Washington State Health Care Authority

Report to the Legislature

Dr. Robert Bree Collaborative annual report

Working together to improve health care quality, outcomes, equity, and affordability.

Engrossed Substitute House Bill 1311; Section 3; Chapter 313; Laws of 2011

November 15, 2022

Washington State Health Care Authority

FOUNDATION FOR Health Care Quality

Table of contents

Dr. Robert Bree Collaborative annual report

Acknowledgements

Thank you to our Bree Collaborative chair, Dr. Hugh Straley, and our dedicated Bree Collaborative members and many workgroup members who have donated countless hours to improve health care in Washington State.

Clinical Quality and Care Transformation
P.O. Box 45502
Olympia, WA 98504
Phone: (360) 725-0473
Fax: (360) 586-9551
hca.wa.gov

Dr. Robert Bree Collaborative
705 Second Ave, Suite 410
Seattle, WA 98104
Phone: (206) 204-7377
qualityhealth.org/bree/

Executive summary

This is the eleventh annual report submitted by the Health Care Authority (HCA) on behalf of the Dr. Robert Bree Collaborative (Collaborative) to the Washington State Legislature as directed in Engrossed Substitute House Bill 1311 (ESHB 1311), Section 3, and enacted as Chapter 313, Laws of 2011. This report describes the efforts of the Collaborative from November 2021 through October 2022 to develop evidence-informed community standards and to foster adoption of those standards.

HCA is the sponsoring agency of the Collaborative, a public/private group created to give health care stakeholders the opportunity to improve health care quality, patient outcomes, and affordability in Washington State through recommendations regarding specific health care services.

ESHB 1311, Section 3 calls for the Collaborative to:

> "… report to the administrator of the authority regarding the health services areas it has chosen and strategies proposed. The administrator shall review the strategies recommended in the report, giving strong consideration to the direction provided in section 1, chapter 313, Laws of 2011 and this section. The administrator's review shall describe the outcomes of the review and any decisions related to adoption of the recommended strategies by state purchased health care programs. Following the administrator's review, the Bree Collaborative shall report to the legislature and the governor regarding chosen health services, proposed strategies, the results of the administrator's review, and available information related to the impact of strategies adopted in the previous three years on the cost and quality of care provided in Washington state. The initial report must be submitted by November 15, 2011, with annual reports thereafter."

Since forming in 2011, the Collaborative has successfully worked to improve health care quality, patient outcomes, affordability, and equity in our state. Year eleven accomplishments include the following:

- Finalizing evidence-informed community standards for opioid prescribing in older adults.
- Initiating workgroups on outpatient infection control standards.
- Hepatitis C elimination.
- Managing pediatric asthma.
- Facilitating adoption broadly and specifically for moving the health care system toward paying for value.

Background

Even as the COVID-19 (SARS-COV-2) pandemic becomes a manageable threat, the US health care ecosystem faces a long road to recovery. Existing disparities in health outcomes have been magnified by the pandemic. [i] Burnout among health care providers has reached "crisis-levels," threatening patient safety and hospital staffing, as well as costing the health care system money.[ii]

Additionally, despite spending nearly twice that of comparable countries, the United States has shorter life expectancy, higher chronic disease rates, higher obesity rates, and higher suicide rates.[iii] In 2020, Washington state-purchased health plan spending reached 13.5 billion dollars, a 5 percent increase from 2019.[iv] Many of the dollars spent do not add to patient health or quality of care and are considered wasted.[v,vi] Over a four-year period in Washington State alone, $703 million was spent on unnecessary or low-value health care services.[vii] Variation in price, processes, and outcomes within health care delivery and high rates of use of specific health care services can indicate poor quality, inappropriate services, and potential waste.

Washington State has prioritized increasing the quality, equity, affordability of health care through the **Multi-Payer Primary Care Transformation Model**, the **Prescription Drug Program**, **Healthier Washington**, and the **Collaborative**. The Collaborative's work is a key part of **Healthier Washington**, providing evidence-informed community standards of care and purchasing guidelines for high-variation, high-cost health care services. The Collaborative is structured after the work of the Advanced Imaging Management (AIM) project and named in memory of Dr. Robert Bree. Dr. Bree was a leader in the imaging field and a key member of the AIM project working to reduce inappropriate use of advanced imaging (e.g., CT, PET, and MRI scans) in Washington State.

Since first convening in 2012, the Collaborative has developed 40 sets of clinical guidelines. See **Appendix A** for more detailed background for the Collaborative. See **Appendix B** for a list of current Collaborative members.

