Washington State Health Care Authority

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, 2024

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Dr. Robert Bree Collaborative annual report

Acknowledgements

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

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Executive summary

This is the 13th 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 House Bill (HB) 1311 (2011). This report describes the efforts of the Collaborative from November 2023 through October 2024 to develop evidence-informed community standards and 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, affordability, and equity in Washington State through recommendations regarding specific health care services.

HB 1311 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 13 accomplishments include:

- Finalizing evidence-informed community standards for diabetes care, complex hospital discharge, and perinatal behavioral health.
- Beginning evidence-informed guidelines for early intervention for youth behavioral health and health impacts of extreme heat and wildfire smoke.
- Revising our treatment for opioid use disorder report and guidelines.
- Facilitating adoption of previous guidelines broadly and specifically facilitating implementation around four key pillars for transformation, including equitable care, data usability, whole-person care, and accountable financing (value-based care).

Background

The United States health care ecosystem is still struggling to recover from the impacts of COVID-19, which has caused over 1.2 million deaths and 45 million cases.[i] Existing disparities in population health outcomes have been magnified by the pandemic.[ii] Health care provider burnout and high levels of health care provider and other staff resignations threaten patient safety, meeting population health needs, and adding to excess cost.[iii][iv]

Prior to the pandemic, 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.[v] In

2022, Washington state-purchased health plan spending reached $17 billion dollars, a 10 percent increase from 2021.[vi]

Many of the dollars spent do not add to patient health or quality of care and are considered wasted.[vii,viii] From 2020-2022, it resulted in an excess of $126.5 million spent on low-value services.[ix] 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 prioritized increasing the quality, equity, affordability of health care through the Multi-Payer Primary Care Transformation Model, the Prescription Drug Program, Medicaid Transformation Project (MTP), and the Collaborative. The Collaborative's work is a key part of MTP, 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. He 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.

HB 1311 overview

The Washington State Legislature established the Collaborative in 2011 to provide a process for public and private health care stakeholders to work together to identify and recommend evidence-based strategies to improve health care quality, outcomes and affordability. These stakeholders included 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.

HB 1311 amended Revised Code of Washington (RCW) 70.250.010 (Advanced Diagnostic Imaging Workgroup definition) and 70.250.030 (Implementation of Evidence-Based Practice Guidelines or Protocols). This legislation also added a new section to Chapter 70.250 RCW 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

November 2023 to October 2024 focused on developing new evidence-based recommendations for **early intervention for youth behavioral health, extreme heat and wildfire smoke, and revising existing treatment for opioid use disorder guidelines** as well as facilitating adoption broadly and specifically around four key pillars for transformation. This includes equitable care, data usability, whole-person care, and accountable financing (value-based care).

To advance implementation of guidelines, checklists are developed in collaboration with community partners and workgroup members to translate Collaborative guidelines into action steps for different sectors. Checklists have been published for Hepatitis C Elimination, Pediatric Asthma, Diabetes Care, Complex Patient Discharge and Perinatal Behavioral Health. Learn more Learn more below.

To advance health equity and quality improvement, Bree staff initiated the Health Equity Action Collaborative (HEAC) in 2023, with a second group beginning in May 2024. While engaging with our community, staff observed a commonality among organizations where internal silos existed. Many organizations have quality improvement teams and health equity teams that work separately from one another.

The Collaborative believes **one cannot have quality without equity,** and quality improvement skills can support health equity efforts within organizations. Staff created a space that sought to tie quality improvement and health equity work together in one space to support moving their work forward, leveraging one another's' strengths, knowledge, and expertise to co-learn and grow. Learn more about the HEAC.

To evaluate the adoption and implementation of previous Bree Collaborative guidelines, Bree staff reached out to health systems, hospitals, and health plans to gather feedback through a comprehensive evaluation survey. Key findings included the importance of creating a business case for following the Bree Collaborative guidelines and complexity of data collection and information sharing. Bree Collaborative are designing a reporting initiative to gather more information on adoption and implementation of guidelines from Bree Collaborative member organizations.

In 2024, Bree Collaborative staff developed the first-ever Bree Collaborative Awards recognizing quality work in adopting and implementing the Bree Collaborative guidelines among different organizations in the state. The awards are tiered based on progress toward implementing the guidelines. The Collaborative distributed its first **Mountain Climber awards for Excellence in Health Equity** to **Kaiser Permanente Washington** and **United Health Care** in May 2024, and awarded the first Trailblazer and Pathfinder awards to many participating organizations. Learn more about evaluation progress, click Learn more about the evaluation progress below.

The three workgroups active during November 2023–October 2024 are profiled on the following pages. Workgroup members are listed in Appendix C.

The Collaborative approved and submitted the following recommendations to HCA:

- Diabetes care (adopted January 2024)
- Complex patient discharge (adopted January 2024)
- Perinatal behavioral health (adopted January 2024)

At the September 2024 meeting, Collaborative members selected new topics for 2025, including:

1. First episode psychosis
2. Surgical patient optimization
3. Inequities in hypertension control

Early intervention for youth behavioral health

The Collaborative convened a workgroup in January 2024 to improve quality of detection and early intervention of common youth behavioral health concerns, incenting a system that is youth- and family driven, community based, and culturally and linguistically inclusive.

Background and guideline framework

Behavioral health concerns are common and widespread among children and youth in Washington. The COVID-19 pandemic increased stress, anxiety, trauma, and isolation especially for those under 18. In 2020, the Healthy Youth Survey estimated that about 20 percent of 10th and 8th graders had considered suicide[x], and in 2023 almost 2 in 5 10th graders reported having used alcohol at some point in their lifetime.

Youth psychiatric visits to emergency departments for depression, anxiety, and behavioral challenges have increased by over 25 percent.[xi] Mental health concerns and substance use in youth is more prevalent among American Indian/Alaska Native, non-Hispanic Black and Hispanic youth as compared to non-Hispanic white youth, showing high disparities. Early identification and intervention can prevent or reduce severity of symptoms and promote healthy development and resilience.

However, as many as 1 in 3 youth under 20 experience symptoms that indicate a need for treatment[xii], and many children and youth do not receive treatment and support in a timely manner and appropriate setting. Youth who are uninsured or underinsured are less likely to have access to evidence-based behavioral therapy and more likely to be given psychiatric medications without therapy.[xiii]

Guideline status

The guideline is in process and focuses on early intervention for children and youth with common behavioral health concerns (depression, anxiety, trauma, attention deficit hyperactivity disorder (ADHD), disruptive behavior, and early substance use). Focus areas are defined below:

Table 1: focus areas

Patient, caregiver and provider education and capacity building	• Patient and family education on behavioral health signs and symptoms • Pediatric and school-based providers training on screening, brief intervention, referral and management
Screening, brief intervention & referral to treatment	• Universal and systematic screening for behavioral health concerns • Same-day evidence-based brief intervention for mental health and substance use • Holistic assessment and treatment planning to identify risk factors, co-occurring conditions and develop person-centered goals • Expanding access to evidence-based treatments (nontraditional workforce roles, use of telehealth, etc.)
Coordinated management of behavioral health	• Monitoring and measurement-based behavioral health care in primary care

	• Coordinated care planning between pediatric primary care, behavioral health, patients and caregivers, and school-based clinicians
Coordination & data sharing	• Data sharing systems to support coordination of care • Population level management of children and youth with behavioral health concerns
Financial	• Value-based purchasing for outcome-based car • Reimbursement for behavioral health screening and early intervention for subclinical/preclinical symptoms • Funding for home and community-based programs

Health impacts of extreme heat and wildfire smoke

The Collaborative convened a workgroup starting January 2024 to identify and increase use of evidence-informed practices to reduce morbidity and mortality from heat and wildfire smoke in Washington state.

