

## The Bree Collaborative Oncology Care Charter and Roster

### Problem Statement

Chemotherapy and radiation to treat cancer can cause a wide variety of side effects from hair loss to pain, nausea, and a decrease in white blood cells leading to infections.<sup>1</sup> Patients frequently seek treatment through the emergency department, indicating an opportunity for better symptom management throughout the disease course through outpatient oncology and primary care and also during and after the emergency department visit.<sup>2</sup>

### Aim

To reduce potentially avoidable emergency department visits and therefore improve patient experience and care outcomes for patients undergoing cancer treatment.

### Purpose

To propose evidence-based recommendations to the full Bree Collaborative on:

- Assessment including of patient satisfaction with oncology care
- Risk stratification mechanisms to better meet patient need(s)
- Wrap-around supportive services through interdisciplinary team-based care
- Assessing and addressing caregiver need(s)
- Integrating palliative care alongside life-prolonging and/or curative care
- Addressing health disparities in appropriateness of health services utilization during oncology care

### Duties & Functions

The Oncology Care workgroup will:

- Research evidence-based and expert-opinion informed guidelines and best practices (emerging and established).
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately ten-twelve months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies including metrics or a process for measurement.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

## Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative or the workgroup chair. The chair of the workgroup will be appointed by the chair of the Bree Collaborative. The Bree Collaborative program director and program assistant will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

## Meetings

The workgroup will hold meetings as necessary. The director will conduct meetings along with the chair, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the workgroup chair.

Name	Title	Organization
Hugh Straley, MD (Chair)	Chair	Bree Collaborative
Sibel Blau, MD	Oncologist	Northwest Medical Specialties
Andra Davis, PhD, MN, BSN	Assistant Professor, Vancouver	Washington State University
Gurpreet Dhillon, MBA	Director, Hospice, Palliative Care and PeaceHealth St. Joseph Cancer Center Service Lines	PeaceHealth
Stefanie Hafermann, RN	Lead, Program Design, Clinical Services	Cambia Health Plans
Blair Irwin, MD, MBA	Oncologist	Multicare Regional Cancer Center
Barb Jensen, RN, BSN, MBA	Director of Oncology and Palliative Care	Skagit Regional Health
Nancy Thompson, RN, MS, AOCNS	Director, Quality & Clinical Practice	Swedish Cancer Institute
Laura Panattoni, PhD	Staff Scientist	Hutchinson Institute for Cancer Outcomes Research
Camille Puronen, MD	Oncologist	Kaiser Permanente Washington

<sup>1</sup> Centers for Disease Control and Prevention. Side Effects of Cancer Treatment. Available: [www.cdc.gov/cancer/survivors/patients/side-effects-of-treatment.htm](http://www.cdc.gov/cancer/survivors/patients/side-effects-of-treatment.htm)

<sup>2</sup> Panattoni L, Fedorenko C, Greenwood-Hickman MA, Kreizenbeck K, Walker JR, Martins R, Eaton KD, Rieke JW, Conklin T, Smith B, Lyman G, Ramsey SD. Characterizing Potentially Preventable Cancer- and Chronic Disease-Related Emergency Department Use in the Year After Treatment Initiation: A Regional Study. J Oncol Pract. 2018 Mar;14(3):e176-e185.