ESHB 1311 overview

The Washington State Legislature established the Collaborative in 2011 to provide a process for public health care purchasers for Washington State, private health care purchasers (self-funded employers and union trusts), health plans, physicians and other health care providers, hospitals, and quality improvement organizations to work together to identify and recommend evidence-based strategies to improve health care quality, outcomes, and affordability. Engrossed Substitute House Bill 1311 (ESHB 1311) amended RCW 70.250.010 (Advanced Diagnostic Imaging Workgroup definition) and 70.250.030 (Implementation of Evidence-Based Practice Guidelines or Protocols); added a new section to Chapter 70.250 RCW; created a new section; and repealed RCW 70.250.020.

All Collaborative meetings are open to the public and follow **the Open Public Meetings Act**.

Summary of recent work

The Collaborative's eleventh year from November 2021 to October 2022 focused on developing new evidence-based recommendations for opioid prescribing for older adults, outpatient infection control, pediatric asthma, and hepatitis C; and facilitating adoption broadly and specifically for moving the health care system toward paying for value

The four workgroups active during November 2021- November 2022 are profiled on the following pages. Workgroup members are listed in Appendix C.

The Collaborative approved and submitted the following recommendations to the HCA:

- Opioid Prescribing in Older Adults (Adopted July 2022)
    - Final report
- Outpatient Infection Control (Adopted September 2022)
    - Final report
- Hepatitis C Elimination (Adopted November 2022)
    - Final report

The Collaborative is currently working through a public comment process on the following recommendations:

- Pediatric Asthma (Expected Adoption January 2023)

At the September Collaborative meeting, members selected three new topics for 2023 including:

- Diabetes Care
- Difficulty to Discharge
- Maternal/Perinatal Mental Health

Opioid use in older adults

The Collaborative convened a workgroup from January 2021 to July 2022 to address opioid use in those over 65. Opioids in this population pose specific risks and challenges related to changing physiology and pharmacokinetics, increasingly complex interactions among polypharmacy use of drugs, especially other controlled substances (benzodiazepines, sedative hypnotics) or drugs such as gabapentinoids, presence of severe co-morbidities, declining cognitive function, and increasing social isolation and complex care support needs.

Background and guideline framework

An Agency for Healthcare Research and Quality 2018 report highlighted increasing rates of opioid-related hospitalizations, with the highest reported median rates in Oregon and Washington.[viii] While opioid prescribing and mortality specific to prescribed opioids have fallen in recent years, between 2017-2018, the Centers for Disease Control (CDC) reported that the specific opioid related mortality rate for persons ≥65 years increased by 4.8 percent.[ix]

Pharmacokinetic changes and enhanced pharmacodynamic sensitivity (i.e., more pronounced effects at equivalent dose used in younger adults) occur with all opioids with age,[x,xi] leading to recommendations to start opioid therapy with about 50 percent of the usual adult dosage.[xii] The American College of Surgeons Best Practices Guidelines for Acute Pain Management in Trauma Patients (2020) recommends a decrease in the initial dose of an opioid by 25 percent in 60-year-old patients, and by 50 percent for 80-year-old patients; but to administer at the same intervals.

The framework focuses on areas of concern and intervention including:

- Acute prescribing including acute injuries and peri-operative to prevent transition to long term opioid use.
- Intermittent opioid therapy for severe flare-up of chronic pain.
- Co-prescribing with opioids (e.g., sedative hypnotics, gabapentinoids, z-drugs) to reduce impacts on cognition, falls, delirium.
- Non-opioid pharmacologic pain management.
- Non-pharmacologic pain management.
- Tapering/deprescribing to advise on differentiators with recent Collaborative recommendations for legacy patients.

Guideline status:

The Collaborative's Opioid Prescribing in Older Adults workgroup completed a draft report for public comment in April 2022. The workgroup reconvened in July 2022 to finalize the draft, which was approved at the Bree Collaborative meeting in July 2022. The final report is now available.

Outpatient infection control

The Collaborative convened a workgroup from January to September 2022 with the goal of standardizing outpatient infection control practices to mitigate the spread of prevalent infectious diseases. While the spread of COVID-19 underlies the importance of infection control practices, these recommendations aim to improve patient safety overall rather than target a specific infectious agent.

Background and guideline framework

Over the past few decades, health care delivery has largely moved from acute inpatient facilities to outpatient and community-based settings.[xiii] More than three quarters of all operations in the United States are performed outside of a hospital each year,[xiv] and more than 860 million patients visited physician offices in 2018.[xv] Proper infection control practices are essential to reduce the risk of health care-acquired infections, yet outpatient settings often lack infrastructure or resources for infection control. The Centers for Disease Control developed minimum expectations for outpatient infection control in 2016,[xvi] but emerging pathogens and the COVID-19 pandemic have highlighted the need for more robust procedures.

