Bree Collaborative members discuss potential topics with high variation in the way that care is delivered, that are frequently used but do not lead to better care or patient health, or that have patient safety issues. Determination of three new topics by Bree Collaborative member majority vote.

**Determinations of Chair (typically Bree Collaborative member)**

**Convene Workgroup**
Selection and recruitment of workgroup members including from health plans, providers, hospitals, and other relevant stakeholders including at least two members of the specialty or subspecialty society most experienced with the health service.

**Approval of workgroup charter and roster by Bree Members**

Workgroup develops initial scope, problem statement, and focus areas. Also identify barriers, drivers of change, and indicators or proxies for success.

**Updates at Bree Meetings**
- Engagement with expert speakers
- Development of stakeholder-specific recommendations
- Development of implementation strategy and action steps (e.g., financial incentives, data transparency)

**Presentation at Bree Meeting for vote for dissemination for public comment**

**Public Comments**
Online survey and outreach. Workgroup meets to address public comments and make any necessary changes to Report and Recommendations.

**Presentation at Bree Meeting for final adoption**

Approval by HCA Director “...all state purchased health care programs must implement the evidence-based best practice guidelines or protocols and strategies…”

**Broad dissemination**
Annual reports to Legislature and Governor’s Office.

**Working with hospitals, health systems, clinics, health plans, purchasers, patients, quality organizations, the Legislature, and the Health Care Authority to implement**

**Re-review**
Reports may be selected for re-review annually or if there is new evidence one year after adoption.

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