
Bree Collaborative | Infection Control Workgroup

January 10, 2022 | 8:00 – 9:30 a.m.

Virtual

MEMBERS PRESENT

Mark Haugen (chair), MD, Walla Walla Clinic &
Surgical Center

Faiza Zafar, DO, FACOI, Community Health Plan
of Washington

Lisa Hannah, CIC, WA Department of Health

STAFF AND MEMBERS OF THE PUBLIC

Sierra Bertolone-Smith, Medical Student

Nick Locke, MPH, Bree Collaborative

Ginny Weir, MPH, Bree Collaborative

WELCOME

Nick Locke, Bree Collaborative, welcomed everyone to the inaugural meeting on Hepatitis C virus (HCV) in Washington State. Those present introduced themselves and described their current work with infection control.

BREE INTRODUCTION AND GOVERNANCE

Mr. Locke presented slides on the background of the Bree Collaborative, the process for developing guidelines in workgroup collaboration, and the rules and regulations governing open public meetings.

To Do: Workgroup members must complete Open Public Meetings Act (OPMA) training and fill out a participant disclosure form within 90 days of joining the workgroup. Mr. Locke will send the relevant material out to members following the meeting.

INFECTION CONTROL CHARTER AND SCOPE

Those present discussed the scope and purpose of the Hep C workgroup, starting with topics that should be addressed by the workgroup. Key themes included:

- Trying to narrow the scope to be more specific to outpatient clinical settings (outside of inpatient delivery systems)
- Focusing on transmission-based protocols, but including information about reasonable cleaning and disinfectant procedures.
- How to expand beyond COVID, but develop recommendations that are relevant to crisis conditions and variable resources in outpatient settings.
- Risk assessments for patients and communities
- Discussing benefit designs and developing recommendations for patients, plans, and even legislators.

Those present reviewed the draft charter and added the following new language to the charter:

- Transmission-based protocols, including choosing proper PPE and access to testing
- Sterilization and disinfectant protocols
- Surveillance of infectious disease transmissibility
- Adapting to varied resources in outpatient settings
- Partnering with patients to provide education about disease risk
- Engaging community leaders to mitigate community spread
- Developing clinical workflows for high-risk/crisis situations
- Benefit designs and incentives to help encourage behavior change
- Added “Maintaining an equity lens while developing recommendations” to Duties and Functions.

All members present will be added to the current workgroup roster. Additional outreach will be made toward state/county commissioners, employer-purchasers, additional physicians from outpatient settings like federally qualified health centers, data and surveillance managers, and rural healthcare.

To Do: Bree Collaborative staff will conduct further outreach to potential workgroup members. Several workgroup members offered to facilitate connections with additional physicians in outpatient settings, data and surveillance managers, and FHCQs.

Decision: Those present voted to adopt the current charter to present at the full Bree Collaborative meeting on January 21st.

PUBLIC COMMENT AND GOOD OF THE ORDER

Mr. Locke invited final comments or public comments, then thanked all for attending and adjourned the meeting. The workgroup’s next meeting will be on Monday, February 14th, 2022.