

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 (SUD), but less than 1 in 20 with an SUD receive treatment. ¹ 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 disorders, offer a range of effective treatment options, reduce harm, and support them through recovery. Integrating aligned best practices across settings has the potential to support better access and quality of care for those who living with an SUD.	SUD care best practices integration across settings (crisis care, physical healthcare, housing, community-based agencies, and behavioral healthcare). Align benefit design to low-barrier access to care for substance use and associated conditions Updated state-level framework for measurement of utilization and outcomes related to substance use	UW Addiction, Drugs, and Alcohol Institute (ADAI); HCA; DOH; Washington Society of Addiction Medicine (WSAM); WSHA;	Update the state of the science on evidence-based and emerging best practices for substance use disorder care, reduce barriers to engagement with treatment, promote low-barrier to avoid inappropriate healthcare utilization, and recommend a framework for statewide measurement

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., & Feller, 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) for Ovarian Cancer Prevention	Ovarian cancer is the most lethal gynecologic malignancy, and 5 th leading cause of cancer death in women in the U.S. Over 2/3 of ovarian cancers are diagnosed at late stage, with over half with only 35% 5-year survival rate at diagnosis. ⁴ 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. ^{5,67} Multiple practice guidelines internationally recommend opportunistic salpingectomy (OS) expansion into nongynecological surgeries. ^{8,9} Barriers include but are not limited to patient/provider awareness, inadequate for training/credentialing of surgeons, coverage variation, ambiguous eligibility criteria, and lack of framework for outcome evaluation.	Adopt appropriate and evidence-based eligibility criteria for OS Clarify coverage and reimbursement for the procedure with new (10/2025) CPT code 58700 Recommend implementation strategies across surgical settings Define measurement of utilization and outcomes and align with SCOAP to support implementation.	SCOAP; Fred Hutch; WSHA; HCA; Michigan Surgical Quality Collaborative	Build consensus around appropriate eligibility criteria for OS in Washington state, recommend strategies for navigating education and consent, clarify coverage pathways, and promote awareness of a key cancer prevention strategy

⁴ National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER) Program. (n.d.). Ovarian cancer—Cancer stat facts. U.S. Department of Health and Human Services. Retrieved July 21, 2026, from <https://seer.cancer.gov/statfacts/html/ovary.html>

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

⁶ Hanley, G.E., Examining indicators of early menopause following opportunistic salpingectomy. *Am J Obstet Gynecol*, 2020. 223(2)

⁷ ACOG Committee Opinion No. 774: Opportunistic Salpingectomy as a Strategy for Epithelial Ovarian Cancer Prevention. *Obstet Gynecol*, 2019. 133(4)

⁸ Piek, J.M., Opportunistic Salpingectomy for Prevention of Tubo-Ovarian Carcinoma: The European Society of Gynecological Oncology Consensus Statements. *JAMA*, 2026. 335(10)

⁹ 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, formerly PCOS) affects 1 in 8 women.¹⁰ PMOS 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 experiencing infertility. People impacted by PMOS frequently report dissatisfaction with care, delayed diagnosis, and missing work^{11,12} The healthcare-related economic burden of PMOS due to pregnancy-related and long-term morbidities alone is estimated to be over \$4 billion annually.¹³ Addressing variation in care for people living with PMOS could reduce delays in diagnosis, improve chronic condition prevention, support proactive family planning, and reduce cost associated with long-term impacts.	Close clinician knowledge gap of assessment and diagnosis of PMOS, including appropriate use of diagnostic testing (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	Address variation in care due to knowledge gap by clinicians, reduce costs and productivity loss associated with PMOS, and develop a recommended framework for outcome evaluation

¹⁰ 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)

¹¹ 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>

¹² 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>

¹³ 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. ¹⁴ Washington faces a fragmented landscape for AI implementation in healthcare, with no consistent governance framework across systems. Concerns over data privacy and ownership, algorithmic bias, model interpretability, regulatory oversight, and maintenance of clinician supervision of care remain as health system seek to scale solutions that address workforce and access issues. ¹⁵ 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 narrow rather than widen disparities with its use.	Framework for integrated governance inclusive of clinical, legal, ethical, and patient perspectives at the system level¹⁶ 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 application¹⁷	Microsoft HCA DOH	Build consensus across the healthcare ecosystem on AI governance, recommend vendor contracting standards and AI use cases, and establish a foundation for trust among patients, clinicians, and systems.

¹⁴ 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>

¹⁵ 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>

¹⁶ 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>

¹⁷ 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. ^{18,19,20} Pilots of these programs have also demonstrated improvement in self-efficacy of managing conditions and increased utilization of outpatient services. ²¹ Many services provided by MIH teams in Washington are theoretically reimbursable by health coverage, but lack a pathway for payment under current rules; addressing the financial sustainability of MIH programs has the potential to provide cost savings to patients, delivery systems, and payors alike while improving outcomes for those most impacted by health disparities.	Identify scope for initial implementation of MIH services reimbursable through insurance (e.g., teams providing crisis care) 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 and evaluation of utilization and outcomes	Greater Health Now, Kirkland Fire, DOH Seattle Fire, HCA	Leverage partnerships to bridge the gap in coverage between payors and providers practicing in MIH programs for designated, initial use care (e.g., crisis care), identify next steps to expand this approach for other MIH programs, and provide a framework for statewide and organizational evaluation

