Dr. Robert Bree Collaborative Meeting Minutes
July 24th 2024 | 1:00-3:00
Hybrid

Members Present

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

Members Absent

Nicole Saint-Clair, MD, Regence BlueShield
Susanne Quistgaard, MD, Premera Blue Cross
Greg Marchand, The Boeing Company
June Alteras, MN, RN, Multicare
Darcy Jaffe, MN, ARNP, FACHE, Washington State Hospital Association
Patricia Egwuato, DO

Staff, Members of the Public

Beth Bojkov, MPH, RN
Karie Nicholas, MA, GC, FHCQ
Emily Nudelman, DNP, RN, FHCQ
Ginny Weir, MPH, FHCQ
Julia
Cora Espina, ARNP, MSN
Amy Florence
Matt Prokop, ADA
Terry Lee, MD, CHPW
Audrey J
Alex Topper, Comagine
Katherine Hoffman, L&I
Ty Jones, Regence
Chris Chen, MD, MBA, Washington HCA
Nick Kassebaum, MD, SCOAP
Debra Storm, PeaceHealth

WELCOME, INTRODUCTIONS

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

> ***Motion:*** Approve May Minutes
> ***Outcome:*** Unanimously approved March Minutes

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 Seatle 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.
    -
- 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

SURVEY RESULTS

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

Dr. Emily Transue transitioned the group to discuss topic selection for 2025. Bree staff will review all submissions from the public and Bree Collaborative members. We will then go through a few rounds of voting to select the topics for 2025. Beth reviewed the voting process before getting started.

- Questions:
    - Gary: what about the likelihood of being able to do something about whatever the topic is?
        - Emily T: That is exactly the kind of question we need to be asking ourselves and keep voting in mind. As move forward, we will include that in our one-pagers next month
    - Sharon: the how is always the sticky piece, think we need to keep that in mind moving forward

- Public Responses
  - 20 responses
  - Chronic Conditions
    - 3 submissions around weight health and/or bariatric surgery
    - 2 submissions for Hypertension
    - CKD/ESRD
  - Behavioral Health
    - Pediatric Autism Spectrum Disorder
    - 2 submissions (Mental Health, Mental Health Prevention)
    - THC Hyperemesis
  - Transitions in Care
    - Emergency room use population trends/Connection to primary care
    - Home health to reduce hospital readmissions/emergency room visits
    - Hospital readmissions report revision
    - Building provider capacity transitioning NICU to home
  - Surgery
    - Surgical Patient Optimization: Anemia, Glycemic Status Control, Enhanced Recovery Score
  - General
    - SDOH Factors Impacting Life Expectancy
    - Systemic Impact of Bias
    - Outcomes for Foster Youth
    - Infant and Child Death Review
- Bree Member Responses
  - Chronic Conditions
    - 7 suggestions revision of bariatric surgery, weight health
    - Cardiovascular health
  - Aging
    - Alzheimer's and other dementias
  - Behavioral health
    - 4 votes for BHI revision
    - Pediatric Psychotropic revision
    - Addiction and Dependence revision
    - Early Detection and Intervention for Schizophrenia
    - Depression Care
    - Pediatric Autism Spectrum Disorder
  - Managing Pain
    - Collaborative Care for Chronic pain revision
  - Oncology
    - Early-stage testing revision – 1 suggestion revise, 1 suggestion retire
    - Tobacco cessation and lung cancer screening
  - Obstetrics
    - 1 suggestion revise, 1 suggest minor revision, 1 suggest retire
  - General
    - Primary care report
    - Use of AI in healthcare
    - Healthcare Interoperability

Bree staff reviewed the Bree member submissions and public submissions, pulled out the ones that overlapped and ones that could make a compelling topic selection choice, and put them on the worksheet.

- Karie: there's a lot of information and support around pediatric autism spectrum disorder, just FYI
- Emily T: will make quick pitches for 2 things – thinking about where in our gaps that need to be filled
    - Weight health is a super interesting one – felt as though the evidence wasn't quite rich and mature enough to get to a useful report but this is a place where everyone is struggling to figure out what to do – how to pay for this in a way that doesn't drown the entire system
    - More information about the utility of medications in particular, risks to watch out for
        - Emily N: Greg has voiced from employer perspective having a report and information on this is super interesting to them, there is a lot of debate on how to best cover it, just wanted to raise that
        - Emily T: we'd need to talk about if we include bariatric surgery, will have to gather more information
        - Mary Kay: issue of management of this condition in general - we have menu of options of things to do, it would be most useful for giving guidance to different stakeholders to take it as a position of weight management, what contraindications might be, and etc. from benefit design perspective, nothing was covered.
            - Emily T: question of what nonsurgical weight options look like is something employers have struggled with a lot at HCA
            - Mary Kay: not either or, need best outcomes for people using any option
- Emily T: want to make a pitch for AI in healthcare, there are starting to be some resources around potential pitfalls. Could have interesting voice around when things are ready to use, what to teach your staff, concerns about equity in this space due to high barrier to entry. Could be interesting to add voice around what to do when you don't have resources. Counter voice is that things are evolving so fast that anything we might want to address might be out of date very fast.

