
Dr. Robert Bree Collaborative Meeting

Wednesday, May 21st, 2014

Virginia Mason Institute

Metropolitan Park West | 1100 Olive Way, Suite 501 | Seattle, WA 98101

Members Present

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

Christopher Kodama, MD, MultiCare Health System
Robert Mecklenburg, MD, Virginia Mason
Carl Olden, MD, Pacific Crest Family Medicine
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
Greg Marchand, the Boeing Company

Mary Kay O'Neill, MD, Regence Blue Shield
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
Briana Ledesma, Regence

Alice Marshall, Foundation for Health Care Quality
Josh Morse, Health Technology Assessment Program
Bob Perna, WSMA
Jeanne Rupert, DO, PhD, Skagit Valley Hospital
Judy Schurke
John Sobeck, MD, Cigna
Ginny Weir, Foundation for Health Care Quality
Christina Yantsides, Foundation for Health Care Quality

* By phone/web conference

Agenda and all meeting materials are posted on the Bree Collaborative's website, [here](#), under 2014, May 21st materials.

CHAIR REPORT & APPROVAL OF MARCH 19TH BREE COLLABORATIVE MEETING MINUTES

Steve Hill, Bree Collaborative Chair, welcomed the group and called the meeting to order. All those present introduced themselves. Mr. Hill reported that the Bree Collaborative received letters from the HCA endorsing the Spine/Low Back Pain Report and the Total Knee and Total Hip Replacement (TKR/THR) Bundle and Warranty, which were circulated to Bree members. Mr. Hill is traveling to Salem, Oregon to meet with the Oregon Teacher's Benefits Board to discuss the Bree in general and the THR/TKR Bundle and Warranty specifically.

Motion: To approve the [minutes for the March 19th meeting](#).

Outcome: Passed with unanimous support.

UPDATE FROM GOVERNOR'S OFFICE

Bob Crittenden, MD, senior health policy advisor to Governor Jay Inslee, provided an [update on health care purchasing legislation](#), [the State Health Care Innovation Plan](#), and discussed a focus on making health care affordable. Members discussed statewide efforts for improving process measures. The Health Care Authority is contracting with Washington Health Alliance to build three technical workgroups across three domains: prevention/screening; care for chronic illness; and acute care. Members concluded these efforts do not duplicate the Bree's, but rather support and align with the Bree initiatives.

POTENTIALLY AVOIDABLE READMISSIONS UPDATE

Rick Goss, MD, medical director of Harborview Medical Center, Bree member, and Chair of the Potentially Avoidable Readmissions Workgroup, [gave a presentation](#) on the Potentially Avoidable Hospital Readmissions (PAR) Report and Recommendations. The workgroup revised the PAR Report and Recommendations presented at the last Bree meeting and made the necessary and recommended revisions to refine the recommendations. Bree members reiterated the recommendations should include performance measures, be evidence-based, and be measurable. Members discussed that in order to reduce hospital readmissions, for the identified diagnoses, two performance measures should be included in the Report:

1. Hospital discharge summaries generated in two days;
2. A follow-up phone call to patients two days following discharge.

Additionally, members agreed that the Bree should endorse the Washington State Hospital Association's (WSHA) [Reducing Readmissions Care Transitions Toolkit](#) for implementation in a standardized way across the state and that the resulting data from the PAR recommendations should be shared with the Bree in an un-blinded fashion. Members cited that the evidence-based literature identifies having a nurse practitioner make the post discharge follow up call as critical to reducing readmissions, yet this is difficult to implement. Lastly, the Bree members stated WSHA and Qualis should be delegated with tracking this data and providing the Bree with the un-blinded data.

Motion: To approve the release of the [PAR Report and Recommendations](#) for public comment.

Outcome: Passed with unanimous support.