Background and guideline framework

During the heat dome of 2021, 157 people in Washington lost their lives due to heat-related illnesses.[xiv] Heat disproportionately impacts young children; pregnant individuals; elderly people; people with certain chronic conditions. people on certain medications. outdoor and indoor workers, especially migrant farm workers; people with disabilities; low-income communities; and marginalized racial and ethnic groups. Climate experts expect very hot days and extreme heat events to increase across the state year after year.[xv]

Climate experts also expect a two-fold increase in wildfire-impacted areas in the state by 2040.[xvi] Wildfire smoke creates unsafe air quality by emitting pollutants, including particulate matter (PM 2.5), increasing all-cause mortality and impacting respiratory health. Similar groups are at risk for both heat and wildfire smoke, while people with respiratory conditions like asthma or chronic obstructive pulmonary disease are particularly impacted. Wildfires and heat often occur during approximately the same months, and patient-centered guidance can be conflicting (e.g., keeping windows closed to improve air quality versus open to reduce indoor temperature).

Guidelines will focus on climate adaptation activities for extreme heat and wildfire smoke in Washington state for clinical care teams, delivery systems, health plans, employer purchasers, and public health before, during and after poor weather conditions to prevent negative health impacts to vulnerable groups and the general population.

Guideline status

The guideline is in process. Key action items include:

- Adoption of standardized tools to track heat risk and air quality risk and guide response activities across delivery systems, health plans, employers and both local public health jurisdictions and the Department of Health.
- Proactive and aligned public education with targeted messaging for vulnerable groups.
- Improved communication and coordination between systems in preparation for and responding to extreme heat events, wildfires, and poor air quality.
- Adjustments to surveillance and monitoring systems to track impact and guide resource allocation during response activities.

Treatment for opioid use disorder (OUD) revision

The Collaborative convened a workgroup starting January 2024 to improve access to and delivery of care for oud in response to the fentanyl crisis. These guidelines are a revision of those created December 2016 to November 2017. The previous report endorsed a "no wrong door" approach to OUD treatment, focusing on:

1. Access to evidence-based treatment (e.g., medication-assisted treatment, reduce stigma).
2. Referral information (e.g., inventory of medication treatment prescribers, supportive referrals and infrastructure).
3. Integrated behavioral and physical health to support whole-person care (e.g., treatment of comorbid conditions).

Changes to the regulatory structure around prescribing medications for opioid use disorder (MOUD) and continued increases in mortality resulted in this topic being selected for re-review.

Background and guideline framework

Opioid-related deaths continue to rise at alarming rates in Washington state. From 1999 to 2021, opioid-related deaths increased sixfold and in 2022, over 75 percent of total overdose deaths involved an opioid.[xvii] Among those under 50 years of age, drug overdose is the second leading cause of death nationally, increasing 12 percent in 2024 to exceed 71,000 lives annually. The 2022 National Survey on Drug Use and Health estimated that 8.9 million Americans 12 years or older misused opioids (heroin or prescription pain relievers) in the past year, and 991,000 Americans 12 years or older misused prescription or illegally made fentanyl.[xviii]

Highly potent synthetic opioids (HPSO), most commonly fentanyl, have become more present in the United States drug supplies. Washington state death rates due to fentanyl have risen over 750 percent between 2018-2022, and in 2022 were almost 90 percent of all opioid-involved deaths.[xix] One of the challenges of treating opioid use disorder in the fentanyl era is that fentanyl and its analogues are much more potent than heroin or prescription opioids and can rapidly induce tolerance and dependence.

People using HPSO experience persistently higher serum opioid levels and develop higher levels of tolerance. This coupled with the fact that the breakdown products of fentanyl are stored in fat cells and makes elimination from the body slow, prolonging and complicating withdrawal. In practice, this means people who use fentanyl, or opioids contaminated with fentanyl, require higher doses of buprenorphine or methadone to control their symptoms and reduce their cravings.

These facts make transitioning people using HPSO more challenging than when prescription or lower potency heroin were the predominant opioids. With few rigorous research studies on how best to transition people off fentanyl and on to medications for opioid use disorder (MOUD), standards of care that minimize the risk of withdrawal and rapidly transition people off fentanyl have been slow to develop; however, buprenorphine and methadone are still efficacious treatment options and should be offered to any individual interested.

MOUD are the most appropriate, evidence-based treatment. Medications to treat OUD include buprenorphine, methadone, and naltrexone.[xx] MOUD medications reduce cravings and withdrawal symptoms, block the effects of opioids, and/or block opioids' euphoric and sedating effects, and reduce the risk of having an overdose.

While whole-person treatment plans that include behavioral therapy still provide benefit for some patients, medications should not be withheld based on lack of engagement with other adjunct therapies. This is because MOUD has been shown to be more effective at preventing overdose than behavioral therapies, medically supervised withdrawal or abstinence alone. Research consistently shows MOUD lowers risk of death from overdose and rates of illicit drug use. [xxib]

Guidelines will focus on reducing barriers to medications for OUD and other evidence-based strategies to reduce opioid overdose and opioid-related mortality.

Guideline status

The report revision is up for public comment **September 24th until October 24, 2024**. Key action items include:

- Widespread access to adequate doses of MOUD and other evidence-based treatments, including through primary care, emergency and inpatient care, and settings like syringe service programs and pre-hospital services.
- Increasing use of low-barrer treatment models, including extending treatment hours and removing prior authorizations on higher doses of MOUD.
- Consistent dedicated support staff and care coordination to reduce loss to follow-up during transitions of care.

Implementation

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

HCA champions Collaborative guidelines, 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 HCA's focus. The Collaborative also engages with many diverse stakeholders to move toward adoption of the recommendations.

In 2022, the Collaborative received supplemental funds from the Legislature to conduct targeted implementation efforts. 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. Collaborative staff are focused on facilitating uptake of guidelines into clinical practice and the framework supporting and incenting evidence-informed clinical practice. This includes purchasing contracts, health plan incentives and network design, and patient-directed education.

Since 2022, these new positions have worked to facilitate paying for value not volume,

- Gathering information through surveys from health care organizations to assess implementation.
- Aligning measurement across sectors to assist in better understanding of concordance of clinical actions with Collaborative guidelines.
- Directly facilitating implementation through an action collaborative.
- Development and dissemination of tools to promote implementation and evaluation.