Focus areas address prevention of new infections, surveillance of circulating infectious agents, minimizing exposure during an outpatient clinical visit, and preventing the spread of disease in the environment of care:

- Preventive measures: vaccine requirements, standard precautions and procedures, education, and training
- Surveillance of Infectious Disease: reporting notifiable conditions and informing high-risk communities
- Minimizing Exposure: developing workflows to prevent the spread of disease for high-risk or currently infected patients
- Environment of Care: Routine sterilization and cleaning of the clinical environment
- Sterilization and High-Level Disinfection: following manufacturer's instructions for using and cleaning medical devices
- Community Spread: partnering with patients and communities to provide risk information and strategies to reduce risk of infection

Guideline status:

The Collaborative's Outpatient Infection Control workgroup completed a draft report for public comment in July 2022. The workgroup reconvened in early September 2022 to finalize the draft, which was approved at the Bree Collaborative meeting in late September 2022. The final report is now available.

Hepatitis C

The Collaborative convened a workgroup from January to November 2022 to address hepatitis C elimination, in alignment with the Directive of the Governor 18-13: "Eliminating Hepatitis C in Washington in 2030 through combined public health efforts and a new medication purchasing approach." Other Washington health agencies have conducted preliminary work to address Hepatitis C elimination, including Hepatitis C Free Washington, a program run by the Washington Department of Health.

Background and guideline framework

Hepatitis C is the most common blood-borne disease in the United States and in Washington. In 2018, an estimated 65,000 Washingtonians were living with chronic Heaptitis C Virus (HCV), and nearly 40,000 new cases of HCV were reported from 2012 to 2017.[xvii] In response to Directive of the Governor 18 – 13, the Washington State Department of Health led the Hep C Free Washington collective impact initiative to develop a multisector approach to address HCV. Hep C Free Washington released a report in July 2019 titled "Plan to Eliminate Hepatitis C in Washington State by 2030" which included 15 goals and recommendations to achieve the goals.[xviii] Lingering barriers have prevented implementation of Hep C Free Washington recommendations, including a lack of resources, barriers engaging with HCV positive patients, and shifting priorities during the COVID-19 pandemic.

The Bree Collaborative Hepatitis C workgroup elected to review Hep C Free Washington's high-priority recommendations and develop next steps to ensure action. Focus areas address metrics for HCV screening and treatment, supporting HCV patients through care coordination, and reaching more HCV patients through provider engagment and expanded service sites.

- Metrics: incorporate HCV metrics for screening and beginning treatment into value-based contracts.
- Care Coordination: provide medical case management and navigation services to HCV patients to ensure completion of treatment and outreach to underserved populations.
- Integrating Pharmacists on the Care Team: expand access to HCV treatment services by expanding the role of pharmacists.
- Engaging with Providers: expand access to HCV treatment by incentivizing more providers to accept and provide treatment to HCV patients.
- Expand Services to Nontraditional Sites: expand access to HCV treatment by offering screening and care coordination services at community sites like addiction treatment centers.

Guideline status:

The Collaborative's Hepatitis C Virus workgroup approved a draft for public comment in September 2022. The workgroup reconvened in November 2022 to finalize the draft which was approved by the Collaborative in late November 2022. The final report is now available.

Pediatric asthma

The Collaborative convened a workgroup that started in January 2022 to address concerns about managing pediatric asthma most effectively and for the greatest value. About 8 – 11 percent of children in Washington public schools have been diagnosed with asthma, and managing pediatric asthma requires coordination across clinical, home, and school environments.

Background and guideline framework

More than 600,000 Washingtonians have asthma, with nearly 120,000 cases among children, representing between 8 to 11 percent of Washington children in middle and high school.[xix] There are several options for preventing and effectively managing asthma through preventive primary care and home-visit programs, but lack of access leads to avoidable asthma flare-ups and emergency room visits. Additionally, alternative payment models that address the home, school, and community environment can holistically address asthma management while saving money.[xx] In King County specifically the community health worker model for asthma management demonstrated a $1.90 return on investment.[xxi]

The Collaborative Pediatric Asthma workgroup chose to review asthma management and control in various environments, including the clinics, homes, schools, and communities. Focus areas address asthma management strategies tailored to each environment:

- Clinical Asthma Control: diagnosis, assessing severity and risk, developing a management plan, conducting planned preventive visits, and measuring quality.
- Home Environment and Multicomponent Interventions: reduce exposure to multiple home-based asthma triggers and provide care coordination for pediatric asthma patients and their parents or caregivers.
- School Environment: aligning care plans across school nurses, school-based health centers, and pediatricians; reducing asthma triggers in the school environment
- Community and Climate: reducing outdoor environmental triggers in the environment, including due to climate change such as wildfire smoke.

