
Bree Collaborative | Pediatric Asthma

January 6, 2022 | 8:00 – 9:30 a.m.

Virtual

MEMBERS PRESENT

Brad Kramer, MPA, Public Health, Seattle & King
County

David Ricker, MD, Mary Bridge Children's

Doreen Kiss, MD, University of Washington

Edith Shreckengast, MS, Community Health Plan
of Washington

Kate Hastings, Scientific Consulting Group

Katie Paul, MD, MPH, Kaiser Permanente

LuAnn Chen, MD, MHA, Community Health Plan
of Washington

Mark LaShell, MD, Kaiser Permanente

Michael Dudas, MD, Virginia Mason Medical
Center

Sheryl Morelli, MD, MS, Seattle Children's Care
Network

STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Bree Collaborative

Ginny Weir, MPH, Bree Collaborative

WELCOME

Nick Locke, Bree Collaborative, welcomed everyone to the inaugural meeting on Pediatric Asthma in Washington State. Those present introduced themselves and described their current work with pediatric asthma.

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.

PEDIATRIC ASTHMA CHARTER AND SCOPE

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

- Medication compliance and data about treatment plans
- The importance of social need (nutrition, housing) and preventing/treating asthma
- Defining and capturing metrics for medication refills, hospital readmissions, and what is considered "medically high-risk"
- Ensuring that new guidelines for asthma treatment are available in primary care
- The proper age to include in the scope of this workgroup. (Most members agreed to include all pediatric ages, but to stratify recommendations based on age, such as 0-4 years old, 5 and older)

Those present reviewed the draft charter and added new language to the "Aim" "Purpose" and "Duties and Responsibilities" sections, including:

- Preventing new asthma cases
- Appropriately diagnosing asthma
- 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 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 environment
- 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

All members present will be added to the current workgroup roster. Additional outreach will be made toward tribal representatives, patient representatives, school representatives, and additional providers, especially from rural areas.

To Do: Bree Collaborative staff will conduct further outreach to potential workgroup members. Several workgroup members offered to facilitate connections with patients, schools, tribal representatives, and rural physicians.

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 Tuesday, February 15th, 2022.