

# An opportunity to ask...



What makes Washington ill?

Who gets to be healthy?

AND

How and when do we die?

Who gets to live a long life?

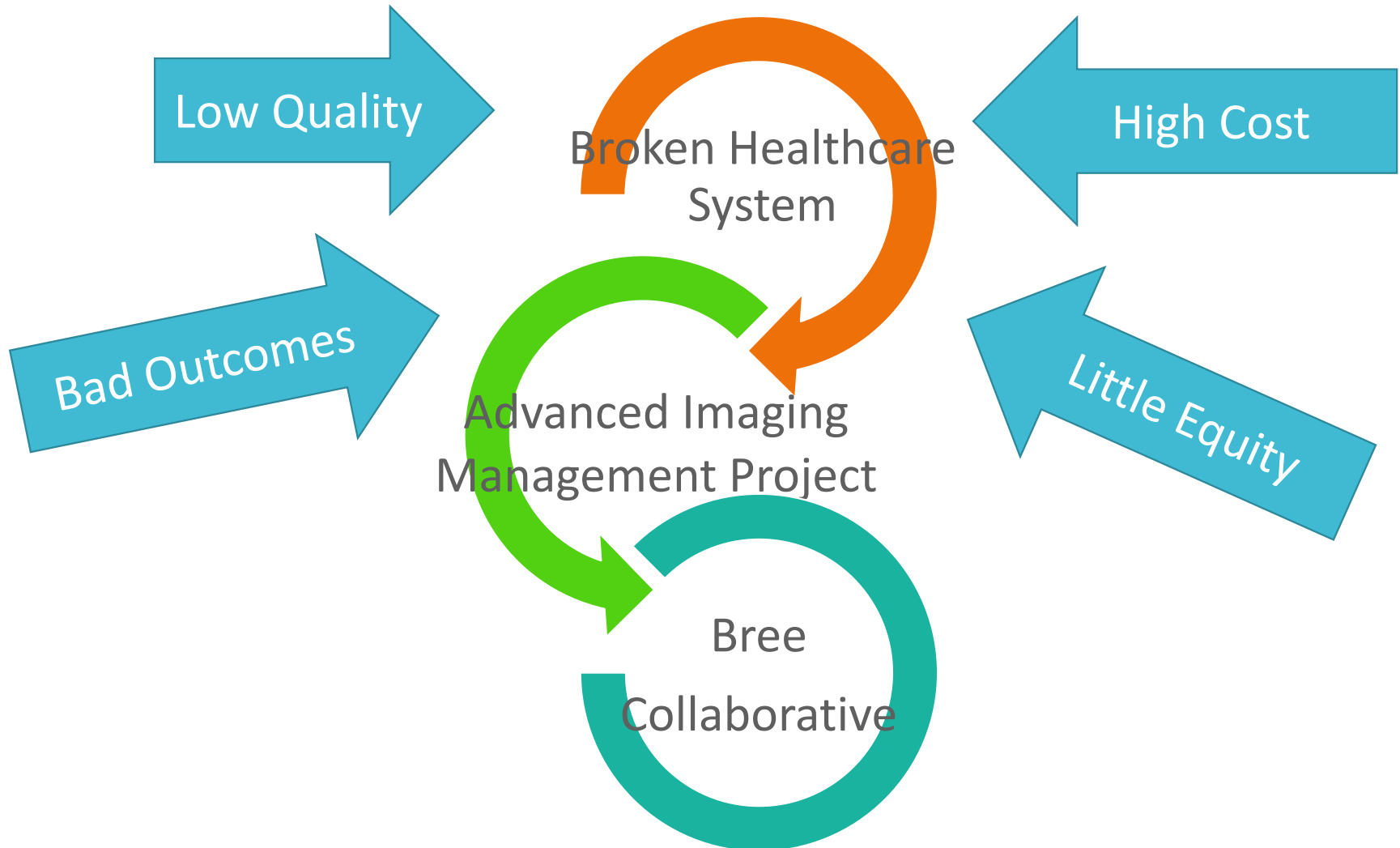
# Roberts Rules of Order



- Quorum is 50%+1
  - Need quorum to make decisions
- Decisions made through motions
  - Making a motion
  - Seconding the motion
  - Debate (if needed)
  - Vote
  - Announcing results
- One person: one vote
- Voting limited to members present