Guideline status:

The Collaborative's pediatric asthma workgroup reviewed a draft for public comment in November 2022. The public comment process is currently open. The workgroup plans on reconvening in January 2023 to review public comments and finalize the report and recommendations.

Implementation

The Collaborative has developed 40 sets of recommendations from 2012 to present. Many of these health care services areas overlap and augment one another. Many guidelines are structured around workflow redesign that is not possible to track through available claims data. Therefore, uptake of Bree recommendations may be more extensive than what is known through the partnerships or projects discussed below.

HCA champions Collaborative recommendations, which also are supported and spread by Collaborative member organizations and many other community organizations. Moving from a fee-for-service to a value-based reimbursement structure has been a key part of the HCA's focus. The Collaborative also engages with many diverse stakeholders to move toward adoption of the recommendations.

In 2020, the Collaborative conducted a survey to determine barriers to implementing value-based payment in Washington state. In 2021 the Collaborative used this information to present a series of "Framework for Action" webinars that addressed key barriers, including social determinants of health, interoperability, aligning quality metrics, and multi-payer strategies. Building off that work, the Collaborative presented a series of "Change in Action" webinars in 2022 that updated the topics from 2021 and provided more action steps for moving toward value.

In 2022, the Collaborative received supplemental funds from the Legislature to conduct targeted implementation efforts. The Collaborative plans to focus on improving health care organization's capacity for collecting data and measuring value. This project will help health care organizations measure impact of past and future Collaborative guidelines as well as advance equity. To assist in these efforts, the Collaborative hired two new staff members – a Manager of Measurement and Evaluation and a Manager of Transformation and Community Partnerships.

Paying for value

Value-based payment, and specifically the four surgical bundled payment models, has seen the HCA act as a first mover followed by Premera, Washington's largest health plan, adopting a similar center of excellence contracting model.

The Collaborative and the HCA are aligned in the effort to move health care payment from volume/fee-for-service to value to increase health care coordination and whole-person care. HCA includes Collaborative recommendations in the two Public Employees Benefits Board (PEBB) Program accountable care network options: Uniform Medical Plan (UMP) Plus—Puget Sound High Value Network, led by Virginia Mason Franciscan Health, and UMP Plus—University of Washington (UW) Medicine Accountable Care Network. Both networks have met the contractual obligation to submit quality improvement plans in alignment with corresponding Collaborative recommendations for obstetrics, total knee and total hip replacement, lumbar fusion, care coordination for high-risk patients, hospital readmissions, cardiology, low back pain, end-of-life care, and addiction and dependence treatment. Similar requirements for carrier implementation of components of Bree recommendations are included in the contracts for Cascade Care, the Washington State public option. HCA also requires Regence Blue Shield, the Third Party Administrator (TPA) for the PEBB and School Employees Benefits Board (SEBB) self-insured plan, Uniform Medical Plan, to report on their progress toward implementing payer components of all Bree recommendations.

Continuing the emphasis on paying for value, HCA designated Virginia Mason Franciscan Health as the center of excellence for total joint replacement surgery using the Collaborative's total knee and hip replacement bundled payment as a model. Since January 2017, enrollees in the PEBB Program's Uniform Medical Plan Classic or UMP Consumer-Directed Health Plan (CDHP) who select Virginia Mason Franciscan Health for this procedure pay no coinsurance (with the exception of UMP CDHP members who are required by IRS rules to meet their deductible first). Premera Blue Cross administers the centers of excellence program. In May 2019, Premera Blue Cross announced a contract with Providence St. Joseph Health naming seven facilities as centers of excellence for total joint replacement following the Collaborative guidelines, showing the move from publicly-purchased insurance to success in adapting to the commercial market. Since January 2019, HCA has contracted with two centers of excellence for spine care and surgery, Capitol Medical Center and Virginia Mason Franciscan Health.

Table 1: List of webinars and summits

Month, Year	wTitle	Speakers
January 2022	Addressing Social Needs to Build Competent Care Systems	• Abigail Berube, MPH, Director Safety & Quality, WSHA • Phyllis Cavens, MD, Director and Founder, Child and Adolescent Clinic of Longview • Alison Poulson, Executive Director, Better Health Together Accountable Community of Health
April 2022	Interoperability: Continuing to Remove Barriers to Value-Based Success	• Jan Berger, MD, JD • Vishal Chaudhry, chief data officer, HCA • Cathie Ott, information technology strategic advisor, HCA • Sakshi Jain, Premera • Marla McLaughlin, regional medical director, Vera Whole Health • Rick Rubin, CEO, One Health Port
July, 2022	Aligning Quality Measures: Measuring What Matters	• Tamyra Garcia, MPH, deputy director, quality measurement and value-based incentives, Centers for Medicaid and Medicare Services • Emily Transue, MD, MHA Health Care Authority • Edwin Carmack, MD, Confluence Health • Angie Sparks, MD, United Healthcare • Dayna Weatherly, RN, Proliance Surgeons Group
October, 2022	Blowing up the Value Equation: Rethinking Value and How We Get There	• Drew Olivera, MD, executive direcor, Washington Health Alliance

