Bree Impact
Anal Cancer Screening	Anal cancer is most often caused by the human papillomavirus (HPV) and is preceded by high-grade squamous intraepithelial lesions (HSIL). While rare in the general population, certain high risk groups are most impacted, including those living with HIV, men who have sex with men, solid organ transplant recipients, and people with a history of vulvar cancer or precancer. ²⁵ Targeted cancer screening among groups at higher risk can identify HSIL, which as found in the Anal Cancer/HSIL Outcomes Research (ANCHOR) study, reduces the risk of developing anal cancer. ^{26,27} Screening guidelines aligned with the International Anal Neoplasia Society (IANS) recommendations for populations at higher risk beginning at age 35 for those living with HIV, and setting screening and intervention to remove HSIL as the new preventive standard of care.	Aligning clinical care guidelines and implementation pathway with international consensus based recommendations Alignment of coverage policies to support low barriers access to screening and high-resolution anoscopy when necessary Adoption/adaptation of measurement for utilization and outcomes at the state level Strategies to promote equity in access to screening across settings and populations	WSMA Endorsed Fred Hutch	The Bree could promote and established standardized care pathways based on consensus guidelines, alignment of coverage policies for screening and HRA, purchasers can prioritize preventive services that reduce long-term cancer costs and disparities, and promote collaboration to address inequities in access.

²⁵ Stier, E. A., Clarke, M. A., Deshmukh, A. A., Wentzensen, N., Liu, Y., Poynten, I. M., Cavallari, E. N., Fink, V., Barroso, L. F., Clifford, G. M., Cuming, T., Goldstone, S. E., Hillman, R. J., Rosa-Cunha, I., La Rosa, L., Palefsky, J. M., Plotzker, R., Roberts, J. M., & Jay, N. (2024). International Anal Neoplasia Society's consensus guidelines for anal cancer screening. *International Journal of Cancer*, 154(10), 1694–1702. <https://doi.org/10.1002/ijc.34850>

²⁶ Goddard SL, Templeton DJ, Petoumenos K, et al. Association of anal symptoms with anal high-grade squamous intraepithelial lesions (HSIL) among men who have sex with men: Baseline data from the Study of the Prevention of Anal Cancer (SPANC). *Cancer Epidemiol.* 2019;58:12-16. doi:10.1016/j.canep.2018.10.009

²⁷ Palefsky JM, Lee JY, Jay N, et al. Treatment of anal high-grade squamous intraepithelial lesions to prevent anal cancer. *N Engl J Med.* 2022;386(24):2273-2282. doi:10.1056/NEJMoa2201048

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Peripheral Artery Disease (PAD)	PAD affects 8-10 million Americans each year, by 2050, an estimated 19 million people will have PAD. ²⁸ PAD is more common among African Americans compared to non-Hispanic White, and is associated with significantly reduced function and quality of life, increased risk of hospitalization and amputation, and higher cost of care. ^{29,30} From 2009-2015, there has been a 50% increase in diabetes-related lower-leg amputations. ³¹ While PAD has many of the same risk and contributing factors as other cardiometabolic conditions, those diagnosed with PAD are less likely to be treated with guideline-directed medical therapy as those diagnosed with CAD. ^{32,33} Serious outcomes such as lower limb amputation are avoidable with early detection and diagnosis, guideline-directed medical treatment, and public health intervention.	Integrate best practices for early detection and diagnosis of PAD, and promote guideline-directed medical therapy Aligning payment models to incent early detection and prevention of lower limb amputations Define outcome measurement for PAD and create a framework for monitoring of lower limb amputations at the state level	AHA Puget Sound HCA DOH YMCA United	The Bree could create a pathway for implementation of best practices for early detection and diagnosis, adherence to guideline-directed medical therapy, and prevention and monitoring of lower limb amputation; Build on previous work in chronic disease (HTN, DM)

²⁸ American Heart Association. (2022). Peripheral artery disease (PAD) National Action Plan. <https://professional.heart.org/-/media/PHD-Files-2/Science-News/p/PAD-National-Action-Plan.pdf>

²⁹ Roumia M, Aronow HD, Soukas P, et al. Sex differences in disease specific health status measures in patients with symptomatic peripheral artery disease: Data from the PORTRAIT study. *Vasc Med.* 2017;22(2):103-109.

³⁰ Scully RE, Arnaoutakis DJ, DeBord Smith A, Semel M, Nguyen LL. Estimated annual health care expenditures in individuals with peripheral arterial disease. *J Vasc Surg.* 2018;67(2):558-567

³¹ Geiss LS, Li Y, Hora I, Albright A, Rolka D, Gregg EW. Resurgence of Diabetes-Related Nontraumatic Lower-Extremity Amputation in the Young and Middle-Aged Adult U.S. Population. *Diabetes Care.* 2019;42(1):50-54.

³² Berger JS, Ladapo JA. Underuse of Prevention and Lifestyle Counseling in Patients With Peripheral Artery Disease. *J Am Coll Cardiol.* 2017;69(18):2293-2300.

³³ Yao X, Shah ND, Gersh BJ, Lopez-Jimenez F, Noseworthy PA. Assessment of Trends in Statin Therapy for Secondary Prevention of Atherosclerotic Cardiovascular Disease in US Adults From 2007 to 2016. *JAMA Netw Open.* 2020;3(11):e2025505.