Implementation of guidelines means use of a guideline in part or full during clinical practice, health care contracting, policy making, educational programs, or other health care-related activities; and/or use of guidelines to fulfill the elements of an initiative, regulation, or requirements.

To support translation of Bree reports and guidelines into practice, staff recognized the need to develop tools and engagement opportunities that met the needs of the user relative to the content of work and capacity. Staff developed tools, resources, and techniques to support organizations in translating Bree guidelines into practice areas. These resources of an implementation guide, checklist tools, and other learning opportunities, such as webinars and learning collaboratives to engage in are described in this section of the report.

Paying for value

HCA has been the first mover for value-based payment, and specifically the four surgical bundled payment models, followed by Premera.

The Collaborative and 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, low back pain, and addiction and dependence treatment.

Similar requirements for carrier implementation of components of Bree recommendations are included in the contracts for Cascade Select, Washington state's public option plans. HCA also requires Regence Blue Shield — the third-party administrator (TPA) for the PEBB and SEBB self-insured plan, Uniform Medical Plan (UMP) — 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, PEBB enrollees in UMP Classic, UMP Select, or UMP Consumer-Directed Health Plan—and since January 2020—SEBB enrollees in UMP Achieve 1, UMP Achieve 2, or UMP High Deductible plan who select Virginia Mason Franciscan Health for this procedure pay no coinsurance.[1] HCA has contracted with Virginia Mason Franciscan Health as a center of excellence for spine care and surgery.

Webinars and summits

Webinars over this period aligned with underlying Bree Collaborative objectives (value-based care, health equity, population health) and to directly implement specific, pragmatic guidelines. They focused on

- Centering health equity within implementation work.
- Understanding how a guideline was implemented.
- Highlighting key background information to support translation of guidelines into practice.
- Examining emerging health concerns facing Washington residents.

The Bree Collaborative hosted three spotlight webinars, three catalyst for change series webinars, one Hot Topic webinar, six learning lab webinars, and two summits (Wellness & Addiction/Perinatal Behavioral Health Summit and the Social Need and Health Equity Summit) from December 2023 through December 2024.

More details are available in Appendix D.

HEAC

While engaging with our community, staff observed a desire for a space where individuals across the health care ecosystem could come together to gain quality improvement skills, grow their knowledge of health equity, and connect with peers to break down silos and improve the health of people in Washington state. Staff sought to combine quality improvement and health equity work together in one space to support moving their work forward, leveraging one another's' strengths, knowledge, and expertise to co-learn and grow. These are the tenets in which HEAC was created.

HEAC is a space for quality improvement and health equity professionals and teams to learn and discuss implementing a quality improvement project that promotes equity within their organization. Individuals, teams, and organizations serving Washington residents participate in HEAC to receive support in developing a project plan that can be implemented within their organization.

[1] except for UMP CDHP and UMP High Deductible plan members who are required by IRS rules to meet their deductible first). Since January 2019

Organizations' projects focus on a health topic that aligns with a Bree report guideline and addresses health equity in a way relevant to their work and selected topic. Participants attend monthly meetings from May to December to create their project plan. During this time, participants learn about quality improvement tools, receive technical assistance support, discuss health equity topics facing people in Washington, and cultivate relationships with peers. (E.g., clinicians, clinics, health plans, purchasers, and others.) Once the eight monthly meetings conclude, the group will transition to meeting quarterly. Bree staff meet with participants who completed a HEAC cohort to provide technical assistance, learning opportunities, and space to engage with peers who are also implementing projects.

In 2023, Bree concluded their first HEAC cohort HEAC. Participants provided feedback on their experiences:

> "The sessions are really well run, and I appreciate the support and feedback that Bree staff have offered in between sessions."
>
> "Momentum of the monthly meetings and homework assignments kept us moving forward."
>
> "The collaborative gave us different ways to approach the project and items to consider."
>
> "I feel more equipped with tools and resources to identify potential barriers and promote equitable practices."
>
> "It was really nice to hear about the amazing work other organizations are doing and to share lessons learned and how we've addressed barriers. Feels good to know you're not alone and also grounding to learn about what other amazing equity-based work is happening."
>
> "Cultivated connections that they would not have made otherwise, and that feels like a true relationship."

Staff are currently facilitating a cohort of 11 participating organizations representing health delivery systems, health plans and public health for 2024. As participants implement their projects, their work and learnings are used as examples in other implementation support offerings (e.g., webinars and case studies), and are to be applied to the Bree's evaluation efforts. Bree staff recognize that not everyone can join HEAC due to capacity. Staff have listed the materials, tools, and resources used during HEAC on the Bree website under the Resource Library for all individuals to have access.

Implementation tools

Collaborative staff seek to provide a variety of tools and frameworks to support implementation, recognizing that organizations and individuals have different structures, knowledge, and capacity.

Implementation Guide

The Bree Collaborative Implementation Guide was published in May 2024. The Implementation Guide aims to support audiences across the Washington state health care ecosystem in implementing Bree guidelines listed within a Bree Report in their area of work by providing further guidance, tools, and

resources. The purpose of this guide is to give an overview of each of our reports and tools to support translation of reports into practice and evaluation.

The guide contains checklists, tools and resources, webinars, and measures to support the implementation of the Bree guidelines across all sectors of the health care ecosystem. The Implementation Guide is a living document that will be updated over time to include further information and resources for all the published Bree reports. Bree staff are prioritizing the development of checklist tools and other new materials for the most recent Bree reports, but materials are available for all guidelines. Individuals may access the implementation Guide at any time on the Bree website.

Checklists

Bree Collaborative workgroup members expressed that they valued the information in a Bree report. However, at times, people didn't know where to begin or which guideline to implement first. The staff used this feedback to develop a checklist tool to answer these questions. In the checklist tools, guidelines are arranged into a level system. Levels 1, 2, and 3 correspond to the perceived level of difficulty implementing the guideline into the sectors' setting.

The level system is to guide a starting place to implement the guidelines. The checklist tools are co-developed with former workgroup members who provided feedback and guidance on the checklist design to determine which level a guideline corresponded to. Staff have received positive feedback from organizations using the checklist tool.

One user shared with staff that the tool not only helped them understand what work has been done and needs to be done, but also evaluate the distribution of workload among their staff. The checklist tool is accessible through the **Implementation Guide** on the Bree website. Staff plan to continue to develop checklists using this design for future reports as new guidelines are created to further support dissemination.

