

Dr. Robert Bree Collaborative Meeting
Wednesday, September 17th, 2014 | 12:30-4:30

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

Members Present

Susie Dade, Washington Health Alliance
Stuart Freed, MD, Wenatchee Valley Medical Center
Rick Goss, MD, Harborview Medical Center
Steve Hill, Bree Collaborative Chair
John Espinola, MD, Premera Blue Cross
Gary Franklin, MD, WA State Labor and Industries
MaryAnne Lindeblad, MD,* Health Care Authority
Rick Ludwig (for Joe Gifford, MD), Providence Health & Services

Greg Marchand, the Boeing Company
Robert Mecklenburg, MD, Virginia Mason
Kim Moore, MD, Franciscan Health System
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, Vice Chair
Kerry Schaefer, King County
Bruce Smith, MD, Group Health Cooperative
Lani Spencer, RN, Amerigroup

Members Absent

Tom Fritz, Inland Northwest Health Services
Christopher Kodama, MD, MultiCare Health System
Jeanne Rupert, DO, PhD, Skagit Valley Hospital

Jay Tihinen, Costco
Carol Wagner, RN, MHA, Washington State Hospital Association
Shawn West, MD, Edmonds Family Medicine

Staff/Guests

Corinne Andriola
Jackie Barry, Physical Therapy Association of Washington
Lin H Beuerle
Melissa Burke-Cain, JD, Attorney General's Office
Marissa Brooks, SEIU Healthcare NW Benefits
Mary Clogston
Kate Cross,* Washington State Department of Health
Tanya Dansky, Colombia United Providers
Sharon Eloranta, Qualis Health
Farrokh Farrokhi, Virginia Mason
Andrew Friedman, Virginia Mason
Mike Lopez
Cathy Hill
Leah Hole-Marshall, WA State Labor and Industries

Vickie A. Kolios-Morris, Foundation for Health Care Quality
Josh Morse, Health Care Authority
Hiroshi Nakano, Neospine
Bob Perna, Washington State Medical Association
Claudia Sanders, Washington State Hospital Association
Neal Shonnard, Spine SCOAP
Julie Sylvester, Qualis Health
Bill Struyk, Johnson and Johnson
Peter Rigby, Northwest Hospital
Jeff Thompson, MD, Mercer
Trent Treadway, MD, Neospine
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, September 17th materials.

CHAIR REPORT & APPROVAL OF JULY 17TH BREE COLLABORATIVE MEETING MINUTES

Steve Hill, Bree Collaborative Chair, [welcomed the group](#) and called the meeting to order. Mr. Hill reviewed the agenda and welcomed two new members, Drs. Kimberly Moore and John Espinola. All those present introduced themselves and the new members provided a brief background. All Bree Collaborative seats have been filled. Mr. Hill reviewed the Collaborative's conflict of interest policies and described a process by which all members will have disclosed conflicts of interest before the end of the year through a written form. Mr. Hill also reviewed the minutes from the July 17th Bree Collaborative Retreat and the amendments to the bylaws. Changes to the bylaws involve allowing the Collaborative to assign newly appointed members 3, 4, or 5 year terms to expire in the fall of the assigned year and use the Collaborative's listserv and website to publicize materials including announcement of new products rather than the Health Care Authority's website and listserv.

Motion: To approve [minutes from the July 17th Meeting](#)

Outcome: Passed with unanimous support.

Motion: To approve [amendments to the bylaws](#).

Outcome: Passed with unanimous support.

OPEN PUBLIC MEETINGS ACT TRAINING

Melissa Burke-Cain, JD, Washington State Office of the Attorney General [provided a training](#) on the Open Public Meetings Act (OPMA). A question was raised as to whether the workgroups should also be open to the public to comply with the OPMA. The group discussed that workgroups do not approve recommendations on behalf of the Collaborative and do not consist of a quorum of members. The question remained unanswered and will be further investigated.

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 [summarized the workgroup's progress](#) developing a Lumbar Fusion Bundle and Warranty, the process to elicit public comments, and the changes made to the documents due to the public comments. There were changes made to the majority of the four cycles, documenting disability due to spine abnormality despite conservative therapy, physical preparation and patient engagement, measures to improve outcomes of the surgical procedure, and ensuring rapid return to function. Discussion ensued on the Lumbar Fusion Warranty and Bundle. Members proposed removing the alternative requirement under Cycle III, Spinal Fusion Procedure, General standards for a surgical team performing surgery, *"If the surgeon performs less than twenty lumbar fusion surgeries in the previous twelve months, an alternative is presenting the results of the quality indicators as specified in this bundle"* and the alternative method of meeting the requirement of participating in a registry to be used in place of Spine SCOAP, *"Hospitals should participate in the Spine SCOAP registry or an equivalent national registry that meets or exceeds Spine SCOAP standards..."* Members discussed whether the time was right to vote on the Bundle and Warranty and Mr. Hill reminded the group that these documents are meant to be used as a model in an agreement between a buyer and a seller, not as a mandate. The group then voted to adopt the Bundle and Warranty with the two modifications.