Beth paused to offer time for public comment.

- Cora: Excited to hear the AI topic. Two topics that stood out to me were weight management and AI.
    - Gary: two areas, how can AI improve efficiency in healthcare, and also people using AI to look up health information, which is completely false - could be called confabulations. Not sure if that second area is ready for prime time reviewl.
- Alex from chat: It was so interesting to hear all of these topics. I do have to hop to another (mandatory) meeting and understand if that means I cannot be included in a vote. However, I want to share mine and Comagine Health's support for the Reducing Inappropriate ER Utilization topic. CMS has a strong focus on reducing ED utilization and readmission for Seniors, and I think it would make for an excellent report. Some ideas off the top of my head include: improving relationships between hospitals, urgent cares, SNFs, primary care; education for patients on decision making; workflow mapping for primary care to increase accessibility for urgent/same day visits...just a start! Thank you all. Please get in touch with me if you need clarification. We look forward to seeing which topics make the cut!
    - Gary: the Bree over the years have approached many transitions topics over the years, and wondering if tackling each separately is the right way to go, as opposed to attacking how we are paying and supporting care coordination. Who is doing that in hospital or community? We aren't ever getting at why isn't that happening and what can we do to make it happen.
        - Lack of professional type staff who do care coordination and paid to do that.
        - Emily T: there is a substantial class doing that at insurers, and some hospital delivery system staff. Part of the challenge is that coordinators end up scattered across many things.

            - Norris: from our perspective, if care managers were in contract with HCA, part of the problem is visibility discharges outside of our purview – did hospital team know I'm there PCP? The visibility is not quite there. Claims data lag doesn't help. Lots of practical considerations there as well. And someone must pay for it.

Action: added care coordination across transitions as a topic.

- Gary: would like to make a pitch for early intervention for schizophrenia/psychosis.
- Karie: smoking is one of the top risk factors for death, linked study in the chat: https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21858

LIVE VOTING AND DISCUSSION

Dr. Emily Transue transitioned the group to the first round of live voting.

First round results:

1. Weight health
2. AI
3. Hypertension
4. Care coordination
5. Early detection intervention for schizophrenia
6. Alzheimer's and other dementias
7. Tobacco cessation/lung cancer screening
8. Reducing inappropriate ED utilization
9. Pediatric autism spectrum disorder
10. Collaborative for chronic pain revision
11. Colorectal cancer screening revision

Dr. Transue transitioned the group to another round of discussion. Bearing in mind that we will be moving forward with the top 6. Dr. Transue asked if there are comments about topics in the mid-range.

- Judy: think AI topic will be really hard, we are still in such a rapid phase of development. I'm worried we will say something not super specific and not super helpful, be out of date very quickly. Maybe we can have conversation about where exactly this is helpful. It seems it would be super squishy and not very impactful.
    - Emily T: concerns I share even though I proposed the topic. This is moving very very quickly, and it takes a while to get a report together and published.
- Emily T: smoking cessation is wildly unexciting, but there is a remarkable gap considering the scale of the problem, gap between the scale of the problem, one of the biggest issues out there, and there are evidence-based interventions but they are just not being used.
    - Karie: obviously vaping is still a concern – we really don't know long term impact of vaping and impact on lung cancer especially for kids
    - Norris: talked with pulmonology team about EVOLI – still see barriers in clinic coverage for nicotine patch since it's OTC. Why is that still a barrier in 2024? It shouldn't be. Another part has been CT lung cancer screening, are we accurately capturing packyears and quit dates, challenging for staff to capture that as structured data. At UW they did some quality improvement work around that. Lots of work being done around capturing for lung screening. Lots of work to be done to identify people who would be qualified for screening, lower NNT than mammography.
- Emily T: Judy would you mind expanding on the gap for psychosis at the HCA?

- Judy: there are evidence based treatment for someone with first episode psychosis that are not always offered, help with long-term outcomes. There are some things that health systems could change, and HCA has lots of material that could help with that.