Community partnerships

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

- **Newsletter:** provides updates on recent work and event offerings through a monthly newsletter. The newsletter is emailed to over 1,200 individuals each month, and individuals can sign up to receive announcements via our website. Bree staff have observed engagement with the newsletter through an uptake of event sign up after newsletter is sent out and have verbally received positive feedback.
- **Catalyst for Change Webinar Series:** created in partnership with the Washington Health Alliance (WHA) and Comagine Health to examine the intersection of equity and value-based care. Value-based payment is a payment method for clinicians that rewards them for the quality of health care they provide, rather than the volume of procedures or number of patients they see. The National Academy of Medicine describes quality health care as care that is safe, effective, patient-centered, timely, efficient, and equitable.
- **Hot Topics Series:** in May 2024, Bree Collaborative hosted a hot topic on metabolic health advancements and equity. Through conversations with peers, Bree staff recognize that applying technologies created for managing blood glucose in people with diabetes to broader population groups has great health promotion potential. Coverage policies and practice protocols influence who can access technologies with equity and quality impacts. Glucagon-like peptide-1 receptor agonists (GLP-1's) are a class of medications that have shown significant efficacy in reducing blood glucose,

aiding weight loss, and reducing cardiovascular risk for some patients. However, patients and providers are experiencing the impact of the excessive cost for these medications in practice. Continuous glucose monitors (CGMs) have revolutionized blood glucose monitoring and patient education and have significant potential in preventing progression of prediabetes to diabetes. While CGMs are becoming more accessible, there remain barriers to access for communities most at risk. The Bree Collaborative held a panel discussion followed by open conversation to continue building collective knowledge on metabolic health advancements, including GLP-1s and CGMs. The panel discussion began with moderated questions and then opened to public Q&A.

- **Outreach to community associations,** including the Washington State Hospital Association (WSHA) on the potential for data sharing, the Washington State Medical Association (WSMA), WHA, Washington State Nursing Association (WSNA), and Comagine Health.
- **Regular check-ins** with the Washington Association for Community Health (WACH), MultiCare, and Optum Health to maintain relationships and foster alignment in quality improvement initiatives.
- **Presenting at in-person and virtual events, classes and seminars,** including the HCA Shared Decision-making Workshop, Premera, Washington State Joint MCO Training Workgroup, and Washington Healthcare-Associated Infections and Antimicrobial Resistance (HAIAR) Outpatient Network.
- **Increasing Bree Collaborative visibility** through the website, maintaining a blog with monthly or bi-monthly posts highlighting Collaborative topics or implementation strategies, sending a monthly newsletter on updates and opportunities to engage with the Bree, and using social media to engage the community.
- **Attending conferences,** such as the Washington State of Reform, HCA Shared Decision-Making Workshop, Northwest Rural Health Conference, University of Washington (UW) Symposium on Climate Change and Clinical Practice, UW Cultivating Integrated Care Within the Behavioral Health Ecosystem, Cardiac Care Outcomes Assessment Program (COAP) Annual Meeting, Obstetrical Care Outcomes Assessment Program Annual Meeting (OB COAP), and Surgical and Spine Care Outcomes Assessment Program Annual Meeting (SCOAP).

Evaluation

Since 2022, Bree Collaborative staff have worked to develop a more comprehensive evaluation program that incorporates multiple methods to gather information on the usefulness, uptake, and impact of the Bree Guidelines. The Evaluation Program includes several components. Evaluation tools, such as the evaluation survey question bank, are available through the evaluation tool depot. Organizations share how they used our guidelines through case studies and dashboards. Staff produce dashboards and reports to measure progress and support a new awards program to recognize excellence in uptake and implementation of Bree Collaborative reports and guidelines.

Bree Collaborative Awards

In 2024, Bree Collaborative staff developed the first-ever Bree Collaborative Awards recognizing quality work in adopting and implementing the Bree Collaborative guidelines among different organizations in the state.

The **Pathfinder** award is given automatically. It is intended to celebrate progress on implementation projects. There are three levels of awards for completion of the checklists for each level of implementation – Path Finder Level 1, Level 2, and Level 3.

The **Trailblazer** award is given in recognition for having implemented guidelines or having processes that have strong fidelity with Bree reports. In 2024, the Bree Collaborative presented the Trailblazer award to the following organizations:

- UW Medicine & UW Physicians
- HealthPoint
- Arbor Health Morton Hospital
- Community Health Plan of Washington
- Kaiser Permanente Washington
- United Health Care
- Optum Care Washington, Formerly The Everett Clinic and Polyclinic

The **Mountain Climber** award is given by the Foundation for Health Care Quality for exemplary implementation efforts that focus on the Bree pillars of transformation, i.e., equity, data exchange and transparency, person-centered care, cost/financing or return on investment (ROI). Each year the award will focus on one of these pillars. Multiple awards are given out annually and any organization receiving a Trail Blazer award is automatically eligible to submit a form to be considered for the Mountain Climber award. In 2024, FQHC presented the Mountain Climber award for Excellence in Health Equity to the following organizations:

- Kaiser Permanente Washington
- United Health Care

Mountain Climber award finalists were also recognized and included the following organizations:

- UW Medicine & UW Physicians
- MultiCare

Look back evaluation & report

In 2022, the Bree Collaborative received funding from HCA to work on implementation and evaluation of Bree Collaborative guidelines. Part of that work includes an evaluation of previously created guidelines (a look back evaluation) and the development and methods, measures, and tools for guidelines currently in development (a look forward evaluation).

This report summarizes the look back evaluation work on data collected in 2023 and is part of a broader program to evaluate the implementation and impact of the Bree Collaborative reports. The purpose of the retrospective evaluation was to understand the usefulness of previous Bree reports and the capacity, barriers, and enablers that organizations experience, and to measure the fidelity of current practices with Bree recommendations. The goals of the look back evaluation was to:

- Better understand concordance of care with guideline recommendations,
- Understand barriers and facilitators to guideline implementation,
- Understand how to improve the process of guideline development, and
- Measure any impact on variation in care (including equity and cost) and health outcomes.

The data for the report was collected through a mixed methods design, which included hospital and other stakeholder score cards, surveys, case studies, document review, and interviews. The same scale from the 2016 evaluation was used for score cards, which measure concordance of care with Bree Guidelines.

Broadly disseminated surveys measured qualitative opinions on the contribution of the guidelines to:

- Increase knowledge
- Increase confidence in decision making
- Guideline usefulness in identifying goals and objectives of best practices
- Data capacity to implement guidelines
- Opinions on cost relative to outcomes

These surveys were analyzed using standard qualitative methods, such as word counts, theme identification, and Likert scales.

Key lessons

So far, the evaluation has collected minimal qualitative data on cost/benefit comparisons and no information from patients about patient outcomes. For many data-sharing goals, organizations may need more resource support to implement overall data-sharing and analytics goals included in reports.