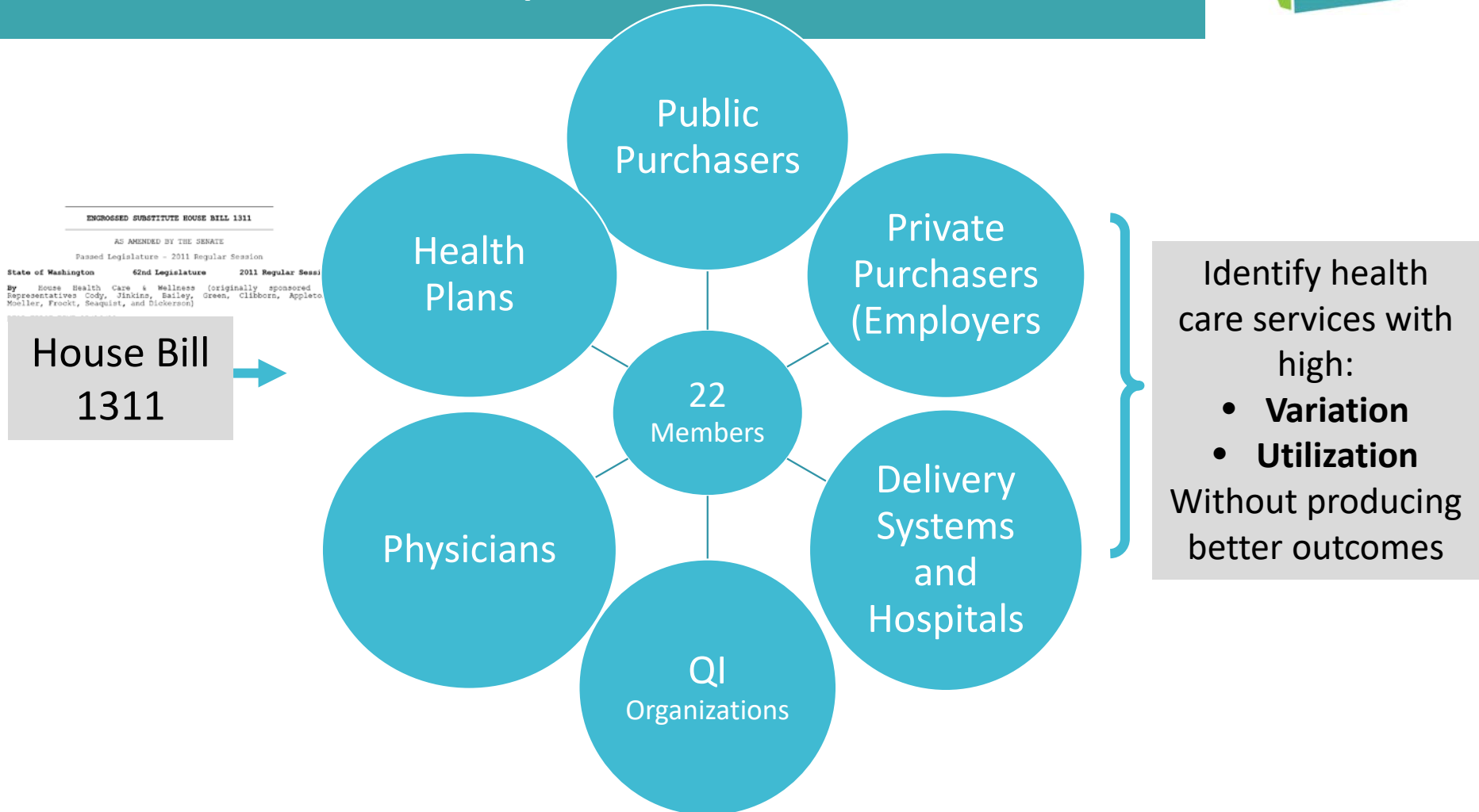
# Background

## 2011 Health Care Environment



# Background

## Members and Topic Selection



# Developing Recommendations



Reimbursement Models

Transparency/Tracking

Centers of Excellence

Shared Decision Making

Existing Guidelines

Published Evidence

Programs and Policies

**Clinical  
Committee**

Meeting Monthly  
for 9-12 Months

**Public  
Comment**

Recommendations  
to improve health  
care quality,  
outcomes, and  
affordability