MEMBER PROFILE: WENATCHEE VALLEY MEDICAL CENTER

Stuart Freed, MD, medical director of Wenatchee Valley Medical Center, provided an overview of Confluence Health. Dr. Freed described the successful merger between Wenatchee Valley Medical Center and Central Washington Hospital to form Confluence Health in 2013. He highlighted the challenges associated with merging previously competing hospitals and the efforts in which these were overcome to create a unified, streamlined health care system. A primary focus of this merger was to improve patient safety issues by surveying staff to identify high need areas. Through this systematic review, the organization adopted a new management structure and contracted with Virginia Mason Institute to implement the Lean model. Most notably, they mandated that all surgery staff and physicians participate in safety training and a “Speak Up” policy in which all employees are encouraged to speak up in the event that patient safety is compromised. The results have shown improvements across multiple processes and centers including indirect care centers, productivity, and hospital discharge processes.

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 including a letter being sent to CEOs of hospitals who are not participating in Spine SCOAP urging their participation and inviting them to an upcoming Spine SCOAP conference. The letter was sent on Bree letterhead and signed by Greg Marchand, Neal Shonnard, and Dan Lessler. The response has been disappointing; but a lesson learned that this approach may not be as effective as hoped. The workgroup will be continuing efforts on improving the Spine SCOAP business case in preparation for the upcoming SCOAP Annual Conference on June 4th.

Dr. Lessler reviewed the formation of an obstetrics BIT subgroup that is focusing on benefit design to support the Bree recommendations. He also discussed the Summit Group and its formation of an obstetrics subgroup to discuss linkages between the work of the Bree, WSHA, the Washington State Medical Association, the Department of Health, the Foundation for Health Care Quality, the Washington Health Alliance, and the Health Care Authority.

END OF LIFE/ADVANCE DIRECTIVES (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 current statistics regarding advance directives (AD), (e.g., being completed by about a third of Americans, having an AD is correlated with older, white non-Hispanics with higher levels of education and income). Ms. Ginny Weir, Bree program director, discussed the current efforts of the workgroup and the collaboration with the Honoring Patient Choices work. That group is consulting with the Institute for Healthcare Improvement and working to make a website with patient and physician resources. Dr. Robinson reviewed the four largest barriers for ADs including; not completing AD forms, inaccurate or vague information, not available when and where they are needed, and when completed ADs not being used in end of life care. Bree members provided two explanations for why ADs may not be followed including: people in charge of care and decision making, may not always know of the AD’s existence and when people are faced with death they may become frightened at prospect of dying and consciously abandon their AD. The workgroup should address strategies for tackling these concerns and explore using electronic versions for ADs.

ACCOUNTABLE PAYABLE MODELS (APM) 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 specifics of the warranty, features of the bundle, and designing the four cycles of the bundle, including; documenting disability due to spine abnormality despite conservative therapy, physical preparation and patient engagement, measures to improve outcomes of the surgical procedure, and ensuring patient has a rapid return to function. Quality measures should be reported to purchasers of the bundle. Members discussed the importance of collecting and analyzing patient reported outcomes.

ADDICTION/DEPENDENCE TREATMENT (ADT) WORKGROUP UPDATE

Terry Rogers, MD, Vice Chair of the Foundation for Health Care Quality (FHCQ), Bree member, Addiction/Dependence Treatment (ADT) workgroup member gave an update on the workgroup's progress. Dr. Rogers provided a summary of the work, discussed the evidence-based standards to improve drug and alcohol screening, and referenced Washington State's Screening, Brief Intervention and Referral to Treatment (WA-SBIRT) initiative. The workgroup has identified preliminary conclusions including; all patients should be screened annually at age 12, the need for a clear, clinical referral pathway, screening should occur at all visits, positive screens should be followed by a full screen, and the full screen should be provided by competent on-site staff. Bree members commented that opioid dependence should be addressed as it is not clear. Evidence supports that those on opioids for three months or longer are more likely to be on opioids five years later. A simple question to address opioid dependence would be "Have you been on prescribed opioids for three months or more?"

RETREAT PLANNING

Steve Hill, Bree Collaborative Chair discussed the Upcoming Bree Retreat on July 17th 12:30-4:30PM at the Providence Renton campus. An hour will be designated for regular Bree Meeting topic updates. The remaining time will be for planning the upcoming year and new topic selection. This will be an opportunity to review the Bree's previous and current work and for members to provide feedback on the organization and process.

GOOD OF THE ORDER/OPPORTUNITY FOR PUBLIC COMMENT

Dr. Rogers thanked all for attending and adjourned the meeting.