- Nick Kassebaum: was going to make an initial comment on Surgical Patient Optimization proposal. Thinking about activity within the state and surgical population, a huge proportion will end up getting surgery at some point in their life. There is a gap in screening in working up and management of preoperative anemia, it's not hard to screen for treat and optimize but it leads to higher rates of complications. There are well established evidence-based processes that can be implemented that really aren't. when we look at diabetes and diabetes management, there are much higher rates with all cause infections. Enhanced recovery piece supports recovery and will improve outcomes as well. There's lots of practice based evidence and real opportunity to address equity issues and variation in cost.
    - Gary: what have you learned from SCOAP through decades of quality improvement projects. The spine coap and surgical coap have not targeted anemia or diabetes perioperatively to date, why those two are highlighted. What we have done is when we have identified a specific topic area, the feedback loop allows us to gather data quickly on meeting identified targets, here's how we see that process changing and how its impacting in hospital outcomes and such.
- Norris: good case for Alzheimer's as well, the CMS guide model, not just new meds but new wrap around models and care for the caregiver. There's an opportunity to help provide state-based guidance in addition to the GUIDE model.
    - Emily T: does it feel like the right time?
        - Norris: they are implementing the guide model this year and next
        - Judy: The guide model isn't anything new or fancy, just putting it all together and implementing it. There are lots or new evidence, medications, screening tools, interventions that we could review. Things in this space that were not in this space in 2017.

Beth gave a time check.

- Sharon: yay to surgical patient optimization, post-op management of glucose is really hard. Also want to advocate for colorectal cancer screening, one that is more impacted by inequities. Been doing this before but
    - Sharon: there have been advances in noninvasive screenings and we may have not widely commented on those, and what do we know about how to motivate people to do this screening? Especially for people that
- Emily T: for Hypertension, our control measures are bad across the board, lots of reasons for that – therapeutic inertia, lots of opportunity to move people a little better. If we could do this better collectively we could save lots of lives.
    - Norris: Team-based care for hypertension is a 1A recommendation, and even in our organization we can't do it. How do we get out of mental valleys about physician needing to do everything. There's a landmark study about reaching Black men in barbershops, so we could expand this to outside the care setting.
- Gary: want to make sure that care teams are called out in care coordination topic as well.

Dr. Transue transitioned the group to the second round of voting. The top 6 we will hear about in more detail at our September retreat.

1. Weight Heath/Bariatric Surgery
2. Hypertension
3. Early Detection & Intervention for Schizophrenia
4. Alzheimer's and Other Dementias

5. Care coordination across transitions of care
6. Surgical patient optimization

Our 7th option received the same number of votes so will do a deeper dive into it.

7. Tobacco Cessation/Lung Cancer Screening

BREE COLLABORATIVE RETREAT: SEPTEMBER 18TH

Beth reminded Bree Collaborative members about our September 18th retreat from 11-3PM. Details below:
Where: Seattle Central Library, Level 4 Room 6
Lunch will be provided!
Hybrid/virtual options will be available if unable to attend in person.

TREATMENT FOR OUD REVISION UPDATE

Beth provided an overview of updates to the Treatment for OUD report revision. Last month, the group discussed the Health Engagement Hub model. Incenting delivery systems to adopt low barrier principles such as drop-in hours, same day access etc. In the future we will discuss EMS initiation of MOUD and safe supply of opioids.

UPCOMING EVENTS

Dr. Emily Nudelman reviewed upcoming events.

- Aug. 8th 12-1:15 PM PT – Learning Lab: Clearing the Air: Understanding Wildfire Smoke Impact on Pediatric Asthma in Washington State Webinar
- Aug. 13th 12-1:15 PM PT– Learning Lab: Insights into 1115 Waiver Updates, Community Hub Models, and Washington Healthcare's role towards better care
- Aug. 22nd 12-1:15 PM PT– Learning Lab: Pre-diabetes Care Pathways to Connect Patients with Community Support Webinar
- Sept. 11th 12-1:30 PM PT – Catalyst for Change Webinar Series: Navigating Barriers and Sustaining Health Equity Amidst Transformation
- Oct. 16-17th 8-1 PM PT – 21st Annual Northwest Patient Safety Conference

CLOSING, PUBLIC COMMENT AND NEXT STEPS

Dr. Transue thanked those who attended, provided an opportunity for public comment, upcoming events and closed the meeting. Next Bree Collaborative Meeting: **September 18th, 2024, 11AM-3:00 PM IN PERSON** (hybrid participation still available)