WA State Agencies

Broader Health Care Community

# 34 sets of recommendations

## + 4 for 2021



- **Pain (chronic and acute)**
  - *Collaborative care for chronic pain (2018)*
  - *Low back pain management (2013)*
  - *Opioid prescribing metrics (2017)*
  - *Opioid prescribing for postoperative pain (2018)*
  - *Opioid prescribing in dentistry (2017)*
  - *Long-term opioid prescribing management (2019)*
- **Behavioral Health**
  - *Integrating behavioral health into primary care (2016)*
  - *Addiction and substance use disorder screening and intervention (2014)*
  - *Suicide care (2018)*
  - *Treatment for opioid use disorder (2016)*
  - *Prescribing antipsychotics to children and adolescents (2016)*
  - *Risk of Violence to Others (2019)*
- **Oncology**
  - *Oncology care: breast and prostate (2015)*
  - *Prostate cancer screening (2015)*
  - *Oncology care: inpatient service use (2020)*
  - *Colorectal cancer screening (2020)*
- **Procedural (surgical)**
  - *Bundled payment models and warranties: Total knee and total hip replacement (2013, re-review 2017)*
  - *Lumbar fusion (2014, re-review 2018)*
  - *Coronary artery bypass surgery (2015)*
  - *Bariatric surgery (2016)*
  - *Hysterectomy (2017)*
  - *Data collection on appropriate cardiac surgery (2013)*
  - *Spine SCOAP (2013)*
- **Reproductive Health**
  - *Obstetric care (2012)*
  - *Maternity bundle (2019)*
  - *Reproductive and sexual health (2020)*
- **Aging**
  - *Advance care planning for the end-of-life (2014)*
  - *Alzheimer's disease and other dementias (2017)*
- **Palliative care (2019)**
- **Hospital readmissions (2014)**
- **LGBTQ health care (2018)**
- **Shared decision making (2019)**
- **Primary care (2020)**

# Developing the Guidelines Reproducible Process



- Identify problem(s)
- Develop framework
  - Clear, based in evidence
- Inclusions v exclusions
- Guideline has to be attractive to clinicians, payers, and patients
- Collaboration always means compromise

# Key Points



- Bottom-up approach
- Iterative process – identifying gaps in expertise – new members
- Patient and community voice
- Standardization v individualized medicine
- Involve **primary care**
  
- Guideline development v implementation



# Open Public Meetings Act



- Required of Bree Collaborative meetings and workgroup meetings
- Allows the public to view decision-making process
  
- Training

# Roster



| OPEN GOVERNMENT/RECORDS TRAINING ROSTER   |                           |                        |
|---|---------------------------|------------------------|
| <b>Course Subject(s) (check all that apply):</b><br><input type="checkbox"/> Open Public Records Act Training (RCW 42.56)<br><input type="checkbox"/> Open Public Meetings Act Training (RCW 42.30)<br><input type="checkbox"/> Records Retention/Management Act Training (RCW 40.14) |                           |                        |
| <b>Course Title(s):</b> <input type="text"/>  |                           |                        |
| <b>Organization(s)/agencies providing training:</b> <input type="text"/>  |                           |                        |
| <b>Trainer(s):</b> <input type="text"/>   |                           |                        |
| <b>Format (in person, online, webinar, etc.):</b> <input type="text"/>  |                           |                        |
| <b>Date:</b>  | <b>Location:</b>          | <b>Length of time:</b> |
| <b>Trainee Name:</b>  | <b>Trainee Signature:</b> |                        |
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# Conflict of Interest Form



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## Participant Conflict Disclosure

*Permanent and ad hoc members of the collaborative or any of its committees may not have personal financial conflicts of interest that could substantially influence or bias their participation. If a collaborative or committee member has a personal financial conflict of interest with respect to a particular health care service being addressed by the collaborative, he or she shall disclose such an interest. The collaborative must determine whether the member should be recused from any deliberations or decisions related to that service.*

Conflict of Interest decisions must be disclosed and balanced to ensure the integrity of Bree Collaborative decisions while acknowledging the reality that interests, and sometimes even conflicting interests, do exist. Individuals that stand to gain or lose financially or professionally, or have a strong intellectual bias need to disclose such conflicts.

**Example:** The fact that a member is a health care provider that may provide a service under review creates a potential conflict. However, clinical and practical knowledge about a service is also useful, and may be needed in decision making.

### Procedure

Members must sign a conflict of interest form. The Bree Collaborative Chair and/or Bree Collaborative Steering Committee shall make a decision as to whether a conflict of interest rises to the level that participation by the conflicted member could result in a loss of public trust or would significantly damage the integrity of the decision.

The Health Care Authority (HCA) defines conflict of interest as any situation in which a voting member has a relationship with a manufacturer of any commercial products and/or provider of services discussed or voted on during the meeting. Relationship extends to include immediate family member(s).

A relationship is considered as:

1. Receipt or potential receipt of anything of monetary value, including but not limited to, salary or other payments for services such as consulting fees or honoraria in excess of \$10,000.
2. Equi
3. Sta

# Proposed Work Plan



- Monthly meetings starting in January
- Present Roster and Charter January
- Engage experts, talk through barriers, review evidence + best practice
- Final product **Fall 2021**