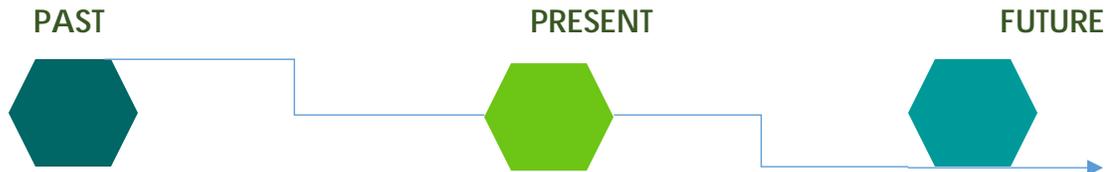




2017 YEAR-IN-REVIEW

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



Twenty 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 – Opioid Prescribing Guidelines – 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

Five workgroups met in 2017

Alzheimer’s Disease and Other Dementias – Hysterectomy – Opioid Prescribing Guidelines – Opioid Use Disorder Treatment – Re-Review of the Total Knee and Total Hip Replacement Bundle and Warranty

Five workgroups for 2018

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

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
Program Director

Emily Wittenhagen
Program Assistant

INSIDE:

2017 Accomplishments p. 2

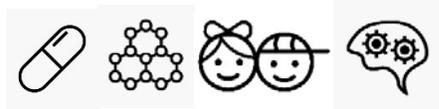
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www.breecollaborative.org

2017 Accomplishments



Ongoing Work: Evidence-Based Prescribing of Opioids for Pain

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 comprehensive [opioid prescribing metrics](#) (July 2017), a [guideline on prescribing opioids in dentistry](#) (September 2017), and in partnership with the [Washington Health Alliance](#), we released [fact sheets for providers](#) and [for patients](#) (January 2017).

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

Completed: Refreshing our Total Joint Replacement Bundle

Our Accountable Payment Models workgroup met from December 2016 – November 2017 to review new evidence around total knee and total hip replacement, learnings from hospital and health system adoption, and refresh the previous bundle and warranty. The bundled payment model includes appropriateness standards (i.e., impairment despite non-surgical therapy, patient fitness for surgery), best practices for the repair of the osteoarthritic joint, and a pathway to return to function. The bundle is supported by a warranty and quality metrics.

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

Completed: Opioid Use Disorder Treatment

Opioid overdose is a leading cause of death in our community. Our workgroup met from December 2016 to November 2017 to develop recommendations to build a health care system that identifies people with opioid use disorder and facilitates access to comprehensive, evidence-based treatment with the patient at the center of care. Focus areas include: access to evidence-based treatment (e.g., medication-assisted treatment, reduce stigma); referral information (e.g., inventory of medication treatment prescribers, supportive referrals and infrastructure); and integrated behavioral and physical health to support whole-person care (e.g., treatment of comorbid conditions).

Read more: www.breecollaborative.org/topic-areas/oud-treatment/

Completed: Alzheimer's Disease and Other Dementias

Alzheimer's disease and other dementias are a growing concern in Washington State and around the country. Our workgroup met from January to November 2017 to develop six focus areas around how a patient experiences disease progression: diagnosis, ongoing care and support, advance care planning and palliative care, need for increased support and/or higher levels of care, preparing for potential hospitalization, and screening for delirium risk.

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

In Progress: Hysterectomy

Hysterectomy is one of the most frequently performed surgical procedure in the United States. Our workgroup started meeting in March 2017 to address variation in populations who undergo the procedures and in outcomes. Focus areas include: assessment and medical management, by indication; uterine sparing procedures, by indication; surgical procedure including follow-up care, emphasizing the enhanced recovery after surgery protocol and use of a minimally invasive approach.

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



Community Adoption



This last year we published an implementation roadmap to follow-up on our 2016 survey of the impact of our recommendations in medical groups, hospitals, and health plans. Recommendations within the obstetrics topic and topics that worked within existing, established programs such as hospitals participating in outcomes registries for heart surgery were most fully implemented. Among hospitals and medical groups, screening and treatment for alcohol and substance use disorder showed the lowest level of adoption. Among health plans the surgical bundles were least adopted. We also found trends such as low adoption of patient screening and assessment tools and patient decision aides. Read more about our survey and roadmap here:

www.breecollaborative.org/implementation/

Average (and range) of Implementation Scores by Topic

Topic	Hospitals	Medical Groups	Health Plans
Addiction and Dependence Treatment	1.4 (0.9-2.6)	1.4 (0.0-2.4)	1.9 (1.2-2.4)
Lumbar Fusion Surgical Bundle	1.9 (0.3-2.9)	-	0.7 (0.0-2.0)
Low-Back Pain	2.0 (1.0-3.0)	1.8 (0.5-2.8)	1.2 (0.7-1.7)
Prostate Cancer Screening	2.3 (2.0-3.0)	1.6 (0.0-2.8)	0.7 (0.0-3.0)
End-Of-Life Care	2.2 (1.7-2.6)	1.7 (0.0-2.5)	1.8 (1.0-3.0)
Avoidable Hospital Readmissions	1.6 (0.0-3.0)	2.5 (1.8-3.0)	2.7 (2.0-3.0)
Prescribing Opioids for Pain	2.5 (2.1-2.5)	1.8 (0.0-2.7)	1.7 (1.0-2.0)
Oncology Care	2.1 (1.8-2.7)	2.2 (0.0-3.0)	1.4 (0.0-3.0)
Coronary Artery Bypass Graft Surgical Bundle	2.2 (2.0-2.8)	-	0.4 (0.0-1.0)
Knee and Hip Replacement Surgical Bundle	2.3 (1.7-3.0)	-	1.0 (0.0-2.0)
Obstetrics Care	2.8 (1.9-3.0)	2.8 (2.4-3.0)	2.0 (1.0-3.0)
Spine Surgical Care and Outcomes Measurement Program (SCOAP)	2.8 (2.0-3.0)	-	-
Cardiology: Appropriate PCI	3.0 (3.0-3.0)	-	-

Key: 0=No action taken; 1=Actively considering adoption; 2=Some/similar adoption; 3=Full adoption

Hot off the Presses: A regional collaborative working to improve health care quality, outcomes, and affordability

We have been published! The International Journal of Health Governance published a profile of our Collaborative in November, 2017. *"Bottom-up, collective action through the Bree Collaborative can help achieve the triple aim for Washington State and should be used as a model nationally and internationally."*

Read it [here](#)

Bree in the News: Your Plumber Offers A Money-Back Guarantee. Should Your Doctor? From Washington Post

"You wouldn't pay a mechanic for a faulty muffler or a restaurant for spoiled food. If you did, you would expect a refund. But the same arrangement between buyer and seller hasn't historically existed in medical care. Some argue that maybe it should...."

"I think the warranty is something that really resonates with patients," said Ginny Weir, program director for the Bree Collaborative. "They think, 'If something goes wrong in the hospital, I know that I'd be taken care of financially if any of these things happened.'"

Read more [here](#)



Our **LGBTQ Health Care** workgroup started meeting in December. Workgroups to **Re-Review Lumbar Fusion Bundled Payment Model and Warranty**, for **Suicide Prevention**, and for **Collaborative Care for Chronic Pain** will start meeting in early 2018. Our workgroup on **Opioid Prescribing Guideline Implementation** 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: breecollaborative.org/meetings/

Get Involved



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