

**Goal:** Identify top 6 topics to develop one-pagers in September for final vote

Washington State population: **8,035,700 as of April 1, 2024**; 50.1% female; 71.7% White, 10.3% Asian, 3.4% Black, 14% Hispanic; Households speaking language other than English 20.8%; 92.3% US Citizens

Topic	Population Impacted	Must have one				Must have		Source
		Variation	Patient Safety	Cost/Waste	Inequity	Proven Impact Strategy	Data Available	
Chronic conditions: Weight Health/Bariatric Surgery	29% of adults in WA had obesity in 2016, and 12% of 10 <sup>th</sup> graders in public schools had obesity. 2 in 5 adults in the U.S.	Variation in access to treatment by geography, anti-obesity medications (AOMs) and surgical intervention by insurance	Association with many comorbidities (type 2 diabetes, cancers, cardiovascular disease); increased risk of injury	Excess annual medical costs of <b>\$1,861 per person, \$116 per child</b> . Expected savings in the hundreds associated with weight loss varies by condition	Higher impact for BIPOC population, less likely to consider surgical intervention or access AOMs	AOMs, Bariatric Surgery, intensive behavioral interventions	<a href="#">WHA</a> , <a href="#">DOH</a> , <a href="#">CDC</a> , <a href="#">Health Technology Assessment</a> <a href="#">Bariatric Surgery</a> Draft Findings	Public submission/Bree members
<b>Chronic Conditions:</b> Hypertension/Cardiovascular Health	Hypertension mortality 10.4 per 100,000 total population nationally. <b>Nearly 50%</b> of adults have hypertension	Many adults already treated do not have blood pressure controlled (33.2 million). 50%+ of this group have blood pressure ≥140/90 mm Hg	Uncontrolled blood pressure leading to AMI, CHF, Stroke, kidney disease; estimated contributing to 691,000 deaths annually nationwide	~131 billion each year in the U.S., averaged over 12 years (2003-2014); out of pocket cost <b>\$740-1200 per year</b> for uninsured;	Hypertension prevalence higher in older age groups, men and Black and Hispanic individuals	ACC/AHA 2017 Guidelines; Chronic Care Model; technology enabled self-management; SDOH interventions.	CDC, <a href="#">DOH</a> , <a href="#">WHA</a> ; NQF <a href="#">HEDIS BP Control Measure</a> ;	Public submission (2 comments)

<p><b>Behavioral Health:</b> Pediatric Autism Spectrum Disorder</p>	<p>1 in 36 8-year-old children (2.8%) have autism spectrum disorder (2023), <b>142,864</b> children, adolescents and adults <b>51,096</b> are under 21, and <b>91,768</b> are adults 22 and older.</p>	<p>Rural vs urban availability in treatment, services (ex: inpatient care), diagnosis delays, community services. insurance coverage variability.</p>	<p>Patient safety issues for a variety of medical services. Misinformation about Autism affects patient safety.</p>	<p>Out of pocket cost for patients/families. <b>\$17,000 - \$21,000 per year</b>. Average cost is <b>\$60,000 per year</b>. Early Intervention reduce costs. Ineffective treatments add to cost burden.</p>	<p>3.8 times more prevalent among boys, (43.0 versus 11.4), Highest in AAPI children and Hispanic children (33.4 versus 31.6)</p>	<p>Applied Behavioral Analysis, Speech therapy, occupational therapy, physical therapy, T.E.A.M.,</p>	<p><a href="#">Washington Autism Alliance</a></p>	<p>Public submission</p>
<p><b>Surgery:</b> Surgical Patient Optimization: Anemia, Diabetes &amp; Enhanced Recovery</p>	<p>As many as 30% of patients undergoing elective surgery have preoperative anemia; estimated 20% of general surgery patients have diabetes, 23-60% have prediabetes or undiagnosed diabetes</p>	<p>High variation for A1c optimization, perioperative glycemic control protocols and perioperative anemia; variation in ERAS components used at different hospitals</p>	<p>Preoperative anemia and poor A1c/serum glucose optimization associated with surgical infections, transfusion Readmissions, increase in 30-day morbidity and mortality</p>	<p>Anemia/Glycemic control associated with increase in length of stay, increased ICU admissions, increased postoperative infections and readmissions</p>	<p>Black patients 3-4x more likely to experience anemia preoperatively; Black, Hispanic, AI/AN patients more likely to experience uncontrolled diabetes/serum glucose</p>	<p>Society for Advancement of Patient Blood Management Guidelines, <a href="#">preoperative diabetes optimization protocols</a>, Enhanced recovery after surgery protocols</p>	<p>SCOAP,</p>	<p>Public comment</p>
<p><b>Oncology:</b> Tobacco Cessation/Lung Cancer Screening</p>	<p>Adult smoking rate: 13.5%, Youth overall tobacco use rate 22.6%</p>	<p>20% of patients receive no treatment; 4.9% of those</p>	<p>Unknown impact of vaping on lung health; Lung cancer</p>	<p>Health Care Costs \$2,000 Per Year Higher Among People Who Vape.</p>	<p>New cases significantly higher among AIAN population,</p>	<p>Early-stage diagnosis increases 5-year survival from 26% to 63%</p>	<p><a href="#">Washington State Cancer registry</a> (incidence and morbidity);</p>	<p>Public submission</p>