Month, Year	wTitle	Speakers
		• Ashby Wolfe, MD, regional chief medical officer, Centers for Medicare and Medicaid Services • Nicole Saint Clair, MD, executive medical director, Regence Blue Shield • Matt Stiefel, MS, MPA, director, Center for Population Health, Kaiser Permanente Care Management Institute

Community partnerships

Collaborative implementation activities aside from those above focus on communication, education, and consensus-building including:

- Outreach to community associations including the Washington State Hospital Association (WSHA), the Washington State Medical Association (WSMA), the Washington Health Alliance, and the Washington Association for Community Health.
- Speaking at in-person and virtual events including the University of Washington School of Public Health, Accountable Community of Health meetings, Health Resources and Services Administration (HRSA) Regional Health Equity Conference, the Performance Measures Coordinating Committee, and co-leading health equity work with Comagine Health.
- Increasing Collaborative visibility through the **website**, maintaining a **blog** with monthly or bi-monthly posts highlighting Collaborative topics or implementation strategies, and using social media to engage the community.

Dedicated community organizations have contributed to the implementation of recommendations:

- *Addiction Screening*: The two HCA Accountable Care Programs; the Puget Sound High Value Network, led by Virginia Mason Franciscan Health; and the UW Medicine Accountable Care Network routinely train and utilize the screening, brief intervention, and referral to treatment model and have integrated a tool to screen for alcohol use into electronic medical records and workflow.
- *Behavioral Health Integration*: HCA used Collaborative standards for integrating behavioral health into primary care to inform the development of required Accountable Communities of Health projects under the Medicaid transformation project.
- *Cardiology*: The Cardiac Clinical Outcomes Assessment Program (COAP) continues to monitor insufficient information around percutaneous coronary intervention.
- *End-of-Life Care*: WSHA and WSMA are still actively spreading advance care planning at the health system and community levels, aligned with the recommendations. The two associations are working to promote patient-centered end-of-life conversations through Honoring Choices®: Pacific Northwest.
- *Low Back Pain*: Washington Health Alliance, supported by Arnold Ventures, is fostering collaboration between purchasers, providers, and health plans to work on improving low back pain care aligned with Bree Collaborative recommendations.

- *Spine Surgery:* Spine Care Outcomes Assessment Program has 11 hospitals enrolled. As of August 2014, length of stay, radiologic verification of surgical level, and smoking use have been available on the website.
- *Obstetrics*: Both the Obstetrics Care Outcomes Assessment Program (OB COAP) and WSHA's Safe Deliveries Roadmap have aligned existing program expectations and data collection with Collaborative recommendations for member hospitals. HCA is working with external consultant NORC March-December 2022 for design, specification, financial modeling, and stakeholder engagement guidance for the maternity Value-based purchasing (VBP) model building on the Bree Collaborative's work.
- *Opioid Prescribing*: All metrics are being used by the Washington State Department of Health to track opioid prescribing. Three metrics (new opioid patients transitioning to chronic opioids, patients prescribed high-dose chronic opioid therapy, new opioid patients' days' supply of first opioid prescription) have been adopted and will be included in the state Common Measure Set.

Appendix A: Collaborative detailed background

The Collaborative has had great success working with many Washington State organizations to solicit nominations of experienced and engaged community leaders as Collaborative members. In August 2011, the WSHA, the Washington State Medical Association (WSMA), the Association of Washington Healthcare Plans (AWHP), large employers, and other community stakeholders nominated health care experts who served as the Collaborative's first 23 members after appointment by former Governor Chris Gregoire.

Steve Hill served as the Collaborative's first Chair. Mr. Hill is the former director of the Washington State Department of Retirement Systems and former director of the HCA. In November 2014 Mr. Hill announced his retirement as chair of the Collaborative, and in March 2015 Governor Jay Inslee appointed Dr. Hugh Straley as chair. Dr. Straley is board certified in both internal medicine and medical oncology and served in many leadership roles at Group Health Cooperative. He retired as medical director and president of Group Health Physicians in 2008. He has also served as chief medical officer for Soundpath Health and as interim medical director and consultant to Amerigroup Washington.

A steering committee advises the chair. The committee is comprised of Collaborative members representing a health care purchaser, health plan, health care system, and quality improvement organization.

The Collaborative is housed in the Foundation for Health Care Quality. The Foundation provides project management and is responsible for employing staff.

