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## Bree Collaborative | Health Impacts of Extreme Heat

October 9th<sup>th</sup>, 2024 | 3-4:30PM

Hybrid

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### MEMBERS PRESENT VIRTUALLY

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Chris Chen, WA HCA  
Kristina Petsas, United Healthcare  
Seth Doyle, NWRPCA  
LuAnn Chen, CHPW  
Sara Warner, CHPW

June Spector, L&I  
Raj Sundar, KP  
Brian Henning, Gonzaga Institute  
Kelly Naismith

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### STAFF AND MEMBERS OF THE PUBLIC

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Beth Bojkov, MPH, RN, Bree Collaborative  
Emily Nudelman, DNP, RN, Bree Collaborative  
Karie Nicholas, MA, GC, Bree Collaborative  
Asa Sakrison, HCA

### WELCOME

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Beth Bojkov, Bree Collaborative, welcomed everyone to the October meeting. Beth asked for a motion to approve the August meeting minutes.

Motion to approve September meeting minutes: **motion approved.**

### DRAFT GUIDELINES REVIEW

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Beth transitioned the group to reviewing some of the changes made to the draft report and guidelines based on discussion from last meeting:

#### Clinicians:

- Added bullets on education on climate impact on health
- Added specifics related to certain conditions (kidney disease, asthma, mental health, cardiovascular disease, diabetes)

#### Outpatient Facility Role:

- Population health model for preparedness and management
  - Cohort identification – at risk and underserved patient populations by location and disease
  - Focused care teams – multidisciplinary care team to understand needs of the at risk populations
  - Analytics and risk stratification - risk stratify, including heat and air quality assessment
  - Tailored care pathways – care pathways based on risk tiers, route at risk to receive outreach during periods of heat and wildfire smoke
  - Define meaningful outcomes – patient-related, process and utilization outcomes tailored to planned interventions

HCA/Plans

- Oregon example of air conditioner/filter requirements -> proposed development of a climate benefit
  - Coverage of equipment, transportation, care coordination support
- Registry of patients at risk for heat and wildfire smoke

#### Tracking and Measurement Section

- Beth reviewed the statements under the tracking and measurement section of the social need and health equity report from 2021. Workgroup members identified some statements that apply or could be adapted to our workgroup
  - Integrating screening questions into the medical record
  - Queryable registry of attributable patient data
  - If possible, consult with communities where disparities are identified to determine the appropriate manner to communicate and address disparities
  - Site specific workflow for stratifying patients needs at least two tier system (high/low risk)
  - Stratify process, patient-reported outcomes, and health outcomes by race category for internal and external reporting
  - Partner with communities who are most impacted by identified disparities before sharing their health information and developing interventions

#### **DISCUSS: DRAFT REPORT AND GUIDELINES**

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Beth transitioned the group to review and discuss the draft report and guidelines, starting with health plans. Following changes were made:

- Change to 90 day refill automatically, instead of only during times of heat and wildfire smoke
- Not all equipment is eligible for reimbursement under CPT codes, removed some equipment
- Minor language adjustments
- Discussion around ability to identify people in need of equipment who would have received energy assistance to use it

#### **PUBLIC COMMENT AND GOOD OF THE ORDER**

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Beth invited final comments and thanks all for attending. At the next workgroup meeting, the group will continue to review the report draft. The workgroup's next meeting will be on Wednesday October 9<sup>th</sup> from 3-4:30PM.