
Dr. Robert Bree Collaborative MeetingWednesday, March 19th, 2014**Virginia Mason Institute**Metropolitan Park West | 1100 Olive Way, Suite 501 | Seattle, WA 98101

Members Present

Teresa Litton (for Susie Dade), Washington Health Alliance
Stuart Freed, MD, Wenatchee Valley Medical Center
Tom Fritz, Inland Northwest Health Services
Rick Goss, MD, Harborview Medical Center
Steve Hill, Bree Collaborative Chair
Gary Franklin, MD, WA State Labor and Industries
Dan Lessler, MD (for MaryAnne Lindeblad, MD) Health Care Authority

Greg Marchand, the Boeing Company*
Robert Mecklenburg, MD, Virginia Mason
Carl Olden, MD, Pacific Crest Family Medicine
Mary Kay O'Neill, MD, Regence Blue Shield
John Robinson, MD, First Choice Health
Terry Rogers, MD, Foundation for Health Care Quality (FHCQ), Vice Chair
Kerry Schaefer, King County
Bruce Smith, MD, Group Health Cooperative

Members Absent

Roki Chauhan, MD, Premera Blue Cross
Joe Gifford, MD, Providence Health & Services

Christopher Kodama, MD, MultiCare Health System
Jay Tihinen, Costco

Staff/Guests

Jackie Barry, Physical Therapy Association of Washington
Lisa Butler, Washington State Hospice and Palliative Care Organization*
Bob Crittenden, MD, Governor's Health Policy
Ian Corbridge, WSHA
Kate Cross, Washington State Department of Health
Suzanne Henry, Consumers Union*
Leah Hole-Marshall, WA State Labor and Industries
Rex Johnson, Washington Advocates for Patient Safety
Ellen Kauffman, Foundation for Health Care Quality*
Larry Kessler, University of Washington School of Public Health
Briana Ledesma, Regence
Alice Marshall, Foundation for Health Care Quality

Jason McGill, Governor's Health Policy Office
Josh Morse, Health Technology Assessment Program*
Bob Perna, WSMA
Linda Radach, Washington Advocates for Patient Safety
Carrie Rose, MD, Dr. Robert Bree Family
Jeanne Rupert, DO, PhD, Skagit Valley Hospital
Judy Schurke*
John Sobeck, MD, Cigna
Julie Sylvester, Qualis Health
Ginny Weir, Foundation for Health Care Quality
Shawn West, Coordinated Care
Christina Yantsides, Foundation for Health Care Quality
Yanling Yu, Washington Advocates for Patient Safety
Mara Zabari, WSHA

* By phone/web conference

Agenda and all meeting materials are posted on the Bree Collaborative's website, [here](#), under 2014, March 19th meeting.

CHAIR REPORT & APPROVAL OF JANUARY 29th BREE COLLABORATIVE MEETING MINUTES

Steve Hill, Bree Collaborative Chair, welcomed the group and called the meeting to order. Mr. Hill announced the importance of following the agenda due to this being a Special Public Meeting and saving public comments until the end of the meeting. Mr. Hill announced the departure of Kathryn Downie, Bree Collaborative Program Assistant, to pursue her own consulting company. Her position is now being filled by Christina Yantsides. All those present introduced themselves. Mr. Jason McGill and Dr. Bob Crittenden, Health Policy Advisors to Governor Jay Inslee gave an update from the Governor's office.

Motion: To approve the [minutes for the January 29th meeting](#).

Outcome: Passed with unanimous support.

POTENTIALLY AVOIDABLE READMISSIONS WORKGROUP UPDATE

Rick Goss, MD, Medical Director of Harborview Medical Center, Bree member, and Chair of the Potentially Avoidable Readmissions Workgroup, [gave a presentation](#) on his work to coordinate the avoidable readmissions work and emphasized that readmissions remain a salient issue for the Bree. Dr. Goss discussed convening a workgroup and developing a proposal to take back to the Bree. Bree members discussed the readmissions is too broad and not specific enough for the Bree to make recommendations and requested the workgroup propose 1) minimum standards for avoidable readmissions and 2) if additional hospital staff is required for avoiding readmissions (i.e., pre-hospital admitter, post hospital discharger) define who is going to pay for additional staff and how the staff are going to work collectively. Bree members advised basing recommendations in evidence and that they be measurable. In addition, the workgroup is charged with identifying processes of care with regards to hospital discharges in order to increase patient safety and reduce readmissions and be in congruence with the Medicaid bundle.

Bree members suggested the workgroup review literature regarding readmissions and discussed an article published by the Annals of Surgery on best practices/checklist. Members recommended that Dr. Goss and the workgroup create a best practice and formal proposal and compare it with the Medicare bundles standards and guidelines before presentation to the Bree.

