

**The Bree Collaborative  
Pediatric Asthma Charter and Roster**

**Problem Statement**

Asthma is the most common chronic disease among children, with many potential risk factors including smoking, obesity, family history, and environmental triggers, or adverse childhood experiences.<sup>1</sup> In Washington state nearly 120,000 children have been diagnosed with asthma, accounting for between 8 to 11 percent of children in middle and high school.<sup>2</sup> As asthma cannot be cured but can be effectively managed, there is a need for strong treatment and mitigation plans to prevent burden of disease among youth in Washington.

**Aim**

To increase evidence-informed screening, diagnosis, monitoring, and treatment for pediatric asthma to reduce the burden of disease in Washington state.

**Purpose**

To propose practical and evidence-informed recommendations to the full Bree Collaborative on reducing the burden of pediatric asthma including:

- Helping patients and families achieve asthma control.
- Appropriately diagnosing asthma cases and defining medically high-risk asthma.
- Improving access to and implementation of treatment protocols.
- Understanding and adapting treatment plans based on social determinants of health.
- Developing and adopting metrics for medication compliance and treatment process.
- Partnering with patients to ensure medication compliance and educate families.
- Engaging community support and broader public health programs.
- Addressing home, school, and community environments.
- Developing sustainable funding for pediatric asthma interventions.
- Improving care coordination between providers, plans, and community health supports.
- Disseminating and informing clinicians of ongoing evidence-based guidelines.

**Duties & Functions**

The workgroup will:

- Research evidence-informed and expert-opinion informed guidelines and best practices (emerging and established).
- Identify current barriers and future opportunities for implementing interventions.
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Maintain an equity lens while developing recommendations.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies including metrics or a process for measurement.
- Create and oversee subsequent subgroups to help carry out the work, as needed.

- Revise this charter as necessary based on scope of work.

## Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative. The Bree Collaborative director and program coordinator will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

## Meetings

The workgroup will hold meetings as necessary. Bree Collaborative staff will conduct meetings, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the Bree Collaborative director.

Name	Title	Organization
Annie Hetzel, MSN, RN	School Health Services Consultant	Office of the Superintendent of Public Instruction
Brad Kramer, MPA	Asthma and Community Health Worker Program Manager	Public Health, Seattle & King County
Christopher Chen, MD	Associate Medical Director	WA Health Care Authority
David Ricker, MD	Pediatric Pulmonologist	Mary Bridge Children’s
Doreen Kiss, MD	Pediatrician/Peds Population Health	University of Washington
Edith Shreckengast, MS	Clinical Health Coach – Registered Dietitian	Community Health Plan of Washington
Julee Christianson	Health Schools Washington Director	Office of the Superintendent of Public Instruction
Kate Hastings	Senior Policy Expert	Scientific Consulting Group
Kate Guzowski		Community Health of Central Washington
Katie Paul, MD, MPH	Physician	Kaiser Permanente
LuAnn Chen, MD, MHA, FAAFP	Senior Medical Director	Community Health Plan of Washington
Mark LaShell, MD	Allergist-Immunologist	Kaiser Permanente
Michael Dudas, MD, FAAP	Pediatrician	Virginia Mason Medical Center
Sheryl Morelli, MD, MS	Chief Medical Officer	Seattle Children’s Care Network
Vicki Kolios, MSHSA, CPHQ	Senior Program Director, Surgical COAP & Spine COAP	Foundation for Health Care Quality

<sup>1</sup> WA Department of Health. (2010). Children and Youth with Asthma: Washington State 2009-2010. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/345-305-ChildAsthmaFactSheet.pdf>

<sup>2</sup> WA Department of Health. (2022). Asthma Data. <https://www.doh.wa.gov/dataandstatisticalreports/diseasesandchronicconditions/asthmaata>