Key improvement opportunities were identified as part of the report as well:

1. **Internal awareness of the Bree reports:** organizations that are members of the Bree Collaborative or that participate regularly in the development of the reports cited awareness as a barrier less often than those that did not. Internal awareness was more of an issue for reports with broad scopes that were not hospital specific, but the process of evaluation generated interest and enthusiasm for implementation work among those organizations that are not members or do not regularly participate in work groups.
2. **Data collection:** align metrics and develop supports, methods, and infrastructure for data reporting that both eases the burden of collection and increases the availability and credibility of data.
3. **Future Bree Collaborative work***:* Bree staff will use this data throughout 2024-2025 to develop and inform a guideline revision process and to support new topic selections and the workgroup process
4. **Implementation support:** throughout 2022-23, Bree staff worked on mechanisms to support implementation, including the development of action collaboratives, strengthening partnerships for implementation, improvements to webinars, creation of learning labs, developing the implementation guide, and creating implementation awards. In addition to this work, there is an opportunity to encourage implementation through more outreach to small clinics and rural areas and by supporting the development of business cases for the report recommendations.
5. **Evaluation planning***:* Bree and HCA should work together more closely to design an appropriate evaluation on shorter timeframes (e.g.,1-4 years after report releases). Bree should develop methods for creating evaluation plans and tools in parallel with the work groups to improve validity, reliability, specificity, and acceptability of the evaluations.

Read the user-friendly Evaluation Report and accompanying Technical Report for more information.

Barriers to Implementation Report

In 2023, the Bree Collaborative launched two different methods for collecting data on barriers and facilitators to the implementation of the Bree Collaborative guidelines. Score cards were sent out to selected organizations via email as part of the Bree's 2023 look back evaluation. The survey was posted on the Bree collaborative website, on social media, and sent out to select organizations via email.

Organizations were selected to receive both the survey and the score cards if they are part of the Bree Collaborative or if any of their staff had attended a Bree Collaborative event. Respondents for this survey included large health systems, health plans, educational organizations, behavioral health organizations, physician's groups and community-based organizations.

Findings

Two primary themes rose to the top for both methods: business case and data use. In the Health System Survey, more concerns about personnel were highlighted while in the Score Card Survey, concerns about contracting were highlighted. Lack of data and data infrastructure rose to the top in both methods, indicating system-wide issues with data collection and sharing.

Business case

Although it was not always the highest ranked or most often chosen, lack of a business case or economic rewards was a common barrier in the top five across both surveys.

Data

The burden of collecting data, including lack of infrastructure and lack of credibility or availability of data was a second common theme across both surveys. Lack of data infrastructure (e.g., electronic health record (EHR) system, broadband issues, lack of integration with behavioral health systems, etc.) is a particular challenge for behavioral health and community organizations. It's also more important for health systems compared to health plans.

Capacity and cost

Time, cost, and personnel rounded out the top barriers for all audience types, particularly for community and health care provider organizations.

Contracting

Challenges around contracting partnerships were close to equal in importance for health plans and health systems.

Other barriers

Internal awareness/support of Bree recommendations received a score of 6 on the score card method. Several other barriers were identified by health plans and community partners.

Table 2: barriers identified by health plans and community partners

Health plans	Community partners
Limited bed capacity for SUD rehabilitation unrelated to network	Lack of institutional resources and staffing
Multitude of critical business needs that may or may not align with Bree work	Organizational purpose alignment – health care is secondary
Regulatory constraints (i.e., HIPAA, etc.) impacts SUD measures	

Lessons learned and next steps

Although these surveys also asked questions about facilitators of implementation, they were less clear to individuals filling out these surveys. Respondents often interpreted barriers and facilitators as a supply/deficit question, rather than two separate questions. Only about half of respondents answered the questions about barriers. Bree staff will need to craft questions about facilitators to gain more knowledge about what was most predictive of implementation success. A reporting initiative is being designed to gather more information about who is adopting the Bree guidelines, so target questions about barriers can be provided.

Evaluation resources

Bree staff have developed several resources for evaluation planning, execution, analysis, and reporting. This includes the Evaluation Survey Question Bank, Validated Surveys, and the evaluation tool depot.

Evaluation survey question bank

Staff developed a collaborative question bank for organizations to use and for other organizations to contribute questions with the goal of aligning evaluations of implementation projects. Multiple organizations asking the same questions in the same way support data exchange and improve evaluation validity. The collaborative question bank has been used by one organization for a brief evaluation of their members' use of the Bree guidelines and have shared this data with the Bree staff. We are discussing data sharing of evaluations of Bree projects with two other organizations. Further outreach to encourage use of the question bank is ongoing.

Validated surveys

Bree staff listed validated surveys that can be used to measure elements or components of an implementation project. These include:

- **Building capacity for Equity Informed Planning and Evaluation (BCEIPE) Project**: the survey will establish a baseline that reflects your current state and allow a valuable comparison to a new state after the completion of capacity building activities have taken place and identified with post-test survey findings.
- **Health Equity skills for Public Health Professionals Survey**: the following brief questionnaire will provide information used to help public health professionals achieve success in moving toward health equity in their public health practice.
- **Focus group questions**: these questions are used to obtain client feedback about accessibility, efficiency, equity, patient centeredness, and satisfaction within a focus group setting. It includes sample questions and aims to create conversation and feedback in situations where participants are offering limited feedback.
- **Primary Care Experience Survey**: this survey documents:
    - A patient's experience contacting the organization
    - A patient's experience arriving and waiting at the organization
    - The performance of the health care provider they dealt with during their most recent visit
    - A patient's overall experience during their most recent visit
    - A patient's experiences visiting with the organization over the last year or so
    - A patient's context/ demographics

- A patient's feedback with respect to successes and opportunities for improvement.

- **Adolescent and Young Adult Health Outcomes and Patient Experience Survey**: for the Adolescent and Young Adult (AYA) Cancer Survivors Study, the National Cancer Institute (NCI) developed a survey that examines the quality of care and related outcomes among AYA in the first year following their cancer diagnosis.
- **Continuing Survey of Food Intakes by Individuals**: the U.S. Department of Agriculture (USDA) has collected national food consumption data for more than 70 years. Initially designed to help people achieve economical and nutritious diets, USDA's food consumption surveys gradually broadened in scope and purpose. The most recent surveys, called the Continuing Survey of Food Intakes by Individuals (CSFII), were combined with USDA's Diet and Health Knowledge Survey (DHKS) to measure knowledge and attitudes about diet and health.
- **Health Survey for England**: The Health Survey for England is a major monitoring tool looking at the nation's health. It is used by the Government to plan health services and make important policy decisions that have an impact on us all.
- **Healthcare Systems Scorecard (HSSC)**: 2016 CDC (HSSC) Assessment Tool for Primary Care Practices.
- **National Electronic Health Records Survey**: the survey is affiliated with the National Ambulatory Medical Care Survey (NAMCS). The purpose of the survey is to collect information about the adoption of EHR/electronic medical records (EMRs) in ambulatory care settings.

Evaluation tool depot

Bree Collaborative staff developed an evaluation tool depot—a website—that provide templates and training that cover evaluation planning, evaluation data collection tools, evaluation data management tools, logic model tools, and theory of change tools.

This webpage is intended to become a comprehensive library of evaluation support tools to encourage organizations participating in other Bree activities, such as the Health Equity Action Collaborative and others to evaluate their implementation projects at the organizational level and share their results with the Bree Collaborative.

Current evaluation projects

Bree Collaborative staff have several ongoing projects that support various aspects of the Evaluation Program. Starting with the 2023 guidelines, Bree Staff has engaged subject matter experts and convened small subcommittees to plan out formal evaluations of our guidelines. These evaluations are planned to measure the impact of guidelines wherever possible.