The Collaborative has held meetings since 2011. Meeting agendas and materials for all Collaborative meetings are on the Collaborative website. All Collaborative meetings are open to the public and follow the Open Public Meetings Act.

At the November 2012 meeting, the Collaborative adopted bylaws setting policies and procedures governing the Collaborative beyond the mandates established by the legislation (ESHB 1311). The Collaborative revised bylaws in September 2014. Find current bylaws here.

After the Collaborative identifies a focus area, it must identify and analyze evidence-based best practices to improve quality and reduce variation in practice patterns. The Collaborative must also identify data collection and reporting sources and methods to establish baseline utilization rates and measure the impact of strategies reviewed by the Collaborative. To the extent possible, the Collaborative must minimize cost and administrative burden of reporting and use existing data resources.

The Collaborative must also identify strategies to increase the use of evidence-based practices. Strategies may include:

- Goals for appropriate utilization rates.
- Peer-to-peer consultation.
- Provider feedback reports.
- Use of patient decision aids.
- Incentives for the appropriate use of health services.
- Centers of excellence or other provider qualification standards.
- Quality improvement systems.
- Service utilization or outcome reporting.

The Governor appoints the chair and then convenes the Collaborative. The Collaborative must add members or establish clinical committees, as needed, to acquire clinical expertise in specific health care service areas under review. Each clinical committee shall include at least two members of the specialty or subspecialty society most experienced with the health service identified for review.

Recommendation topics to date include:

- Accountable Payment Models
    - Bariatric Surgery (2016)
    - Coronary Artery Bypass Graft Surgery (2015)
    - Lumbar Fusion (2014, re-reviewed 2018)
    - Total Knee and Total Hip Replacement Re-Review (2013, 2017, 2021)
- Addiction and Dependence Treatment (2014)
- Alzheimer's Disease and Other Dementias (2017)
- Cardiology (2013)
- Collaborative Care for Chronic Pain (2018)
- Colorectal Cancer Screening (2020)
- Cervical Cancer Screening (2021)
- Behavioral Health Integration (2016)
- End-of-Life Care (2014)
- Hysterectomy (2017)
- Lesbian, Gay, Bisexual, Transgender, and Questioning or Queer Health Care (2018)
- Low Back Pain and Spine Surgery (2013)
- Maternity Bundled Payment Model (2019)
- Obstetric Care (2012)
- Oncology Care (2015)
- Oncology Care: Inpatient Care Use (2020)
- Opioid Prescribing Metrics (2017)
- Opioid Prescribing in Older Adults (2022)
- Dental Care (2017)
- Metrics (2017)
- Long-Term Opioid Therapy (2020)
- Post-operative Care (2018)
- Opioid Use Disorder Treatment (2016)
- Palliative Care (2019)
- Pediatric Psychotropic Use (2016)
- Potentially Avoidable Hospital Readmissions (2014)
- Primary Care (2020)
- Prostate Cancer Screening (2015)
- Reproductive and Sexual Health (2020)
- Risk of Violence to Others (2019)
- Shared Decision Making (2019)
- Suicide Care (2018)
- Telehealth (2021)

Appendix B: Collaborative members

Members are listed below:

- Susie Dade, MS, patient advocate
- David Dugdale, MD, MS, medical director, University of Washington Medicine
- Gary Franklin, MD, MPH, medical director, Washington State Department of Labor and Industries
- Stuart Freed, MD, chief medical officer, Confluence Health
- Mark Haugen, MD, provider, Walla Walla Clinic
- Darcy Jaffe, MN, ARNP, NE-BC, FACHE, senior vice president, safety and quality, Washington State Hospital Association
- Karen Johnson, PhD, director, performance improvement and innovation, Washington Health Alliance
- Norifumi Kamo, MD, MPP, provider, Virginia Mason Franciscan Health
- Dan Kent, MD, chief medical officer, community plan, UnitedHealthcare
- Wm. Richard Ludwig, MD, provider, Providence Health and Services
- Greg Marchand, director, benefits, policy, and strategy, The Boeing Company
- Kimberly Moore, MD, associate chief medical officer, Franciscan Health System
- Carl Olden, MD, provider, Pacific Crest Family Medicine, Yakima
- Drew Oliveira, MD, executive medical director, Regence BlueShield
- Mary Kay O'Neill, MD, MBA, partner, Mercer
- Kevin Pieper, MD, chief medical officer, Kadlac Medical Center
- Susanne Quistgaard, MD, medical director, provider strategies, Premera Blue Cross
- Angela Sparks, MD, medical director, UnitedHealth
- Hugh Straley, MD, chair
- Judy Zerzan, MD, MPH, chief medical officer, Washington State Health Care Authority

