
Dr. Robert Bree Collaborative Meeting Minutes
May 22nd 2024 | 1:00-3:00
Hybrid

Members Present

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| Colleen Daly, PhD, Microsoft | Kimberly Moore, MD, Franciscan Health System |
| Sharon Eloranta, MD, Washington Health Alliance | Mary Kay O’Neill, MD, Mercer |
| Gary Franklin, MD, Washington State Department of Labor and Industries | Carl Olden, MD, Pacific Crest Family Medicine |
| Colin Fields, MD, Kaiser Permanente | Kevin Pieper, MD, MHA, Kadlec Regional Medical |
| Norrifumi Kamo, MD, MPP, Kaiser Permanente | Angie Sparks, MD, United Healthcare |
| | Judy Zerzan-Thul, MD, Washington HCA |

Members Absent

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| Emily Transue, MD, Comagine Health, (<i>chair</i>) | Darcy Jaffe, MN, ARNP, FACHE, Washington State Hospital Association |
| Nicole Saint-Clair, MD, Regence BlueShield | |
| Susanne Quistgaard, MD, Premera Blue Cross | |
| Greg Marchand, The Boeing Company | |
| June Alteras, MN, RN, Multicare | |

Staff, Members of the Public

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|---|---------------------|
| Beth Bojkov, MPH, RN | Andrea Elmore |
| Karie Nicholas, MA, GC, FHCQ | Cora Espina, ARNP |
| Emily Nudelman, DNP, RN, FHCQ | Hillary Norris |
| Ginny Weir, MPH, FHCQ | Kristin Villas |
| Jake Berman, MD, University of Washington | Laura Kate Zaichkin |
| Audrey J | |
| Amy Florence | |

WELCOME, INTRODUCTIONS

Dr. Mary Kay O’Neill welcomed everyone and opened the meeting.

Motion: Approve March Minutes

Outcome: Unanimously approved March Minutes

AWARD PRESENTATION

The Inaugural Mountain Climber Award for Excellence in Health Equity was awarded to Kaiser Permanente and UnitedHealthCare Group.

2024 REPORT UPDATES

Dr. Mark Haugen has stepped down from his role as a Bree Member. Bree staff have notified WSMA who is to assist in filling the seat. Bree members informed the group that WSMA is currently working to fill the seat.

Behavioral Health Early Interventions for Youth

- A team from Seattle Children's came to the last meeting to provide an overview of their FAST program. The workgroup was eager to hear from them as the tool show efficacy in supporting clinicians, health teams and families in supporting the health of their child
- Beginning to draft guidelines and reviewed previous guidelines by AAP with the lens of addressing barriers such as time and funding
- Looking at gaps in measurement
- Pause for questions
 - No questions

Extreme Heat & Wildfire Smoke

- Summary:
 - Created guidelines for interdisciplinary team
 - Identify who may be at risk for heat related event.
 - Drafted a medication list for clinicians to adjust dosing
 - Health plans: their data to identify who is at risk and tailored outreach, using CHPW as a case study/example.
 - Role in outreach, communication and coordination
 - Reimbursement pathways (AC, and air filtration)
 - DSHS emergency preparedness coordinator to join in June
- Question: What is an interdisciplinary team in this context? Is it multidisciplinary instead, or interprofessional?
 - When reviewing the clinician guidelines, some of the items (e.g., screening, counseling) may be more appropriate for clinician but there may be other items the entire team can do.
 - **Action:** group to define or use a different word choice - healthcare team with various disciplines who collaborate to deliver coordinated high value patient-centered care
- Question: To what degree are the OSHA rules being incorporated into these guidelines?
 - Delivery systems recommend patients at risk know how to report a violation, and point to employers following those rules.
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- Question: Drafted Med list - If you're trying to target broad groups at isolated events is there any liability to these organizations doing dosage adjustments, because they're not going to be able to have 1-1 care coordination with people?
 - The group has not discussed that specifically, so will bring it up.
- Question: Rural setting concerns – some settings are more likely to encounter people experiencing heat-related illness or wildfire smoke related exacerbations – is there any emphasis on them having more awareness?
 - We'll bring this back to the group.
- Question: Have OSHA rules been brought up and how do they fit into this conversation?
 - The workgroup has discussed how it's appropriate for Bree to let employers know that they are available and should follow, and how can clinics and clinicians know they exist so they can support the client
 - The Bree a role beyond influencing purchasing of healthcare, example with DOH and the opioid metrics – there is DOH and L&I at the table.
- Question: Should there be a question on a survey on if people can access a cool area (AC) to SDOH screening tool?
 - Good question – workgroup hasn't discussed modifying standardized screening tools, but definitely talked about how these questions should be asked