	(cigarettes, cigars, smokeless tobacco, hookah, e-cigarettes; 10th grade); 22% lung cancer cases caught early	high risk were screened in 2022	mortality 22% of all cancer deaths	average monthly cost for people diagnosed with stage 1 \$7,000 per month compared to \$21,000/mo for stage 4	minorities less likely to be diagnosed early and to survive 5 years compared to whites, Latinos 30% more likely not to receive any treatment		two measures on WA common measure set for tobacco cessation - APCD	
<b>Behavioral Health:</b> Early Detection & Intervention for Schizophrenia	age-standardized prevalence schizophrenia 2009-2019 is 289.9 per 100K; Approximately 2,000 adolescents/young adults annually experience first episode psychosis in WA.	Approximately 56.8% of those needing treatment for schizophrenia in U.S. have not received care; treatment may result in longer duration of symptoms and impact on disability.	Increased risk for comorbid conditions (dementia, liver disease, heart failure, type 2 diabetes) and premature death (3.5 times rate of general population)	Estimated \$37.7 billion in direct care costs (majority inpatient visits and medications) Estimated annual cost per patient \$44,773	Disparities in medication access, Overdiagnosis in marginalized groups, Disparities in exposure associated with schizophrenia risk (housing instability, environmental risks, adverse childhood experiences)	<a href="#">American Psychiatric Association Guidelines</a> , WA State <a href="#">Center for Excellence in Early Psychosis</a> ;	WA state Common Measure Set (FUH/FUM) <a href="#">UW Spirit Lab. Evidence-Based Practice Institute</a>	Bree members
<b>Transitions of Care/General:</b> Reducing Inappropriate ED Utilization	Overall ED visit rate 43 per 100 persons in 2021; 18% of ED claims behavioral health sensitive (e.g. alcohol, drugs, mental health) in Washington in 2021	Variation in payers (higher in Medicaid compared to Medicare), variation in ED utilization by proximity to care	ED crowding results in increased mortality, worse quality of care and worst perception of care, delayed service	In 2021, ED visits accounted for total 19% of medical costs excluding pharmacy in Washington in 2021, 40% of ED claims in 2021 were primary care	In WA, ED utilization rates increasing for Medicaid beneficiaries/underinsured or uninsured, or served by safety net/rural hospitals; Highest visit rates nationally	Post-acute services (HH care), improving access to primary care, <a href="#">Seven Best Practices Program</a> , PDMP programs, Medical advice lines	WSHA?, <a href="#">Comagine</a> , <a href="#">WSMA</a>	Public submission