Appendix C: Working group members

Opioid prescribing in older adults

- Co-chair: Gary Franklin, MD, MPH, WA Department of Labor and Industries
- Co-chair: Darcy Jaffe, MN, ARNP, NE-BC, FACHE, Washington State Hospital Association
- Co-chair: Mark Sullivan, MD, PhD, University of Washington
- Co-chair: Judy Zerzan-Thul, MD, MPH, Washington State Health Care Authority
- Carla Ainsworth, MD, MPH, Iora Primary Care – Central District
- Rose Bigham, Patient advocate
- Denise Boudreau, PhD, RPh, MS, Kaiser Permanente Washington Health Research Institute
- Siobhan Brown, MPH, CPH, CHES, Community Health Plan of Washington
- Pam Davies, MS, ARNP, FAANP, University of Washington
- Elizabeth Eckstrom, MD, Oregon Health Sciences University
- James Floyd, MD, University of Washington School of Medicine
- Nancy Fisher, MD, ex officio member
- Jason Fodeman, MD, WA Department of Labor and Industries
- Debra Gordon, RN, DNP, FAAN, University of Washington School of Medicine
- Shelly Gray, PharmD, University of Washington
- Jaymie Mai, PharmD, WA Department of Labor and Industries
- Blake Maresh, MPA, CMBE, Washington State Department of Health
- Kushang Patel, MD, University of Washington
- Elizabeth Phelan, MD, University of Washington
- Kara Shirley, PharmD, BCPS, BCPP, BCACP, Community Health Plan of Washington
- Dawn Shuford-Pavlich, Department of Social and Health Services
- Angela Sparks, MD, Kaiser Permanente Washington
- Steven Stanos, DO, Providence Swedish
- Gina Wolf, DC, Wolf Chiropractic Clinic

Outpatient Infection Control

- Chair: Mark Haugen, MD, Walla Walla Clinic and Surgery Center
- Anne Sumner, BSN, MBA, Baker Boyer Bank
- Andrea DeLong, ARNP, Walla Walla County Department of Community Health
- Cathy Carroll, BSN, RN, MBA, WA Health Care Authority
- Daniel Kaminsky, MD, Walla Walla County Department of Community Health
- Faiza Zafar, DO, FACOI, Community Health Plan of Washington
- Larissa Lewis, MPH, CIC, WA Department of Labor and Industries
- Lisa Hannah, RN, CIC, WA Department of Health
- Lisa Waldowski, DNP, CIC, Kaiser Permanente
- Rebecca Brown, MD, Walla Walla Clinic and Surgery Center
- Rhonda Bowen, CIC, CPPS, CPHQ, Comagine Health

Hepatitis C

- Co-Chair: Emalie Huriaux, MPH, WA Department of Health
- Co-Chair: Jon Stockton, MHA, WA Department of Health

- Abha Puri, MPH, Community Health Plan of Washington
- Angelica Bedrosian, Hepatitis Education Project
- Aura Payne, Hepatitis Education Project
- John Scott, MD, MSc, University of Washington
- Judith Tsui, MD, MPH, University of Washington
- Melda Velasquez, Kadlec Regional Medical Center
- Michael Ninburg, MPA, Hepatitis Education Project (retired)
- Omar Daoud, PharmD, Community Health Plan of Washington
- Patrick Judkins, Thurston County Health Department
- Ryan Pistoresi, PharmD, MS, WA Health Care Authority
- Wendy Wong, BSc, Providence Health Services
- Vania Rudolph, MD, MPH, Swedish Health Centers
- Yumi Ando, MD, Kaiser Permanente

Pediatric Asthma

- Annie Hetzel, MSN, RN, Office of the Superintendent of Public Instruction
- Brad Kramer, MPA, Public Health, Seattle and King County
- Christopher Chen, MD, MBA, WA Health Care Authority
- David Ricker, MD, Mary Bridge Children's
- Doreen Kiss, MD, University of Washington
- Edith Shreckengast, MS, Community Health Plan of Washington
- James Stout, MD, University of Washington
- John Lynch, Community Health of Central Washington
- Julee Christianson, Office of the Superintendent of Public Instruction
- Kate Hastings, Scientific Consulting Group
- Kate Guzowski, Community Health Plan of Washington
- Katie Paul, MD, MPH, Kaiser Permanente
- LuAnn Chen, MD, MHA, FAAFP, Community Health Plan of Washington
- Mark LaShell, MD, Kaiser Permanente
- Michael Dudas, MD, FAAP, Virginia Mason Medical Center
- Vicki Kolios, MSHSA, CPHQ, Foundation for Health Care Quality

References

[i] Raine S, Liu A, Mintz J, Wahood W, Huntley K, Haffizulla F. Racial and Ethnic Disparities in COVID-19 Outcomes: Social Determination of Health. Int J Environ Res Public Health. 2020 Nov 3;17(21):8115.