Treatment for OUD Revision

- Summary:
 - New medications and how they are being used, as well as how old medications are being used differently.
 - Pharmacies difficult in becoming REM certified to provide LAIs – HCA is working on strategies to improve availability and pathways for pharmacies to become certified
 - ScalaNW – ER bridge program launching in June – they have partnerships across the state with clinics for set drop in hours
- To come:
 - Health Engagement care models and pilots
 - Chronic disease model
 - EMS initiate OUD
 - Safe opioid agonist (federal information is not there yet)
 - Employee assistance programs
- Question:
 - Are we addressing the balance between accessing insurance pharmacy side vs. medical benefits. Some long acting injectables are being given via medical which have a higher co-pay for patients later on.
 - **Action:** touch on this and clarify this for health systems within the report
 - Is there an update from Dr. Fotinos on buprenorphine dose, higher limits and coverage? Folks who have fentanyl use disorder usually have higher dosage needs.
 - **Action:** follow up to provide clarification on dosing limit adjustments

EVALUATION UPDATES

Dr. O'Neill transitioned the group and invited Karie to share more about Evaluation updates.

- Summary
 - Evaluation program overview
 - Two questions to answer: how can the Bree improve its process?
 - What outcomes and impact do Bree reports have on the system?
 - Look-back reports are on the website now under Evaluation (Dashboards and Reports)
- Evaluation Program Components: Evaluation Survey Question bank, Evaluation Tool (e.g., scorecards that KP and United filled out to win the Mountain Climber awards), Self-reporting system, Case studies, Dashboards and Reports, award programs
 - Case Studies: plan to develop 3-4 every year depending on data we're able to collect.
 - Question bank: Idea is that if multiple people are doing an evaluation, and they pick a few of the questions, then they can submit that information back to the Bree and we have more comparable information across organizations. Can also facilitate data sharing between organizations. Organizations can also submit their own home-grown survey questions to the Bree through the form at the bottom of the page.
- Bree Collaborative staff planning a reporting initiative
 - Launch in 2025
 - Purpose is to provide a simple way for all stakeholders to report on their use of the Bree guidelines
 - Who can participate: any Bree audiences.
 - How will we use this data: to set up basic dashboards to help connect organizations to identify potential case study participants to recruit for further data submission for our awards programs

- Contact Karie if interested in participating
- Capstone students from the UW Health Informatics and Health Information program (undergraduate) working on developing evaluation tools that are specific to new Bree reports
 - **Action:** Karie to share capstone summaries once students are done with them
- Questions
 - **Question:** Are we partnered at all with a qualitative researcher to do key informant interviews?
 - Not yet, those were discussed with the Opioid Treatment group, but would welcome more recommendations for partnerships to complete that. Would learn a lot more detail by doing key informant interviews in addition to survey answers.
 - **Action:** Gary to follow up with Karie to connect about Key Informant interviews.
 - **Question:** Can you clarify the DOH partnership in evaluation?
 - The idea is very preliminary. In context of the workgroup, how to evaluate heat and wildfire.

BREE MEMBER SURVEY RESULTS

Beth Bojkov, MPH, RN, transitioned the group to discuss the results of the Bree member survey so far. The purpose of the survey was to ask members to both provide input both on the topic selection process for 2025 and in general how to return to old reports.