Table 3: Current evaluation projects

Year	Topic	Description	Status
2023	Perinatal behavioral health	In January 2024, the Perinatal Behavioral Health group expressed interest in collecting baseline data for the guidelines to measure changes to processes of care. Bree staff designed a difference-in-difference evaluation plan to measure the change in processes and impact of implementation. Bree staff used a combination of process measures collected through a survey and metrics data collected through OB COAP (a	In progress

		different Foundation for Health Care Quality program). The aims of this effort include: • To measure the impact of guideline implementation • To determine which activities had the most impact on the outcomes • To understand if or how the use of equity data may have contributed to the outcome • To understand which guideline areas provided the most support for implementation • To understand which barriers and facilitators were most highly correlated with successful implementation	
2023	Diabetes care	Bree staff used discussions with multiple stakeholders and internal collaboration to develop a draft plan for evaluation. We will be meeting with Bree stakeholders to further determine the feasibility of the plan and ways to partner with organizations to roll out this formal evaluation.	In development
2023	Complex discharge	Discussions with multiple stakeholders were conducted to determine the feasibility of conducting a future evaluation for this Bree Guideline report. Organizations and individuals that contributed to the discussion were WSHA and Bree members. It was determined that currently ongoing work in this area, generality of the guidelines, organizational capacity and Bree staffing capacity make a formal evaluation impractical at this time. The Bree will continue to accept self-reporting on this topic through the self-report process for awards.	On Hold
2024	Impacts of extreme heat and wildfire smoke	The subcommittee has identified evaluation measures and metrics, components of the intervention, developed a draft plan, and identified data collection and evaluation partners. Also, Bree identified a work group participant for a potential case study as they implement the completed guidelines.	In development
2024	Youth behavioral health: early interventions	The subcommittee has identified gaps in measures and data capacity of behavioral health providers as major barriers to evaluating these guidelines' impact. The subcommittee is considering a companion report on what is needed to be able to accurately measure the impact of changes to behavioral health treatment for youth and is considering case studies or key stakeholder interviews as potential methods for process evaluation.	In development
2024	OUD treatment	The subcommittee has identified barriers to measuring both process and impact in a single evaluation plan. The committee chose to develop an evaluation framework that will be shared with stakeholders who wish to do their own organizational	In development

level evaluation. Additionally, the Bree Collaborative will be partnering with the Department of Health to design a macro-level impact evaluation focusing on prescribing patterns as an indicator of change.

Case studies

Bree staff are developing case studies to illustrate different implementation projects. Case studies are either on broad topics of multiple guideline reports or focused on a single item within a single report. Case studies are developed through a standardized method, borrowed from the Guidelines International Network, to support validity and reliability of the information.

Table 4: case studies currently in development

Bree topic	Participating organization	Status
Dental opioid prescribing	Delta Dental	In progress
Opioid metrics use in clinical settings	Optum Care Washington formerly the Everett clinic and the Polyclinic	In progress
Pediatric asthma	Educational Service District 105	In development
Outpatient infection control	Department of Health	In development
Behavioral health integration	United Health Care	In development

Self-report score cards

The Bree Collaborative is continuing to promote self-reporting of the implementation of Bree guidelines using Bree-developed evaluation score cards, which are available for most Bree guidelines. The purpose of these score cards is to collect standardized data on the extent to which organizational policies, contracting, programs, and care processes are concordant with the guidelines. Score Cards are available in our Implementation Guide.

Other evaluation planning

Bree Collaborative staff are designing a reporting initiative for 2025. This initiative aims to measure uptake of the Bree guidelines through a simple reporting process. The data collected from this initiative will be used to develop website dashboards and maps, identify organizations interested in sharing their implementation or evaluation work, and those interested in participating in formal Bree Collaborative evaluations.

An additional focus of this reporting initiative is to engage legislators and to provide them with information on the use of the Bree guidelines. Bree staff are in the process of identifying appropriate avenues to engage legislators on evidence-informed guidelines.

Conclusion

In conclusion, the Bree Collaborative remains steadfast in its mission to improve health care quality, patient outcomes, affordability, and equity in our state through the development, promotion, integration and evaluation of collectively developed, evidence-informed guidelines. By engaging with a diverse array of stakeholders, the Collaborative continues to promote co-operative action that breaks down silos in the health care system using our pillars of transformation (equity, data usability, whole-person care and accountable financing). Moving forward, the Bree will continue to facilitate adoption of previous guidelines while seeking further opportunities to expand adoption and integration of guidelines across the state. We look forward to the ongoing support and participation of our members and stakeholders in achieving our shared goal of high quality, affordable health care for all people in Washington.

Appendix A: Collaborative 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, 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 their 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 HCA. 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. Agendas and materials for all Collaborative meetings are available on the Collaborative's website.

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

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:

- Bundled payment for bariatric surgery (2016)
- Bundled payment for coronary artery bypass graft surgery (2015)
- Bundled payment for lumbar fusion (2014, re-reviewed 2018)
- Bundled payment for 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)
- Complex patient discharge (2023-2024)
- Cervical cancer screening (2021)
- Diabetes care (2023-2024)
- Behavioral health integration (2016)
- End-of-life care (2014)
- Hysterectomy (2017)
- Hepatitis C virus (2022)
- 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)
- Opioid prescribing in dental care (2017)
- Long-term opioid therapy (2020)
- Opioid prescribing in post-operative care (2018)
- Opioid use disorder treatment (2016)
- Outpatient infection control (2022)
- Palliative care (2019)
- Pediatric psychotropic use (2016)
- Pediatric asthma (2022)
- Perinatal behavioral health (2023-2024)
- 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

- Emily Transue, MD, Chief Clinical Office, Comagine Health
- Gary Franklin, MD, MPH, Medical Director, Washington State Department of Labor and Industries
- Darcy Jaffe, MN, ARNP, NE-BC, FACHE, Senior Vice President, Safety and Quality, Washington State Hospital Association
- Sharon Eloranta, MD, Medical Director, Performance Measurement and Practice, Washington Health Alliance
- Norifumi Kamo, MD, MPP, Provider, Virginia Mason Franciscan Health
- 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
- Nicole Saint Clair, MD, Executive Medical Director, Regence BlueShield
- Mary Kay O'Neill, MD, MBA, Partner, Mercer
- Kevin Pieper, MD, Chief Medical Officer, Kadlec Medical Center
- Susanne Quistgaard, MD, Medical Director, Provider Strategies, Premera Blue Cross
- Judy Zerzan-Thul, MD, MPH, Chief Medical Officer, Washington State Health Care Authority

