Bree Collaborative | Perimenopause and Menopause
July 8th 2026| 2:30-4PM
Hybrid

MEMBERS PRESENT VIRTUALLY

Nicole Saint Clair, MD, FACOG (chair), Regence
Annelise Gaaserud, MD, Kaiser Permanente
Carolyn Halley, MD, Healthpoint
Asher Strauss, PsyD, Kinwell
Jamie Kowatch, RD, CDCES
Kris Somol, ND, Bastyr University
Denise Rodriguez, Seattle Menopause Doula
Naomi Busch, MD, MSCP, Seattle Menopause Medicine
Josephine Young, MD, Premera

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Karie Nicholas, MA, GDip, Bree Collaborative
Emily Nudelman, DNP, RN, Bree Collaborative
Orly Steinberg, MD, Regence
Susie Woo, MD, FACC

WELCOME

Nicole reviewed the agenda for the day and asked for a motion to approve the minutes from the previous meeting. There was a correction of the date at the bottom of the minutes. The revised minutes will be posted online.

- Action: Motion to approve revised June minutes
- Outcomes: Revised June minutes approved

NON-MHT APPROACHES TO MENOPAUSE: KRIS SOMOL, ND

Beth invited Dr. Kris Somol, Naturopathic Doctor, to present on non-hormonal treatment options for menopause, including discussing the naturopathic medicine approach.

- **Scope of naturopathic practice:** naturopathic physicians in Washington state are primary care providers who can prescribe menopause hormone therapy but also utilize a range of non-hormonal approaches (e.g., nutrition, exercise, stress management, acupuncture, etc.)
- **Individualized treatment approach:** tailoring interventions to the patient's specific symptoms, using lifestyle changes and nutritional interventions for mild symptoms, and considering hormone therapy for more severe or multi-system symptoms.
- **Evidence and resources:** existence of evidence-based research for non-hormonal therapies, noting challenges with the quality and scope of studies, and referenced resources like HEALWA and NatMedPro for clinicians seeking information on complementary and alternative medicine.
- **Cost and accessibility**: many non-hormonal approaches are not covered by insurance and may be accessible only to patients with flexible spending accounts or sufficient financial resources, which can create barriers to care.
- **Collaboration between providers:** collaboration between conventional and non-conventional providers, advising clinicians to refer patients to knowledgeable practitioners and to be cautious about poorly researched therapies

THE CARDIOLOGY PERSPECTIVE ON MENOPAUSE: SUSIE WOO, MD, FACC

Beth transitioned the group to invite Dr. Susie Woo, MD, FACC, forward to provide a brief oral presentation on the cardiology approach to menopause and hormone therapy.

- **Cardiovascular risk assessment:** recommended a comprehensive cardiovascular risk assessment for perimenopausal patients, including evaluation of blood pressure, lipids, blood sugars, and

history of pregnancy-related risk factors, noting that this period is an opportunity to address changes and educate patients.

- **Timing and delivery of MHT:** emphasis on the 'timing hypothesis,' stating that MHT is safest when initiated before age 60 or within 10 years of menopause, especially using transdermal estrogen at low doses, which avoids increased risk of stroke and venous thromboembolism associated with oral estrogen
- **Shared decision-making and contraindications:** advocated for shared decision-making, considering patient values and risk tolerance, and outlined contraindications for MHT, including history of stroke, TIA, established coronary disease, uncontrolled diabetes, and severe vasomotor symptoms indicating vascular vulnerability.
- **Role of statins and anticoagulants:** statins can mitigate the risk of thromboembolic events when used with MHT, and that patients on therapeutic anticoagulation may safely use MHT, though some providers remain hesitant due to lingering concerns.
- **Discussion**
    - Is coronary calcium score recommended before starting on hormone therapy?
        - Not universally covered by insurance, but many are willing to pay out of pocket for the assessment and can provide useful information on individual risk

GUIDELINE REVIEW

Beth transitioned the meeting to a brief review of the drafted guidelines. The following was discussed during review of the primary care guidelines:

- Keep guidelines simple and straightforward for primary care, avoiding unnecessary complexity in discussion of risks and benefits of hormone therapy, or adding extra standards that signal that MHT is more dangerous than other medications.
- Discussion regarding neutral language use in discussion of risks and benefits, and accurately reflect the data
- Potential need for an example of documentation for shared decision-making with MHT, highlighting that signed consents are not necessary
- Important to routinely ask about menopausal symptoms in people of appropriate age, and ensuring patients feel empowered to make menopause the chief complaint for a visit
- Removal of specific examples from statements on non-pharmacological and complementary and alternative medicines (CAM) for menopause, such as Chinese herbal medicine, instead emphasizing consult with a knowledgeable provider
- Need to stratify evidence for CAMs highlighting the importance of distinguishing between well-researched and less-researched interventions and encouraging collaboration
- Most CAMs require letter of medical necessity to be eligible for coverage through FSA accounts

PUBLIC COMMENT AND GOOD OF THE ORDER

Beth invited final comments or public comments and thanked all for attending. The workgroup's next meeting will be on **Wednesday, August 12th from 2:30-4PM PST.**