- Responses
 - 7 members filled out the survey
 - Top reports identified
 - Bariatric Surgery and Behavioral Health Integration each got 4 votes
 - Primary Care and Obstetrics each got 3 votes
 - Early Stage Oncology Testing, Cardiovascular Health, Addiction and Dependence Treatment and Prostate Cancer Screening each received 2 votes

Survey Results

| Topic | Total Votes | Major Revision | Minor Revision | Retire |
|---|-------------|----------------|----------------|---------|
| BHI (2016) | 4 | 4 (100%) | 0 (0%) | 0 (0%) |
| Bariatric Surgery (2016) <i>(3 respondents suggested weight health/obesity as a new topic)</i> | 4 | 3 (75%) | 1 (25%) | 0 (0%) |
| Primary Care (2020) | 3 | 1 (33%) | 2 (67%) | 0 (0%) |
| Obstetrics (2012) | 3 | 1 (33%) | 1 (33%) | 1 (33%) |

- Question: on bariatric surgery, it is a current topic of HTA program, so we might want to assign someone to pay attention to details of those discussions. Probably going to dramatically expand coverage.
 - Gary: Lots of questions on what the surgeon has to accomplish before they do the surgery, think theres' going to be loosening of that and now there are drugs for weight management. The question is do we want to combine anything related to bariatric surgery with drugs.

- Angie: can we provide true informed consent in primary care or other places that include available options and coverage options so they are making informed decisions. We need to make it a holistic approach. There are some onerous and not necessarily evidence-based for the surgeon. On the flip side we have talked a lot about boiling the ocean, and not sure if combining drugs and bariatric surgery might be too big.
- Sharon: Think this process is a bit too subjective, and especially with such as small response. Would suggest that we use standard criteria to re-evaluate on an annual basis to see if there's new evidence, new cost information, updates to equity concerns etc.
 - Mary Kay: This is not the only decision point, this is a first step. The Clinical coverage policies take the research literature. Have a clinical coverage policy doesn't just make it happen, but there is a ton of research literature. Employers can choose to not cover something from a financial perspective, but not based on different interpretation of the clinical literature. Can look
 - Action: look at current coverage policy for bariatric surgery
 - Question: Mary Kay, would you change this process?
 - Mary Kay: are we doing clinical coverage policies or are we doing multistakeholder action policies on what should happen for a population. I think we do the second, but that is my opinion.
- Judy: How do we think about getting the right care to people with obesity, and it's the care that they want. Pull together the evidence for each of those different things. One thing I noticed is that the primary care one is pretty new, others are quite old. Given there's lots going on in Primary Care right now, what were the people who voted for it thinking about? – in terms of process, this is a reasonable way to start but we have to get more people responding to the survey. Maybe the discussion is how do we make sure everyone responds to the survey or we get a better result.
 - Worried we are not getting a lot of engagement in our hybrid environment
 - Karie: Would it be helpful if we gave fewer options, and do some culling beforehand or is that not really our staff's role?
 - Some of that question is would that be helpful for people that did not fill that out? How do we have a good process that people are engaged in?
- Gary: since we've gone virtual, we don't have a lot of pressure to fully participate. Are we not planning to get in person again?
 - Beth: We can, we have a big enough room to have everyone there.
 - Gary: seeing the virtual thing is not keeping people engaged, would recommend being in person.
- Mary Kay: maybe we are not there in person because the time requirements don't allow us to drive across town.
- Beth: would members be interested in prioritizing certain meetings to be in person to discuss?
 - Gary: think it's a good idea, did we used to meet quarterly?
 - Mary Kay: we used to meet quarterly for 4 hours.
 - Gary: maybe we should do that, and encourage in person 2/4 of the year or something like that.
 - Norris: maybe we could do live voting? The survey was a bit long and not familiar with a lot of the topics. Think that was the barrier. If we use our time during the meetings to actually vote it might increase the engagement.
- Beth: would a one-pager help on the topics, the content, what's changed since the report published, ongoing initiatives in the state?
 - Norris: that would be helpful.
 - Gary: when we had our bigger quarterly meetings, the clinical leaders did the update to the Bree members on works in progress.
 - **Action:** invite clinical leaders to provide updates from now on.

