**Dr. Robert Bree Collaborative | Alzheimer’s Disease and Other Dementias Workgroup Minutes**  
**Wednesday, June 21, 2017 | 9:00-10:30**  
**Foundation for Health Care Quality**  
**705 2nd Avenue, Suite 410 | Seattle, WA 98104**

### Members Present

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<th>Name</th>
<th>Organization</th>
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<tr>
<td>Kimiko Domoto-Reilly,* MD</td>
<td>UW Medicine</td>
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<td>Richard Furlong, MD,</td>
<td>Virginia Mason Medical Center</td>
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<td>Barak Gaster, MD</td>
<td>UW Medicine</td>
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<tr>
<td>Kelly Green, LICSW</td>
<td>Evergreen Health</td>
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<td>Debbie Hunter,* Family</td>
<td>Aegis Living</td>
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<td>Arlene Johnson,* Family</td>
<td>Caregiver</td>
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<td>Todd Larson,* Family Caregiver</td>
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<td>Myriam Marquez,* Patient</td>
<td>Advocate</td>
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<td>Shirley Newell,* MD</td>
<td>Aegis Living</td>
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<td>Kristoffer Rhoads, PhD (Chair)</td>
<td>UW Medicine - Harborview</td>
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<td>Tatiana Sadak,* PhD, ARNP</td>
<td>UW Medicine - School of Nursing</td>
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### Staff/Guests

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<tr>
<td>Diane Hickey, RN, Venteclife</td>
<td>Health Services</td>
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<td>Ginny Weir, MPH</td>
<td>Bree Collaborative</td>
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<td>Emily Wittenhagen, Bree</td>
<td>Collaborative</td>
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* By phone/web conference:

### WELCOME AND APPROVAL OF MAY 10TH MINUTES

Kristoffer Rhoads, PhD (Chair), University of Washington Medicine opened the meeting and all present introduced themselves. A motion was made to approve the minutes from the previous meeting. Ginny Weir shared the goal of completing recommendations by September in time for the full Bree Collaborative meeting on September 27th, which aligns with the Dementia Action Collaborative’s September meeting.

*Motion: Approve 5/10/2017 Minutes*  
*Outcome: Passed with unanimous support*

### REVIEW DRAFT RECOMMENDATIONS FRAMEWORK

The group discussed:

#### Recommendations

- Agreement on the addition of the dementia definition as outlined by the National Institute on Aging and the Alzheimer’s Association.

#### Dementia Road Map

- The recently completed of the Dementia Action Collaborative’s Dementia Road Map.
- The goal of this road map being provided to all patients and families with dementia diagnosis.
- The need to create a similar road map tailored to providers.

### Recommendations Table (p. 4)

#### 1 | Diagnosis

- Under Current State, changing the word “only” to “typically.” Additionally, adding some language around the fact that issues of memory of cognition are not addressed.
- The meaning behind “Step Toward Goal” – part of the step-wise pathway creating an intermediary bridge toward the goal – and whether what these entail/how they’re envisioned should be more defined (are these small pilot programs, for instance?).
- Comparing the role of the Bree Collaborative and the Dementia Action Collaborative and how they differ/overlap in order to define the unique input the Bree has, and whether there is more
actionable language that can be put in place directed toward payers/health plans that could lead to more concrete changes coming from those stakeholders. In discussion, the group reclarified the purpose of the Bree and its recommendations, the process that goes into creating them, and the audience of stakeholders for the recommendations as part of their pathway to implementation.

- Fixing a typo under Steps Toward Goal – “provider will truthfully” replacing “provider with truthfully.”
- Also under Steps Toward Goal, revising the second sentence to remove the word “assessment” and say something more along the lines of providers becoming more comfortable with discussing dementia diagnoses.
- Under Goal for Usual Care, revising first sentence to remove “Healthy adults with” at the beginning and add “of the diagnosis if needed” at the end, and possibly adding language about starting the process of advance care planning (which appears in Focus Area 4) at this stage.
- The issue of people not believing that PCPs have the expertise to make a dementia diagnosis, as well as providers who feel that to make the diagnosis and recommend treatment is outside their scope because they lack the tools or training to do so.
- Under Goals for Usual Care, adding language around the ambiguity that can accompany diagnosis.
- Under Goals for Usual Care, expanding the area about the Medicare Annual Wellness Visit to also incorporate other visits where dementia screening may occur.

2 | Referral Infrastructure
- In the Patient Perspective column, replacing “trouble” with “challenges.”
- Acknowledging that many people do not have a PCP as an early hurdle to address. This was added as a component of the Goal for Usual Care.

3 | Offering Interventions
- Renaming this Focus Area “Ongoing Care and Support.”
- Under Current State, adding language around patients being unaware of support options in their communities and the fact that some areas have a lack of community support.
- Under Goals for Usual Care, replacing “treated” with “included.”
- Under Goals for Usual Care, adding “manage medications” and mention of a shared-decision making approach to treatment options.

Action Items:
- Ms. Weir to send draft out to the group to gather more feedback.

GOOD OF THE ORDER/OPPORTUNITY FOR PUBLIC COMMENT
Ms. Weir thanked all for attending and asked for public comments and final comments. The meeting was adjourned.