			delivery, increased admissions to inpatient/critical care;	sensitive (i.e. potentially avoidable); Behavioral health 17% total costs	for non-Hispanic Black individuals			
	<b>Population Impacted</b>	<b>Variation</b>	<b>Patient Safety</b>	<b>Cost/Waste</b>	<b>Inequity</b>	<b>Proven Impact Strategy</b>	<b>Data Available</b>	<b>Source</b>
<b>Aging:</b> Alzheimer's & Other Dementias	125,000 people living with dementias in WA; by 2040, projected to double.	Variation by geographical location, access to primary care/specialty care, socioeconomic status	2-3 times higher hospital admission rates; Heightened stress, health risks, and depression for caregivers.	Long-term care cost <b>\$10,000's per year</b> for patients; Medicare and Medicaid increased cost (100's-1000's PMPM)	Black individuals less likely to be diagnosed; prevalence higher in Black and AIAN individuals compared to Non-Hispanic White individuals	Prevalence reduced by modifiable risk factors, life-course model, Educating primary care, integration of new drug therapies;	<a href="#">Dementia Action Collaborative</a> ; <a href="#">DSHS</a> ; BRFSS; WSHA – hospital admissions;	Bree members; Public Submission
<b>Managing Pain:</b> Collaborative Care for Chronic Pain	During 2021, an estimated 20.9% of U.S. adults (51.6 million persons) experienced chronic pain, and 6.9% (17.1 million persons) experienced high-impact chronic pain.	Availability of evidence-based therapies varies by geographical location, payor status	Chronic pain associated with behavioral (major depression, suicide) (33-46%); sleep disturbance, hypertension, impaired sexual function (54-63%), overall QOL diminished	2010 estimated cost was \$560 billion to \$635 billion per year, composed of direct health care costs (\$261 billion to \$300 billion), days of work missed, hours of work missed, and lower wages	non-Hispanic American Indian or Alaska Native (AI/AN) adults, adults identifying as bisexual, and adults who are divorced or separated are among the populations experiencing a higher prevalence of chronic pain and high-	<a href="#">Universal screening tool</a> , pain neuroscience education (PNE) effective adjunctive intervention; additional evidence-based psychotherapies <a href="#">CBT-CP</a> for primary care;	WA DOH opioid data dashboards; <a href="#">AMDG guidelines</a>	Bree members

					impact chronic pain			
<b>Oncology:</b> Colorectal Cancer Screening	2.6 million 45+ Washingtonians (~32% population) in range for screening; age-adjusted incidence rate 38 per 100,000, second most common cancer in WA.	Screening participation 15-30% lower in rural and Medicaid populations. Variation by county, 61.6-75.6 age-adjusted prevalence (50-75 years)	5-year relative survival rate 64.4%; 88% if localized stage at diagnosis	Average annual out of pocket expenses 2-3 higher for patients; mean cost over 200% higher if diagnosed at stage 4 versus stage 1	AI/AN and Black individuals highest rates of colorectal cancer in the U.S.; Hispanic individuals, individuals without insurance and low income lowest rates.	Post-treatment surveillance for colorectal CA, Updated USPSTF screening guidance	<a href="#">HICORE Hutch</a> ; WA state Cancer Registry	Bree Staff

**Must have:**

What’s a proven impact strategy?

- A proven impact strategy can include existing clinical guidelines that detail quality care for patients, models of care delivery that impact necessary outcomes, demonstrated cost-saving mechanisms such as bundled payments

Data Available

- Public data, or data available to the Bree Collaborative, relevant and pertaining to the topic to inform guidance

**Must have one:**

Patient Safety

- “the absence of preventable harm to a patient and reduction of risk of unnecessary harm associated with health care to an acceptable minimum.” – [WHO](#)
- If the healthcare topic increases chance of mortality, morbidity, or other extreme outcomes (e.g., hospitalizations, readmissions, accidents, disability, etc)

Cost/Waste

- Increases total cost of care, or cost to the patient

- Contributes to healthcare system waste (e.g., readmissions, unnecessary procedures or complications, over-treatment, low value care)
- Ability to demonstrate return on investment for employers and/or purchasers, unnecessary and high cost to employers (e.g., medication mark-ups, expensive preventable procedures)

Variation

- Demonstrated variation in quality of care or cost delivered between care delivery settings (e.g., rural versus urban counties, large delivery systems versus small delivery systems), insurance coverage, or other variables

Equity

- Variation in care quality, cost and/or outcomes by factors such as race, ethnicity, language spoken at home, sexual orientation or gender identity, ability status, citizenship, or other factors.
- Demonstrated worse outcomes for groups that experience discrimination and racialization (e.g., Black maternal mortality, COVID-19 mortality, etc)

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