Motion: To adopt the [Lumber Fusion Bundle](#) and [Warranty](#) with two proposed amendments.

Outcome: Passed with majority support.

END-OF-LIFE CARE (EOL) WORKGROUP UPDATE

John Robinson, MD, CMO of First Choice Health, and Chair of the End-of-Life Care workgroup, [summarized](#) of the End-of-Life Care Report and Recommendations' five focus areas, to increase:

- Awareness of advance care planning, advance directives, and POLST in Washington State.
- The number of patients who participate in advance care planning in the clinical and community settings.
- The number of patients who record their wishes and goals for end-of-life care using documents that: accurately represent their values; are easily understandable by patients, family members, and health care providers; and can be acted upon in the health care setting.
- The accessibility of completed advance directives and POLST for health systems and providers.
- The likelihood that a patient's end-of-life care choices are honored.

The workgroup discussed the importance of including how to implement recommendations in the report, citing difficulties with implementing the other recommendations that do not explicitly about cite methods of community adoption. Members brought up that even with explicitly implementable factors, such as in the Obstetrics report, implementation is still significantly difficult. Members agreed that the workgroup could work on developing implementation factors in tandem with the public comment process.

Motion: To put out the [End-of-Life Care Report and Recommendations](#) for public comment.

Outcome: Passed with unanimous support.

ADDICTION AND DEPENDENCE TREATMENT (ADT) WORKGROUP UPDATE

Terry Rogers, MD, CEO of the Foundation for Health Care Quality [presented an update](#) on the workgroup's development of recommendations and presented four focus areas:

- Increase appropriate screening in primary care clinics and emergency room settings with validated drug and alcohol screening tools.
- Increase capacity to provide brief intervention and/or brief treatment for alcohol and drug abuse.
- Increase capacity to facilitate referral to appropriate treatment center.
- Reduce stigma associated with drug and alcohol screening and referral to treatment.

Dr. Rogers presented the workgroup's development of a proposed approach to increase screening, brief intervention, and referral to treatment and described the basis for this on the SBIRT model. The workgroup anticipates having a draft to present to the Bree Collaborative at the November 20th meeting that can then be disseminated for public comment.

BREE IMPLEMENTATION TEAM UPDATE

Ginny Weir, Bree Collaborative Program Director [presented an update](#) of the Bree Implementation Team's work to develop strategies to facilitate implementation of the recommendations. She reviewed work to develop strategies around Total Knee Replacement and Total Hip Replacement Bundle and Warranty implementation including review of work done in California and nationally through CMS' PROMETHEUS project. Ms. Weir also reviewed work to develop stakeholder specific content for the Bree Collaborative website.

PRESENTATION OF PROPOSED NEW TOPICS

Ms. Weir [reviewed the mandate](#) to select up to three new topics each year and [introduced the seven previously proposed new topics: mental health integration, opioids, sleep therapy, prostate specific antigen screening, oncology, coronary artery disease bundle, and hepatitis C management](#).

- Gary Franklin, MD, Labor and Industries, described the Agency Medical Directors Group's development of opioid prescribing guidelines and described that the Bree Collaborative would have a unique ability to widely disseminate the guidelines and would not necessarily have to form a workgroup.
- Mary Kay O'Neill, MD, Regence, described work going on in Washington to integrate mental health care into primary care and the Bree's ability to build on this work.
- Dr. Rogers described the high health costs of undiagnosed sleep apnea and presented data from a report out of Harvard Medical School, [The Price of Fatigue: The surprising economic costs of unmanaged sleep apnea](#).
- Leah Hole-Marshall, JD, Labor and Industries reviewed the [US Preventive Services Task Force Recommendations](#) around prostate screening and the State agency recommendation of PSA testing for Bree review and recommendation.
- Jeff Thompson, MD, Mercer, reviewed the high cost of cancer care at the end of life and the high variation in the way that care is managed. Dr. Thompson reviewed work going on to develop standardized recommendations in Washington State, specifically that done at the Fred Hutchinson Cancer Research Center by Dr. Scott Ramsey.
- Dr. Mecklenburg presented the possibility of the Bree developing another bundled payment model around another high-cost, highly variable procedure, coronary artery bypass surgery.
- Ms. Hole-Marshall presented the case for the Bree developing recommendations around Hepatitis C management, although the primary issue is the high cost of a highly effective drug on which the Bree's recommendations would have little effect.

Members discussed the merits and difficulties of each of the topics and voted on their top three choices.

- Coronary artery disease bundle received 13 votes.
- PSA testing received 12 votes.
- Opioids received 10 votes.
- Oncology received 7 votes.
- Sleep therapy received 3 votes.
- Mental health integration received 3 votes.
- Hepatitis C management received no votes.

The champions discussed earlier for the bundle, PSA testing, opioids, and oncology will further develop their topics and present again at the November meeting.

GOOD OF THE ORDER/OPPORTUNITY FOR PUBLIC COMMENT

Steve Hill thanked all for attending and adjourned the meeting.

Next Bree Collaborative Meeting: Thursday, November 20th, 2014 at Providence Renton Campus.