[ii] US Department of Health and Human Services Office of the Surgeon General. Addressing Health Worker Burnout: The US Suregon General's Advisory for a Thriving Health Workforce. 2022. Available: https://www.hhs.gov/sites/default/files/health-worker-wellbeing-advisory.pdf

[iii] Tikkanen R, Abrams MK. U.S. Health Care from a Global Perspective, 2019: Higher Spending, Worse Outcomes? The Commonwealth Fund. January 2020. Available: www.commonwealthfund.org/publications/issue-briefs/2020/jan/us-health-care-global-perspective-2019.

[iv] Washington Health Alliance. 2022 Community Check-Up Report. March 2022. Available: https://wahealthalliance.org/wp-content/uploads/2022/03/2022-community-checkup-report-Improving-Care-in-WA-state.pdf

[v] Institute of Medicine of the National Academies. Best care at lower cost: The path to continuously learning health care in America. Washington, DC: *National Academies Press;* 2012.

[vi] Berwick DM, Hackbarth AD. Eliminating Waste in US Health Care. *JAMA*. 2012;307(14) 1513-16.

[vii] Washington Health Alliance. First, Do No Harm Calculating Health Care Waste in Washington State. October 2019. Accessed March 2020. Available: www.wacommunitycheckup.org/media/47217/first-do-no-harm-oct-2019.pdf.

[viii] Weiss AJ, Heslin KC, Barrett ML, Izar R, et al. Opioid-related inpatient stays and emergency department visits among patients aged 65 years and older, 2010 and 2015: Statistical Brief #244. Healthcare Cost and Utilization Project (HCUP) Statistical Briefs. Rockville (MD)2018. Available: www.hcup-us.ahrq.gov/reports/statbriefs/sb244-Opioid-Inpatient-Stays-ED-Visits-Older-Adults.jsp

[ix] Wilson N, Kariisa M, Seth P, et al. Drug and opioid-involved overdose deaths, United States, 2017-2018. Morb Mortal Wkly Rep 2020; 69:290–297. URL: http://dx.doi.org/10.15585/mmwr.mm6911a4external icon, Accessed 4/1/2021

[x] McLachlan AJ, Bath S., Naganathan , et al. Clinical pharmacology of analgesic medicines in older people: impact of frailty and cognitive impairment. Br J Clin PHarmacol 2011;71:351-364.

[xi] Scott JC, Stanski DR. Decreased fentanyl and alfentanil dose requirements with age: A simultaneous pharmacokinetic and pharmacodynamic evaluation. J Pharmacol Exp Ther. 1987;240:159-166.

[xii] Pergolizzi J, Boger RH, Budd K., et al. Opioid and management of chronic severe pain in the elderly:consensus statement of the international expert panel with focu on the six clinically most ofen used World Health Organization step III opioids (buprenorphine, fentanyl, hydromorphone, methadone, morphine, oxycodone). Pain Pract. Jul-Aug 2008;8(4):287-313.

[xiii] Centers for Disease Control and Prevention (2016). Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care. https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf

[xiv] Barie, PS. Infection Control Practices in Ambulatory Surgical Centers. JAMA. 2010;303:2295-2297.

[xv] Centers for Disease Control and Prevention. National Center for Health Statistics: Ambulatory Care Use and Physician office visits. https://www.cdc.gov/nchs/fastats/physician-visits.htm. Accessed July 2022

[xvi] Centers for Disease Control and Prevention (2016). Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care. https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf

[xvii] Office of the Governor. 2018. Directive of the Governor 18-13. https://www.hca.wa.gov/assets/program/hep-c-elimination-gov-directive-18-13-final.pdf

[xviii] Hep C Free Washington. 2019. Plan to Eliminate Hepatitis C in Washington State by 2030. https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//150nonDOH-HepCFreeWA-PlanJuly2019.pdf?uid=62f2b85d5c5f0

[xix] Washington State Department of Health. 2022. Asthma Data. https://doh.wa.gov/data-statistical-reports/diseases-and-chronic-conditions/asthma-data. Accessed August 2022

[xx] Brookings Institute. 2015. A Case Study in Payment Reform to Support Optimal Pediatric Asthma Care. https://www.brookings.edu/wp-content/uploads/2016/06/Asthma-Case-Study.pdf

[xxi] Campbell J, Brooks M, Hosokawa P, Robinson J, Song L, & Krieger J. 2015. Community Health Worker Home Visits for Medicaid-Enrolled Children With Asthma: Effects on Asthma Outcomes and Costs. Am J Public Health. doi: 10.2105/AJPH.2015.302685