Appendix C: workgroup members

Early Intervention for Youth Behavioral Health

- **Chair**: Terry Lee, MD, Senior Behavioral Health Medical Director, Community Health Plan of Washington
- Linda Coombs, MSW, LCIS, Behavioral Health Clinical Director, United Health Community
- Jennifer Wyatt, LMHC, MAC, SUDP, SBIRT Coordinator, King County
- Delaney Knottnerus, LICSW, MSW, School-based SBIRT Manager, King County
- Brittany Weiner, Director, Opioid Stewardship and Behavioral Health, WSHA
- Libby Hein, LMHC, Director of Behavioral Health, Molina Healthcare
- Santi Wibawantini, MA, LMFT, CMHS, Child Therapist, Kaiser Permanente, Everett Medical Center
- Sarah Rafton, Executive Director, Washington Chapter of American Aacademy of Pediatrics
- Kevin Mangat, Manager Child & Family Team, Multicare/Navos
- Sally McDaniel, Clinical Manager/Child & Family Services, Greater Lakes Mental Healthcare
- Thatcher Felt, MD, Pediatrician, Yakima Valley Farm Workers Clinic
- Jefferey Greene, MD, Pediatrician, Seattle Children's
- Nicole Hamberger, Community Engagement Specialist, Southwest Washington Accountable Community of Health
- Erin Wick, Executive Director, Integrated Student Supports, ESD 113
- Katie Eilers, Director of the Office of Family and Community Health Improvement, Department of Health
- McKenna Parnes, PhD, Postdoctoral Research Fellow, UW CoLab
- Diana Cockrell, Section Manager Prenatal to 25 Lifespan, Mental Health and Substance Use Disorders, Washiongton Health Care Authority

Health Impacts of Extreme Heat and Wildfire Smoke

- **Chair**: Christopher Chen, MD, MBA, Medicaid Medical Director, Washington Health Care Authority
- Brad Kramer, PhD, Program Manager, Public Health SKC
- Kristina Petsas, MD, Chief Medical Officer for Employer and Individual Plans
- Bre Holt, Senior Director Population Health, Comagine Health
- Jessi Kelley, Research Coordinator, UW Collaborative for Extreme Event Resilience
- Jeff Duchin, Health Office, King County
- Stefan Wheat, MD, Emergency Medicine Physician, UW
- Raj Sundar, MD, Family Medicine Physician, Kaiser Permanente
- Jessica Symank, Senior Director, Safety and Quality and Rural Programs, WSHA
- Kelly Naismith, MPH, Climate Change and Health Epidemiologist Supervisor, DOH
- LuAnn Chen, MD, MHA, Medical Director, CHPW
- June Spector, MD, MPH, Internal Medicine Physician/Scientist, L&I
- Mary Beth Bennett, MD, Pediatric Resident, Seattle Children's
- Seth Doyle, MA, Director of Strategic Initiatives/President, NWRPCA, Washington Association of Public Health
- Raymond Moeller, MD, Thurston County Medical Reserve Corps
- Yonit Yogev, Thurston County, Medical Reserve Corps
- Brian Henning, MD, Director, Gonzaga Institute for Climate, Water and the Environment
- Onora Lien, Executive Director, Northwest Healthcare Response Network

Treatment for Opioid Use Disorder Revision

- **Chair**: Charissa Fotinos, MD, MSc, Medicaid and Behavioral Health Medical Director, Washington Health Care Authority
- Nikki Jones, LCISW, SUDP, CMHS, DDMHS, GMGS, Behavioral Health Addictions Administrator, United Health Community
- Michael Sayre, MD, Medical Director, Medic One
- Brad Finegood, MA, LMHC, Strategic Advisor Opioids and Health, King County
- Everett Maroon, MPH, Executive Director Blue Mountain Heart 2 Heart
- Tina Seery, RN, MHA, CPHQ, CPPS, CLSSBB, Senior Director, Quality and Rural Programs, Washington State Hospital Association
- Tawnya Christiansen, MD, Behavioral Health Medical Director, Community Health Plan of Washington
- Sue Petersohn, EN, MBA, CARN, Program Manager, MultiCare SUD Task Force, MultiCare
- Mark Murphy, MD, Medical Director Addiction Services, MultiCare
- Libby Hein, LMHC, Director of Behavioral Health, Molina Healthcare
- Ryan Caldeiro, MD, Chief Chemical Dependency Services and Consultative Psychiatry, Kaiser Permanente
- Herbie Duber, MD, Regional Medical Officer – Northwest WA Department of Health
- Bob Lutz, MD, MPH, CHAS Health
- Amanda McPeak, PharmD, Pharmacist and Director of Long-term Care, Kelley-Ross/Harborview
- Jason Fodeman, MD, Associate Medical Director of Innovation and Outreach, Washington State Labor & Industries
- Maureen Oscadal, RN, CARN, Registered Nurse, Harborview Medical Center/Addiction Drugs and Alcohol Institute
- John Olson, MD, MHA, Addiction Medicine Physician, Sound Health
- Daniel Floyd, Care Coordination and Recovery Section Manager, King County Behavioral Health and Recovery Division
- Kelly Youngberg, MHA, Assistant Director for Health Care Implementation and Strategy, Addictions, Drug and Alcohol Institute
- Cris DuVall, PharmD, SUDP, WSPA, Clinical Pharmacist Counselor, Compass Health, Island Drug
- Tom Hutch, MD, FASAM Medical Director, We Care Daily Clinic
- Liz Wolkin, MSN, RN, NPD-BC CEN, Emergency Department Support Program Administrator, Washington HealthCare Authority
- David Sapienza, MD, Lead Physician, Pathways, Public Health Seattle & King County – Community Health Services Division

Appendix D: webinars and summits

Month Year	Title	Speakers
December 2023	Hot topic: weight health and GLP 1	• Catalina Gorla, co-Founder and CEO, TruData RX • Dr. Lorena Alarcon-Casas Wright, MD, Director UW Medicine Latinx Diabetes Clinic; Director Equity, Diversity and Inclusion, Division of Endocrinology • Dr. Ellen Schur, MD, MS, Director, UW Nutrition and Obesity Research Center; Clinical Research Director UW Medicine Diabetes Institute
February 2024	Bree report spotlight on perinatal behavioral health webinar	• Mary Ellen Maccio, MD-Family Medicine Clinician, Valley Medical Center • Josephine Young, MD, MPH, MBA, FAAP-Medical Director, Commercial Markets, Premera Blue Cross • Colleen Daly, PhD (Workgroup Chair)-Director, Global Occupational Health, Safety and Research, Microsoft
February 2024	Bree report spotlight on diabetes care webinar	• Dr. Norifumi (Norris) Kamo, MD [Workgroup Chair]- Section Head, Adult Primary Care at Virginia Mason • Nicole Treanor, MS, RD, CD, CDCES-Diabetes Care and Education Specialist at Virginia Mason • Dr. LuAnn Chen, MD, MHA- Senior Medical Director at CHPW • Susan Buell-Health and Wellness Director, YMCA of Tacoma and Pierce County • Glenn Puckett, MPA-Executive Director, Health Transformation at Washington Dental Services
March 2024	Bree report spotlight on complex discharge webinar	• Darcy Jaffe, ARNP, FACHE [Workgroup Chair]- Senior Vice President, Safety and Quality, WSHA • Zosia Stanley, JD, MHA-Vice President and Associate General Counsel, WSHA • Kelli Emans, Senior Strategic Integration Advisor, DSHS-HCS

