



2018 YEAR-IN-REVIEW

Working together to improve health care quality, outcomes,
and affordability in Washington State.

PAST



PRESENT



FUTURE



Twenty-Five recommendations

Obstetrics – Cardiology – Hospital Readmissions – Total Knee and Total Hip Replacement – Low Back Pain – Spine SCOAP – Lumbar Fusion – End-of-Life Care – Addiction and Dependence Treatment – Coronary Artery Bypass Surgery – Prostate Cancer Screening – Oncology Care – Bariatric Surgery – Pediatric Psychotropic Use – Behavioral Health Integration – Opioid Prescribing Metrics – Opioid Prescribing in Dentistry – Alzheimer's Disease and Other Dementias – Opioid Use Disorder Treatment – Hysterectomy – Postoperative Opioid Prescribing – LGBTQ Health Care – Suicide Care – Collaborative Care for Chronic Pain

Five workgroups met in 2018

Opioid Prescribing – LGBTQ Health Care – Suicide Care – Collaborative Care for Chronic Pain – Re-Review of Lumbar Fusion Bundle and Warranty

Five workgroups for 2019

Continuing Opioid Prescribing – Maternity Care Bundle – Palliative Care – Shared Decision Making – Harm to Self and Others

Thank you to our dedicated Bree Collaborative members and our many workgroup members who have donated countless hours to identify evidence-based solutions to pressing health care issues. From all of us:

Hugh Straley, MD
Chair

Ginny Weir, MPH
Director

Alicia Parris
Administrative Coordinator

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www.breecollaborative.org



Reflections

Ginny Weir, MPH
Director, Bree Collaborative

To me, our Collaborative is such an opportunity for Washington State to work on some of the thorniest problems in health care. We have worked hard to create a trusted avenue for health care improvement, a place where very different people and very different organizations can all come together to talk about how to help people who are struggling with thoughts of suicide or who are facing real barriers in accessing gender-affirming care. Every one of us spends so many hours of our day away from our families that we have to make that time count doing work that matters. I am proud to be part of this work.

One of my favorite parts of 2018 was working with graduate students from the University of Washington School of Public Health. I think the Bree Collaborative can serve as a great window into our sometimes convoluted and often non-transparent Washington State health care environment. We have so many content areas and such strong connections to our large delivery systems, plans, and governmental agencies. I really want both graduate and undergraduate students to be able to work with us and really use us as a means to learn and to make connections. This would have been so invaluable when I was just starting out.

I am honored that the Legislature asked us to continue our focus on behavioral health with a new workgroup that we have called *Harm to Self and Others* to help add clarity to situations in which patients express suicidal or homicidal thoughts. This really shows the value that we bring to our community. Our workgroup is meeting for the first time on January 17th and I welcome anyone who is interested to join the conversation.

I am also looking forward to our new work developing a bundled payment model for maternity care. I gave birth to my daughter in July and feel keenly connected to the individual journey that every person experiences through the birth process. Labor and delivery nurses deserve all the praise in the world. Pregnancy, birth, and those first months are huge – setting the stage for the rest of a person's life. We all deserve the best start to life that modern medicine can provide. Join us on January 8th.

I believe in the power of collaboration, connection, and the dedicated efforts of a small group of people. Together we can build a more equitable health care system for a healthier Washington State.

Spotlight on 2018



Ongoing Work: Evidence-Based Opioid Prescribing

Our members adopted the Washington State Agency Medical Directors Guideline on Prescribing Opioids for Pain in June 2015 and we have convened an implementation workgroup since December 2015. This past year we developed [Prescribing Opioids for Postoperative Pain](#) to supplement the 2015 guidelines. This adds to our previous recommendations for [opioid prescribing metrics](#) (July 2017), [prescribing opioids in dentistry](#) (September 2017), and in partnership with the [Washington Health Alliance](#), [fact sheets for providers](#) and [for patients](#) (January 2017).

Read more: www.breecollaborative.org/topic-areas/opioid/

In Progress: Refreshing our Lumbar Fusion Bundle

Our Accountable Payment Models workgroup has revised our [bundled payment model and warranty for lumbar fusion](#). We added to our evidence table and included new additions and edits to all four of our cycles including appropriateness standards (i.e., disability despite non-surgical therapy, patient fitness for surgery), best practices for the spinal fusion procedure, post-operative care and return to function, supporting quality metrics, and a warranty. This new version is applicable to all levels of fusion and to outpatient facilities.

Read more: www.breecollaborative.org/topic-areas/apm/

In Progress: Collaborative Care for Chronic Pain

Treatment of pain is widely variable with high financial and human cost. Moving to a collaborative or team-based approach to managing complex pain leads to better care and better patient health. We developed recommendations specific to chronic pain with life activity impacts with the goal that care be centered on the patient and the patient's goals for resuming life activities through: identifying patients, building a supportive care team with a care management function, basing interventions in evidence, and using self-management techniques.

Read more: www.breecollaborative.org/topic-areas/chronic-pain/

Completed: Suicide Care

Suicide is both a preventable outcome and a public health issue. The effect of a suicide on family members, friends, and clinical providers is long lasting and profound. Our goal is integration of implementable standards for suicide care, assessment, management, treatment, and supporting suicide loss survivors into clinical care pathways. [Recommendations](#) are applicable to in- and out-patient care settings including for care transitions, behavioral health providers and clinics, and for specialty care like cancer care.

Read more: www.breecollaborative.org/topic-areas/suicide-prevention/

Completed: LGBTQ Health Care

Our goal is a health care system that allows everyone to have a fair opportunity to be healthier. This year we were able to focus specially on the [health care for those who identify as lesbian, gay, bisexual, transgender and queer or questioning \(LGBTQ\)](#), acknowledging that LGBTQ people share common challenges and have distinct health care needs. We organize the recommendations around communication, language, and inclusive environments; screening and taking a social and sexual history, and areas requiring LGBTQ-specific standards and systems of care.

Read more: www.breecollaborative.org/topic-areas/lgbtq-health-care/

Looking to 2019



Workgroups for **Maternity Care Bundle**, **Palliative Care**, **Harm to Self and Others**, and **Shared Decision Making** will start meeting in January 2019. Our new focus area of the **Opioid Prescribing** workgroup had its first meeting in December 2018 and the full Bree Collaborative will continue to meet every other month.

Interested in joining the conversation? Find out when and where meetings are scheduled here: brecollaborative.org/meetings/

Bree in the New England Journal of Medicine: Improving Care by Redesigning Payment

By Marcia Peterson, MHA and Sarah Rolph, MFA, Washington State Health Care Authority

"To address the inconsistent cost and quality of joint replacement procedures, the Washington State Health Care Authority created a Center of Excellence Program. The program requires providers to meet external quality standards for certain procedures, for which the Health Care Authority pays a single, fixed amount. This benefit design allows members to receive high-quality care when they need it for a predictable cost."

Read more [here](#)

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