

Dr. Robert Bree Collaborative Meeting
Thursday, November 20th, 2014 | 12:30-4:30

Providence Health and Services
1801 Lind Ave SW | Renton, WA 98057

Members Present

Stuart Freed, MD, Wenatchee Valley Medical Center
Tom Fritz, Inland Northwest Health Services
Christopher Kodama, MD, MultiCare Health System
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

Greg Marchand, the Boeing Company
Robert Mecklenburg, MD, Virginia Mason
Kim Moore, MD, Franciscan Health System
John Robinson, MD, First Choice Health
Terry Rogers, MD, Foundation for Health Care Quality, Vice Chair
Jeanne Rupert, DO, PhD, Skagit Valley Hospital
Kerry Schaefer, King County
Lani Spencer, RN, Amerigroup
Carol Wagner, RN, MBA, Washington State Hospital Association
Shawn West, MD, Edmonds Family Medicine

Members Absent

Susie Dade, Washington Health Alliance
Joe Gifford, MD, Providence

Carl Olden, MD, Pacific Crest Family Medicine
Jay Tihinen, Costco

Staff/Guests

Maureen Collins, Care Core National
Kate Cross,* Washington State Department of Health
Tanya Dansky, Colombia United Providers
Jac Davies, Northwest Healthcare Purchasers Coalition
Travis Erickson
Cheryl Farmer,* Washington State Department of Health
Elizabeth Fleming, Group Health Cooperative
Robert Herr
Leah Hole-Marshall, WA State Labor and Industries
Rex Johnson, Washington Advocates for Patient Safety
Dan Lessler,* MD, Health Care Authority
David McCulloch, MD, Group Health

Cooperative
Josh Morse,* Health Technology Assessment Program
Bob Perna, Washington State Medical Association
Joseph Rank
Bruce Smith, MD, Regence
Richard Stuart,* DSW, University of Washington
Jeff Thompson, MD, Mercer
Anne Weiler, Wellpepper Inc.
Ginny Weir, Foundation for Health Care Quality
Jeff West, Qualis Health
Christina Yantsides,* Foundation for Health Care Quality
Yanling Yu, Washington Advocates for Patient Safety

* By phone/web conference

Agenda and all meeting materials are posted on the Bree Collaborative's website, [here](#), under 2014, November 20th materials.

CHAIR REPORT & APPROVAL OF SEPTEMBER 17TH 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 reviewed the minutes from the September 17th Bree Collaborative meeting and discussed conversations that he, Ginny Weir, Bree Collaborative program director and Dr. Bob Mecklenburg, of Virginia Mason, have had with interested stakeholders including: conversations with representatives of Neospine, with the Washington State Hospital Association and the Washington State Medical Association regarding clinical representation on the workgroups, and with Senator Randi Becker. Mr. Hill discussed that the lumbar fusion bundled payment model will not immediately be re-opened but that a standard process will be developed to reopen all of the products at some point after their development, such as three years after development or if there is new evidence. Mr. Hill also discussed that the bylaws will be revised over the next two months and presented at the January 21st Bree Collaborative meeting to ensure they are aligned with the Open Public Meetings Act and that the full Bree Collaborative will now approve workgroup rosters rather than the steering committee. All workgroup meetings are open to the public.

Motion: To approve minutes from the September 17th Bree Collaborative meeting.

Outcome: Passed with unanimous support.

END-OF-LIFE CARE REPORT AND RECOMMENDATIONS

John Robinson, MD, Chief Medical Officer, First Choice Health, and Chair, End-of-Life Care (EOL) workgroup summarized the workgroup's progress developing the Report and Recommendations, the process to elicit public comments, and the changes made to the documents due to the public comments. The goal of the Report and Recommendations is that all Washingtonians are informed about their end-of-life options, communicate their preferences in actionable terms, and receive end-of-life care that is aligned with their goals and values. Dr. Robinson discussed the 36 respondents who agreed 100% with the definitions, problem statement, and first four recommendations.

Changes to the report involved: adding clarifying language such as “people to start conversations about end-of-life care as early as they feel comfortable,” changing family to “family and friends” throughout, adding “appropriate” to hospice referrals, adding that it is the job of all health care staff involved to support the patient’s wishes, adding that health care staff should support the patient, family, and friends in a time of crisis, inclusion of additional groups such as the Snohomish County Health Leadership Coalition Life Transitions and the End of Life Coalition of Southwest Washington, and more discussion of the previous advance directive registry. The Report also acknowledged the limitations of the recommendations such as that there is no coordinating organization connecting and monitoring the work done by the organizations and programs working to increase quality of care at the end of life and various issues with POLST not being honored. The workgroup also added a section on measurement and stakeholder-specific recommendations.