March 2024	Catalyst for change: centering health equity in value-based care	• Dr. Bindu Nayak, MD-Endocrinologist, Co-Medical Director of Health Equity at Confluence Health • Linda Brady- VBC Portfolio Manager at The Boeing Company • Dr. Angie Sparks, MD, FAAFP-Chief Medical Officer, Community & State, UnitedHealthcare Washington
April 2024	Learning lab: connecting with latino communities on diabetes care	• Dr. Leo Morales, MD, PhD, MPH, the founding co-director of the Latino Center for Health at the University of Washington
May 2024	Learning lab: troubleshooting social needs screening– lessons from the field	• Kylie Kingsbury, a Health Equity Manager at CHAS Health
May 2024	Hot topic: metabolic health advancements and equity	• Catalina Gorla, TruData RX co-founder and CEO • Dr. Lorena Alarcon-Casas Wright, Director UW Medicine Latinx Diabetes Clinic; Director Equity, Diversity and Inclusion, Division of Endocrinology • Dr. Ellen Schur, Director, UW Nutrition and Obesity Research Center; Clinical Research Director UW Medicine Diabetes Institute
June 2024	Catalyst for change: analytics for the intersection of equity and value	• Christopher Chen, MD, MBA-Medical Director, Medicaid at Washington HCA • Josh Liao, MD, MSc, FACP-Division Chief, General Internal Medicine at UT Southwestern • Kelsey Potter- VP of Medicaid Programs at Coordinated Care • Jon Liu, MD, FACP-Principal, Health Strategy, at Amazon Benefits Experience & Technology
June 2024	Addressing food insecurity in washington state	• Katie Rains, Food Policy Advisor to the Director, Washington State Department of Agriculture • Babs Roberts, Director of the Community Services Division, Economic Services Administration, Department of Social and Health Services • Lauren Lubowicki, Retail Health Care Specialist, Fruit and Vegetable Incentives

		Program, Prevention and Community Health, Washington State Department of Health • Felicidad Smith, MPH, Communication and Resolution Program Manager, Washington Patient Safety Coalition • Adele Eslinger, Program Coordinator, United General District 304, Skagit Fruit and vegetable Prescription Program
August 2024	Clearing the air: understanding wildfire smoke impact on pediatric asthma in washington state	• Mary Crocker, MD, MPH-Seattle Childrens Hospital • Elizabeth Walker, PhD-EWC/Smoke Ready Solutions, Advisor, Clean Air Methow
August 2024	Learning lab: insights into 1115 waiver updates, community hub models, and washington healthcare's role towards better care	• Sagung Colina, Senior Health Policy Analyst, HCA • Matt Christie, Foundational Community Supports Supervisor, HCA • Michelle Ahmed, Director of Health Connect Hub at SWACH • Tavish Donahue, Community Hub Director at HealthierHere
August 2024	Learning lab: pre-diabetes care pathways to connect patients with community support webinar	• Lindsey Whitney, RN, BSN, CPHQ—UW Valley Medical Center • Sally Lacy Sundar, MA- Program Executive – Health Integration and Transformation at YMCA of Greater Seattle
September 2024	Catalyst for change webinar series: navigating barriers and sustaining health equity amidst transformation	• Joanna den Haan—Director, Community Health, Comagine Health • Kayla Salazar Poncet, MSW —Director, Health Equity and Quality CHPW • Michael Myint, MD, MBA—Chief Population Health Officer, University of Washington Medicine • Ashby Wolfe, MD, MPP, MP- Regional Chief Medical Officer, Centers for Medicare & Medicaid Services
September 2024	Learning lab: nurturing bonds – solution to integrating newborn administrative day Rates for parent-child well-being	• Zibby Merritt, MSN, RNC-OB, RNC-IAP, C-EFM, NPD-BC--Obstetrical Nurse Specialist at MultiCare Health System • Anissa McCrum, BSN, RN, IBCLC--Nurse Manager, Mother-Baby Unit at Multicare Deaconess Hospital

		• Ruth Gatica, Revenue Integrity & CDM Analyst Sr at MultiCare Health System
October 2024	Wellness & Addiction Summit: Improving Behavioral Health Care Quality: Multisector Action through the Bree Collaborative	• Ginny Weir, MPH, CEO, Foundation for Health Care Quality • Dr. Emily Nudelman, DNP, RN, Transformation and Community Partnership Manager, Foundation for Health Care Quality • Beth Bojkov, MPH, RN, Director of Research and Best Practice, Foundation for Health Care Quality
October 2024	Perinatal Behavioral Health Summit: Exploring Perinatal Behavioral across our healthcare ecosystem	• Facilitator: Dr. Emily Nudelman, DNP, RN, Transformation and Community Partnership Manager, Foundation for Health Care Quality • Panel Members o Dr. Amritha Bhat, MD, MPH-Director, PERC Center, University of Washington o Teresa M. Eltrich MS, LMHC, PMH-C, Perinatal Mental Health Program Manager, Washington State Health Care Authority o Tlein Tlaa Cindy Gamble, MPH, CLC-Tlingit, Tribal Community Health Consultant, American Indian Health Commission o Mandy Lee, MSN, RN, CCM- Healthy First Steps Program Manager, UnitedHealthcare o Jenn Linstad, MSM, LM, CPM-Licensed Midwife, Co-Owner Our Place Birth Center o Dr. Nicole Saint Clair, MD, FACOG- Executive Medical Director, Regence BlueShield WA
November 2024	Social Need and Health Equity Summit	• Health Justice Speaker: Edwin Lindo, JD- Associate Teaching Professor, University of Washington • Social Need Screening & Interventions Panel-Speakers: o Dr. Molly Parker, MD, MPH-Jefferson Health Care; o Dicken Leung-Patient Navigator Supervisor, International Community Health Services • An ACH Connection Pathway: Connecting clients from the hospital to the community Panel by Peace Health, SWACH and WAGAP -Speakers: o Brooke Malloy, MSW, MPA, LSWAIC-Program Manager, Social Care Integration, Peace Health;

		○ Michelle Ahmed-Director of HealthConnect Hub, Southwest ACH (SWACH); ○ Abby Brandt Whalin-Pathways Department Director, WAGAP • Strengthening SOGI data collection to improve client outcomes Panel by MultiCare, UnitedHealthcare Group and WSHA-Speakers: ○ Mary Quinlan Fabrizio, MS- Assistant Vice President, MultiCare Center for Health Equity & Wellness, MultiCare Health System; ○ Dr. Kristina Petsas, MD MBA MLS- Market Chief Medical Officer (WA, OR, MT, AK and HI), UnitedHealthcare; ○ Abigail Berube, MPH, CPHQ-Director, Clinical Excellence, Washington State Hospital Association • Care Coordination Updates-Speaker: Michael Garrett MS, CCM, CVE-Independent Health Equity and Clinical Consultant

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