BREE IMPLEMENTATION TEAM (BIT) UPDATE

Dan Lessler, MD, Medical Director for the Health Care Authority and BIT Chair, [presented an update](#) on BIT activities. Dr. Lessler discussed work done to support the Spine SCOAP recommendation and announced that the HCA will be endorsing the Spine/Low Back Pain Report and Recommendations and Total Knee and Total Hip Replacement Bundle and Warranty shortly. Dr. Lessler discussed the Spine SCOAP implementation strategy of which the target is to capture 90% of Spine surgeries performed in Washington State by June 1st, 2014. The workgroup will be focused on developing and improving the business case in advance of the upcoming SCOAP Annual Conference on June 4th.

Dr. Lessler reviewed the BIT's proposed criteria for choosing the order of topics for implementation. Mr. Hill addressed current views on the Bree Collaborative's relationship to the Foundation for Health Care Quality and work with the COAP and SCOAP programs. Bree members suggested to add that the Bree efforts are convergent with other work within the state.

END OF LIFE/ADVANCE DIRECTIVE (EOL) WORKGROUP UPDATE

John Robinson, MD, Chief Medical Officer of First Choice Health, Bree member, and Chair of the End of Life/Advance Directive (EOL) workgroup [gave a presentation](#) on the progress of the EOL workgroup. Dr. Robinson reviewed common problems with advance directives (ADs) including; not completing AD forms, inaccurate or vague information, lack of access to medical care providers and completed ADs not being used in EOL care. He provided possible solutions for each of these barriers. Dr. Robinson announced the EOL Workgroup is searching for participation from an oncologist, suggestions are encouraged. Bree members discussed ADs vary across states and that there is no accepted standard. Group Health employs an educational program in the community to training Group Health members and non-members alike on ADs.

ACCOUNTABLE PAYMENT MODELS WORKGROUP UPDATE

Robert Mecklenburg, MD, Medical Director of the Center for Health Care Solutions at Virginia Mason Medical Center, Bree member, and Chair of the Accountable Payment Models (APM) workgroup [provided an update and presentation](#) on the workgroup's development of a warranty and bundle for lumbar fusion. Dr. Mecklenburg discussed the draft recommendation of a rigorous trial of conservative therapy prior to surgery and asserted the importance of having a multidisciplinary team assess and document failure of conservative therapy. Spine surgery literature lacks data on surgical team standards (i.e., minimum case volume for surgeons, avoiding late start time for surgery), more of which existed for TKR/THR. Bree members also discussed that post-operative discharge does not take into account disability cost, which is expensive and does not include the initial cost of the procedure, or specifying how long the patient should be on disability.

ADDICTION/DEPENDENCE TREATMENT WORKGROUP

Tom Fritz, Chief Executive Officer of Inland Northwest Health Services, Bree member, and Chair of the Addiction/Dependence Treatment (ADT) Workgroup [gave a presentation](#) on the ADT [charter and roster](#). Bree members discussed screening at the employee level – random screening and urine testing and to increase screening for those not suspected including health care providers, and recent legislature for mental health initiatives.

Motion: To approve the ADT Charter.

Outcome: Passed with unanimous support.

BREE COLLABORATIVE EVALUATION

Larry Kessler, Sc.D., [presented on](#) a potential grant opportunity from the Robert Wood Johnson Fund. The grant is focused on the effects of regulatory, legal, and policy solutions to protect and improve population health and the public health system. [Specific aims](#) highlight collaboration between the Health Technology Assessment Program, the Bree Collaborative, and the University of Washington.

PLANNING AHEAD

Steve Hill, Bree Collaborative Chair, [reviewed current Bree topics and discussed](#) new topic selection. Mr. Hill provided the group with Legislative topic suggestions surrounding [appropriate breast imaging](#) and [antibiotic resistant bacteria](#). Bree members raised concerns and suggestions including; appropriate breast imaging is already being addressed by the Health Technology Assessment Program, the group should review 2/14 mammography report, and the Choosing Wisely campaign for ideas.

MARKETING AND COMMUNICATIONS

Ginny Weir, Bree Program Director, [presented on marketing and communication strategies](#) to increase the visibility of the Bree. Ms. Weir provided the group with the new website design and layout and the new Bree logo and welcomed feedback. Bree members expressed concerns that the proposed logo did not demonstrate the collaborative nature of the Bree nor imply health care, but also discussed the difficulty of translating the meaning of the Bree Collaborative into a logo. It was decided that the logo does not necessarily have to encompass everything that the Bree represents. Ms. Weir provided the group with a [participation form](#) for members to complete and return regarding volunteering to speak at Bree outreach and visibility events.

GOOD OF THE ORDER/OPPORTUNITY FOR PUBLIC COMMENT

Mr. Hill thanked all for attending and asked for final public comments.