- Sharon: feel unqualified to make decisions on all topics, one pager with some information from clinical leaders would make me feel more informed.
- Mary Kay: as the topics evolve, how we might do the review might be different. Appreciate the staff working on a reasonable approach to this. Hard to fill out the survey because I couldn't remember the contents of the reports themselves either.
- Karie: The idea of reviewing the reports came from Nick and I at some point, but didn't come up with any idea on how to do it. Would a review committee be helpful? If we had some committee first and made some recommendations
 - Gary: I think that would be helpful.
 - Mary Kay: could be good to have a calendared review, looking at the first batch based on when they were published. However, we would need to be able to retire things, but we need to have some internal quality that includes calendared review that's been on the books and not reviewed for some period of time.
 - The way BH is deployed has changed so much now that many of the topics and guidelines in the report are not relevant anymore which could be reason to review
 - Bariatric surgery there is obviously new evidence and decisions that drive the need to
 - Norris: calendared breakdown makes sense, and not sure about formal committee but a brain trust of SME would be useful enough.
 - Mary Kay: periodic revisiting with some ability to respond to changes would be useful. Maybe we should talk about what the criteria for retirement should be as well and clear about that on our website.
- Would like to still have the reports available but make it clear what kind of status they have, but this is the conversation we need to have now to implement that properly and indicate on our website.
- Mary Kay: might be nice to have an annual in person event, we will discuss more.
- Next steps: revisit in July with further information about
- Gary: Bree is really all about integration, but some of the topics have been better integrated than others. All centers have some kind of team to know if they need surgery, but not sure if there is a team for those with obesity who just want care. If the Bree doesn't come up with an integrated care team for those kinds of chronic conditions, who will?
 - Angie: agree, other chronic conditions are not treated like that. It is expensive, affordability is a real concern.
 - Sharon: JAMA network open there is an article about a health system that came up with a weight navigation program talking about embedding a person certified in weight management in primary care clinics. It's old enough that it doesn't include the weight loss medications, but it is talking about model tested and found to be more effective using team-based approach.
 - Mary Kay: Some employers looking at financial impact covering medications for their populations. Some have integrated other nutritional support and behavioral support alongside the medication. There are FDA coverage criteria for who qualifies for this medication.
 - Gary: think the argument against integrated teams is penny wise and pound foolish, and if the Bree doesn't come up with some strong recommendations for that then no one will.
 - Norris: some of these coverage decisions are made by proprietary tools, like MCG and Interqual. Not sure how the sausage is made on the inside, but with Bree it is transparent and public.

Action: Bree staff to follow up with SME and blend bariatric surgery and weight health one pager to bring to the next Bree meeting

- Karie: goal is to leave space for a report that actually needs revision alongside picking new topics, but keeping that process separate from reviewing our bodies of work and deciding what to do with them.

IMPLEMENTATION UPDATES

Dr. Emily Nudelman informed the Bree Members that staff have worked to develop and published a Bree Report Implementation Guide. The Implementation Guide is now available on the Bree website, under the implementation tab, Bree Collaborative Implementation Guide.

Dr. Nudelman invited our **DNP Intern** to introduce herself: **Cora Espina, ARNP (she/her)**. She has been a nurse for 24 years total and an NP for 16 years. Most of her clinical practice has centered around diabetes care and policy improvement at the local level. Most interested in cross-sector collaboration with lens focused on equity. She is working on her doctorate in Population Health and Systems Leadership at UW, and I'll be with the Foundation for the next year. I'll be supporting the Bree Collaborative on specific topics until early March 2025.

Dr. Nudelman shared with the group that the HEAC cohort 2024 has begun meeting. Currently 12 organizations are participating. Additionally, the Bree is hosting different events this spring. Since the last Bree meeting the Bree hosted the following events: 4/22 Learning Lab: Connecting with Latino Communities on Diabetes Care, and 5/16 Learning Lab: Troubleshooting Social Needs Screening – Lessons from the Field. The Bree's upcoming events include: 5/30 Hot Topics: Metabolic Health Advancements & Equity, 6/12 Catalyst for Change: Analytics at the Intersection of Equity & Value (Virtual), 6/25 Learning Lab: Addressing Food Insecurity in Washington State (Virtual)

CLOSING, PUBLIC COMMENT AND NEXT STEPS

Dr. O'Neill thanked those who attended, provided an opportunity for public comment, and closed the meeting. At the next meeting, Bree staff will present the winners of our 2024 awards, hear more updates on the 2024 workgroups, more in-depth information on the evaluation, and review initial results from the Bree Collaborative survey. **Next Bree Collaborative Meeting:** July 24th, 2024, 1-3:00 PM HYBRID