¹⁸ 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

¹⁹ 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>

²⁰ 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>

²¹ 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.²² Opioid prescriptions for pediatric patients have continued to decline,²³ with dentists and surgical subspecialists continuing to account for highest proportions of prescribing. Non-opioid and multimodal pain management strategies are recommended as best practice to be used instead of or in conjunction with opioids when needed.²⁴ Several medical associations and societies have developed pediatric pain management guidelines in recent years, including the American Academy of Pediatrics and American Dental Association.^{25, 26}	Consolidate pediatric pain management guidelines across a range of settings (outpatient, inpatient, surgical) to address variation in pain management Align coverage with prioritization of multimodal pain management Refine a framework for evaluation at the state and organizational level	WCAAP HCA WSHA DOH Mary Bridge Children's Hospital AMDG? Michigan OPEN	The Bree could update the state of the science on pediatric pain management, address over- or under-use of opioids to control pain in a population vulnerable to long-term impacts, and improve quality of life for children and their families

²² 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.

²³ Bly, C., Guy, G., Jr., Mikosz, C., & Terranella, A. (2026). Opioid dispensing trends among children and adolescents aged ≤ 19 years in the United States: 2018–2022. *Journal of Adolescent Health*, 78(1), 190–194. <https://doi.org/10.1016/j.jadohealth.2025.08.026>

²⁴ Gai, N., Naser, B., Hanley, J. et al. A practical guide to acute pain management in children. *J Anesth* 34, 421–433 (2020). <https://doi.org/10.1007/s00540-020-02767-x>

²⁵ 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>

²⁶ 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>

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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. ²⁷ Targeted cancer screening among groups at higher risk can identify HSIL, which was found in the Anal Cancer/HSIL Outcomes Research (ANCHOR) study to reduce the risk of developing anal cancer. ^{28,29} 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.	Close a gap in clinical best practice following international consensus-based recommendations Alignment of coverage policies to support low barrier access to screening and high-resolution anoscopy when indicated Adoption/adaptation of measurement for utilization and outcomes at the state level Strategies to promote equity in access to screening across settings and populations most at risk for anal cancer	WSMA <i>Endorsed</i> ; Fred Hutch DOH	Promote a standardized care pathway based on evidence-based consensus guidelines, align coverage policies for appropriate use of screening and HRA, prioritize preventive services that reduce long-term cancer costs, and promote collaboration to address inequities in access to and uptake of screening

²⁷ 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>

²⁸ 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

²⁹ 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. ³⁰ 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 higher cost of care. ^{31,32} From 2009-2015, there has been a 50% increase in non-traumatic lower-leg amputations. ³³ 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 coronary artery disease. ^{34,35} Adverse outcomes such as lower limb amputation are avoidable with early detection and diagnosis, guideline-directed medical treatment, and public health intervention.	Promote best practices for early detection and diagnosis of PAD, as well as guideline-directed medical therapy Address barriers to and incent early detection and intervention (e.g., diet, exercise, medication, surgical management) to prevent lower limb amputations Support statewide evaluation and monitoring of adverse outcomes (e.g., amputation) to incent quality improvement	AHA Puget Sound? HCA DOH YMCA United HTCC	Promote awareness of best practices for early detection and diagnosis of PAD as well as guideline-directed medical therapy, build on and integrate PAD with previous work in chronic disease (HTN, DM), recommend a framework for evaluation of outcomes for the state and organizations

³⁰ 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>

³¹ 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.

³² 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

³³ 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.

³⁴ 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.

³⁵ 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.

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Screening and Management of OSA	Obstructive sleep apnea (OSA) affects 1 billion adults globally, 435 million of which experience moderate or severe OSA. ³⁶ OSA is often underrecognized and undertreated, ³⁷ 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. ³⁸ Screening for OSA is recommended by the American Heart Association (AHA), and evidence-based treatments include behavioral modifications, weight loss, and positive airway pressure during sleep. ³⁹ Primary care and surgical settings ⁴⁰ 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	Address variation in screening for OSA in primary care and surgical settings, align coverage that incents identification and treatment to reduce complications from surgery, and provide a framework for evaluation at multiple system levels

³⁶ 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

³⁷ 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>

³⁸ 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.

³⁹ 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>

⁴⁰ 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.

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Malnutrition and Nutritional Risk	An estimated ~30% of hospitalized adult patients are at risk for malnutrition.⁴¹ Malnutrition is associated with increased morbidity and mortality but is under-identified in the healthcare system. Fewer than 1/3 of affected surgical patients are identified before surgery.⁴² 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.⁴³ There is an opportunity in primary care and surgical settings to identify those with malnutrition and nutritional risk, route to community-based resources, refer to registered dietitians, utilize evidence-based short-term interventions before procedures (e.g., ensure), and standardize 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 primary care and 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 primary care and surgical settings, standardize approach to short term management, long-term follow-up and considerations for those utilizing GLP-1 to reduce unnecessary surgical delays and address a fundamental health need

⁴¹ Uhl, S., Siddique, S. M., McKeever, L., et al. (2021). Malnutrition in hospitalized adults: A systematic review (Comparative Effectiveness Review No. 249). Agency for Healthcare Research and Quality. <https://www.ncbi.nlm.nih.gov/books/NBK574792/>

⁴² 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>

⁴³ 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>