

## The Dr. Robert Bree Collaborative

### Addiction/Dependence Treatment Workgroup Charter

#### Problem Statement

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The total financial cost of drug use disorders to the United State is estimated to be \$180 billion. The economic costs of alcohol abuse were \$184.6 billion in 1998.<sup>i</sup> Washington State has high variation in screening for drug and alcohol abuse leaving many patients undiagnosed with no access to treatment.

#### Aim

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To improve and standardize the screening and referral process for drug and alcohol addiction and dependence in Washington State.

#### Purpose

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The purpose of the Addiction/Dependence Treatment (ADT) workgroup is to propose recommendations to the full Bree Collaborative on evidence-based standards to improve screening for drug and alcohol addiction and dependence.

1. Focus initially on optimal drug and alcohol screening protocol. Research evidence-based guidelines for drug and alcohol screening. Recommend standard tools regarding drug and alcohol screening discussions between patients and physicians using clear, stigma-free language.
2. Encourage widespread adoption of standardized drug and alcohol screening. Identify opportunities for the Bree Collaborative to endorse and otherwise support broad adoption of drug and alcohol screening to be adopted by employers, health plans, and the broader medical community.
3. Increase measurement and reporting of drug and alcohol screening. Promote the collection of measures for drug and alcohol screening.

#### Duties & Functions

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The ADT workgroup shall:

- Coordinate with members of WSHA, WSMA, other stakeholder organizations and subject matter experts to maximize impact.
- Present findings and recommendations in a report.
- Provide updates at Bree Collaborative meetings.
- Research evidence-based guidelines, emerging best practices, and current initiatives to improve drug and alcohol screening
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Post draft report on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.

## Structure

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The ADT workgroup will consist of individuals appointed by the chair of the Bree Collaborative, and confirmed by the Bree Collaborative steering committee.

The chair of the ADT workgroup will be appointed by the chair of the Bree Collaborative. The Bree Collaborative program director will staff and provide management and support services for the ADT workgroup.

Less than the full ADT workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to the Bree Collaborative.

## Meetings

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The ADT workgroup will hold meetings as needed.

The ADT workgroup chair will conduct meetings. Committee staff will arrange for the recording of each meeting and distribute meeting agendas and other materials prior to each meeting.

### ADT Workgroup Members

Name	Title	Organization
Tom Fritz	Chief Executive Officer, Bree Member	Inland Northwest Health Services
Charissa Fotinos, MD, MS	Deputy Chief Medical Officer	Health Care Authority
Jim Walsh, MD	Addiction Medicine, Family Medicine w/Obstetrics	Swedish
Scott Munson	Executive Director	Sundown M Ranch
Ken Stark	Director	Snohomish County Human Services Department
Linda Grant, MS, CDP	Director	Evergreen Manor
Ray Chih-Jui Hsiao, MD	Co-Director, Adolescent Substance Abuse Program, First Vice President of the WSMA	Seattle Children's Hospital
Tim Holmes, MHA	Vice President of Outreach Services and Behavioral Health Administration	MultiCare
Mark Sullivan, MD, PhD	Adjunct Professor	University of Washington
<b>Observers</b>		
Terry Rogers, MD	CEO, Bree Member	Foundation for Health Care Quality
<b>Committee Staff</b>		
Steve Hill	Bree Collaborative Chair	
Ginny Weir	Program Director	Bree Collaborative, Foundation for Health Care Quality