Topic	Overview	Proposed Scope	Potential Partners	Unique Bree Impact
Screening and Management of OSA	Obstructive sleep apnea (OSA) affects 1 billion adults globally, 435 million of which experience moderate or severe OSA. ³⁴ OSA is often underrecognized and undertreated, ³⁵ even though it can be prevalent at rates as high as 40-80% for people with chronic conditions (HTN, HF). OSA is also associated with increased risk of post-operative complications respiratory complications, and increased likelihood of ICU admission. ³⁶ Screening for OSA is recommended by the American Heart Association, and evidence-based treatments include behavioral modifications, weight loss, and positive airway pressure during sleep. ³⁷ Primary care and surgical settings ³⁸ offer an opportunity to identify, diagnose, and intervene upon OSA to reduce risk of surgical complications and worsening of chronic conditions.	Practical, evidence-based workflows for screening, diagnosis and management of OSA in primary care and surgical settings Identify and integrate methods to incent screening for OSA and reduction of surgical complications into payment models Defining impact at primary care and surgical level using existing measurable data (e.g., reintubations, ICU admissions)	SCOAP UW Sleep Medicine VMFH Sleep Disorders Center WSHA HCA	The Bree could reduce variation in screening for OSA in primary care and surgical settings, suggest payment model design that incents identification and treatment to reduce complications from surgery, and provide a framework for evaluation at multiple levels

³⁴ Lastra AC, Neborak JM, Mokheles B. Diagnosis and Treatment of Obstructive Sleep Apnea. JAMA Intern Med. 2025;185(10):1280–1281.

doi:10.1001/jamainternmed.2025.2318

³⁵ Zachary Marcum, Dominic Nunag, Saif Rathore, Matthew Davis, 0636 Estimating Underdiagnosis of Obstructive Sleep Apnea in Medicare Claims Data, *Sleep*, Volume 48, Issue Supplement_1, May 2025, Page A278, <https://doi.org/10.1093/sleep/zsaf090.0636>

³⁶ Chaudhry RA, Zarmer L, West K, Chung F. Obstructive Sleep Apnea and Risk of Postoperative Complications after Non-Cardiac Surgery. J Clin Med. 2024 Apr 26;13(9):2538. doi: 10.3390/jcm13092538. PMID: 38731067; PMCID: PMC11084150.

³⁷ Yeghiazarians, Y., Jneid, H., Tietjens, J. R., Redline, S., Brown, D. L., El-Sherif, N., Mehra, R., Bozkurt, B., Ndumele, C. E., & Somers, V. K. (2021). *Obstructive sleep apnea and cardiovascular disease: A scientific statement from the American Heart Association. Circulation, 144*(3), e56–e67. <https://doi.org/10.1161/CIR.0000000000000988>

³⁸ Nagappa M, Wong J, Singh M, Wong DT, Chung F. An update on the various practical applications of the STOP-Bang questionnaire in anesthesia, surgery, and perioperative medicine. Curr Opin Anaesthesiol. 2017 Feb;30(1):118-125. doi: 10.1097/ACO.0000000000000426. PMID: 27898430; PMCID: PMC5214142.

Topic	Overview	Proposed Scope	Potential Partners	Unique Bree Impact
Pre and perioperative malnutrition screening and management	1 in 7 households in America experienced food insecurity in 2024, ³⁹ and nearly 75% of food insecure households in Washington reported reducing quality and quantity of food to cope with increased prices. ⁴⁰ While primary care settings now routinely screen for health-related social needs including food insecurity, fewer than 1/3 of affected surgical patients are identified before surgery. ⁴¹ Current practice relies heavily on BMI and weight loss history, which fail to detect sarcopenic obesity—an increasingly prevalent condition driven by GLP-1 use. ⁴² There is an opportunity in surgical settings to identify those with food insecurity before surgery, route to community-based resources, refer to registered dietitians, utilize evidence-based short-term interventions (e.g., ensure), and standardize practice of preoperative management of GLP-1 agonists to prevent/manage GLP-1 associated sarcopenia	Practical clinical workflows for malnutrition and food insecurity screening, referral, and short-term intervention across surgical settings inclusive of considerations for GLP-1 agonist use Integration of payor resources and partnerships to address food insecurity, coverage of short-term interventions such as nutritional supplements Design evaluation framework for delivery systems and the state on quality of malnutrition screening and intervention	SCOAP HCA DOH WSHA ACHs	The Bree could promote accurate screening of malnutrition and food insecurity in surgical settings, standardize approach to short term management, long-term follow-up and approach to GLP-1 management to reduce unnecessary surgical delays.

³⁹ Food Research & Action Center. (2025, December 31). USDA food security report reveals 47.9 million Americans facing hunger, FRAC urges Congress to act now. <https://frac.org/news/usdafoodsecurityreportdec2025>

⁴⁰ Otten, J. J., Spiker, M. L., Dai, J., Buszkiewicz, J. H., Beese, S., Collier, S. M., & Ismach, A. (2025, February). Food security and food assistance in the wake of COVID-19: A 5th survey (2024) of Washington State households (WAFOOD Research Brief No. 16). Washington State Food Security Survey. https://foodsystems.uw.edu/wp-content/uploads/2025/02/WAFOOD_Brief16_20250212-1.pdf

⁴¹ Heutlinger, O., Acharya, N., Tedesco, A., Ramesh, A., Smith, B., Nguyen, N. T., & Wischmeyer, P. E. (2025). Nutritional optimization of the surgical patient: A narrative review. *Advances in Nutrition*, 16(1), 100351. <https://doi.org/10.1016/j.advnut.2024.100351>

⁴² Rossi, G., Bucciarelli, L., Mananguite, CL. et al. Muscle loss and GLP-1R agonists use. *Acta Diabetol* 63, 333–342 (2026). <https://doi.org/10.1007/s00592-025-02611-2>

