

## The Bree Collaborative Hysterectomy Charter and Roster

### Problem Statement

Hysterectomy is one of the most frequent surgical procedures in the United States with approximately 600,000 performed annually.<sup>1</sup> The most common indications for hysterectomy are uterine fibroids, endometriosis, and prolapse, however the procedure has a risk of complications including bladder or bowel injury, bleeding, and urinary incontinence among others.<sup>2,3</sup> Hysterectomy rates are also highly variable, being one of the first published surgical procedures with rates differing primarily based on location, indicating overuse.<sup>4</sup> Rates continue to be highly variable based on location in Washington State.<sup>5</sup>

### Aim

To align care delivery with existing evidence-based indications, route, and use of robotics for benign hysterectomy across Washington State and decrease inappropriate use.

### Purpose

To propose recommendations to the full Bree Collaborative on:

- Evidence-based indications for, route, and use of robotics for benign hysterectomy.
- Increasing state-wide adherence to appropriate benign hysterectomy indications, route, and use of robotics.
- Measuring improvements in appropriate hysterectomy procedures.
- Identifying additional areas for recommendations within the scope of the workgroup.

### Duties & Functions

The Hysterectomy workgroup will:

- Research evidence-based 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 nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report 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.
- 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 project director 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 program 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 to be added at the discretion of the chair.

Name	Title	Organization
Jeanne Rupert, DO, PhD (Chair)		
Pat Kulpa MD,MBA	Medical Director	Regence BlueShield
John Lenihan, MD	Medical Director of Robotics and Minimally Invasive Surgery	MultiCare Health System
Jennie Mao, MD	Clinical Assistant Professor, Department of Obstetrics and Gynecology	University of Washington
Sarah Prager, MD	Chair	Washington State Section of ACOG
Kevin Pieper, MD	Chief, Women's and Children's	Providence Regional Medical Center Everett
Kristin Riley, MD, FACOG	Assistant Professor, Department of Obstetrics and Gynecology	University of Washington
Anita Showalter, DO, FACOOG	Associate Professor and Chair, Women's Health	Pacific Northwest University of Health Sciences
Susan Warwick, MD	Obstetrics and Gynecology	Kaiser Permanente

<sup>1</sup> Wu JM1, Wechter ME, Geller EJ, Nguyen TV, Visco AG. Hysterectomy rates in the United States, 2003. *Obstet Gynecol.* 2007 Nov;110(5):1091-5.

<sup>2</sup> Broder MS, Kanouse DE, Mittman BS, Bernstein SJ. The Appropriateness of Recommendations for Hysterectomy. *Obstet Gynecol.* 2000 Feb;95(2):199-205.

<sup>3</sup> The American Congress of Obstetricians and Gynecologists. Choosing the Route of Hysterectomy for Benign Disease. November 2009. Available: <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/Choosing-the-Route-of-Hysterectomy-for-Benign-Disease>. Accessed: August 2015.

<sup>4</sup> Wennberg J, Gittelsohn. Small area variations in health care delivery. *Science.* 1973 Dec 14;182(4117):1102-8.

<sup>5</sup> Washington Health Alliance. Different Regions, Different Health Care: Where you Live Matters. January 2015. Available: <http://wahealthalliance.org/wp-content/uploads.php?link-year=2015&link-month=01&link=Different-Regions-Different-Care.pdf>. Accessed: August 2015.