Dr. Bruce Smith, Medical Director at Regence and vice-chair of the End-of-Life Care workgroup, brought up a proposed amendment to the Report. Under the fifth recommendation, Dr. Smith proposed adding “Enact legislation providing legal immunity to health care providers who honor a patient's POLST, comparable to existing protections for providers who honor a patient's advance directive.” Dr. Smith also proposed specific supporting text discussing the Natural Death Act and why the lack of legal immunity has been a barrier to some providers and hospitals honoring the POLST. New language would be added recommending, “the Washington State Legislature pass legislation protecting healthcare providers and caregivers who honor a patient's POLST from civil, criminal and professional liability, similar to the protection currently provided for those honoring an advance directive.”

Motion: To adopt the End-of-Life Care Report and Recommendations with the proposed amendment.

Outcome: Passed with unanimous support.

ADDICTION AND DEPENDENCE TREATMENT WORKGROUP UPDATE

Tom Fritz, Chief Executive Officer, Inland Northwest Health Services and Chair, Addiction and Dependence Treatment (ADT) workgroup summarized the workgroup's progress to develop the Addiction and Dependence Treatment Report and Recommendations and its five focus areas, to:

- Reduce stigma associated with alcohol and other drug screening, intervention, and treatment
- Increase appropriate alcohol and other drug use screening in primary care and emergency room settings
- Increase capacity to provide brief intervention and/or brief treatment for alcohol and other drug misuse
- Decrease barriers for facilitating referrals to appropriate treatment facilities
- Address the opioid addiction epidemic

Mr. Fritz discussed the substance use disorder framework developed by workgroup members, specific strategies drafted to support each of the recommendations, and the stakeholder-specific recommendations as well. Comments from the Bree Collaborative included a request for more specific definitions of use, misuse, and abuse and inclusion of how these may be different for use of opioids.

Motion: To disseminate the Addiction and Dependence Treatment Report and Recommendations for public comment.

Outcome: Passed with unanimous support.

BREE IMPLEMENTATION TEAM UPDATE

Dan Lessler, Medical Director, Health Care Authority and Bree Implementation Team chair, presented an update of the Bree Implementation Team's work to develop strategies to facilitate implementation of the recommendations including a review of the Implementation Team's general strategy, a review of actions taken to encourage hospitals joining Spine SCOAP, work to support adoption of the bundled payment models (including a presentation to the Washington Health Alliance's Purchaser's Affinity Group and a presentation at this meeting about bundled payments from the health plan perspective).

Dr. Lessler then introduced Jac Davies, Executive Director of the Northwest Healthcare Purchasers Coalition, who is working to enact the Low Back Pain Recommendations in the Spokane Area. Ms. Davies then gave a background of the Northwest Healthcare Purchasers Coalition, a non-profit organization gathering small and mid-size purchasers in eastern Washington and northern Idaho. The group hopes to educate the community about the low back pain recommendations, compare the recommendations to current state, and identify baseline data to track progress. The group hopes to have this done in time to incorporate changes into the 2016 benefit year and asks the Collaborative to identify methods of supporting this work.

PERFORMANCE MEASURES COORDINATING COMMITTEE (PMCC) UPDATE

Laura Pennington of the Washington State Health Care Authority provided the Bree Collaborative members with an update of the work to develop a core measure set for Washington. The work is being done jointly by the Health Care Authority and the Washington Health Alliance. The Performance Measures Coordinating Committee (PMCC) was created through ESHB 2572 with the goal of promoting voluntary measure alignment among the State and private payers. Work will be done through the end of 2014 to choose the measures which were prioritized based on alignment with existing measure sets, having the greatest opportunity for improvement, having areas of focus aligning with the State Health Innovation Plan, and the library of available measures. The final meeting to finalize the measures will be on December 17th at which time the group will recommend a process for evolving the measure set over time and how to proceed into 2015 and on.

BUNDLED PAYMENTS – HEALTH PLAN PERSPECTIVE

Ginny Weir led a discussion with Dr. John Robinson of First Choice Health, Elizabeth Fleming of Group Health Cooperative, Lani Spencer of Amerigroup, and Dr. Bruce Smith of Regence to understand the current state of bundled payment adoption in our state and potential barriers to adoption from the health plans. There is interest and support within Amerigroup, across the managed care organizations, from Regence, Group Health Cooperative (which is actively working on developing bundled payment models), and from First Choice Health as a third party administrator. Being accountable for an entire episode of care is seen as the future of health care. The group discussed:

- That from the Medicaid managed care side, the current fee schedule from the Health Care Authority does not support bundled payment.
- Uncertainty about warranty accountability including payment if a patient receives follow-up care from a hospital other than the one doing the initial procedure, incorporating specialty care, who is responsible for coordinating specialty care, and who contracts with ancillary care providers.
- The issue of providers being independent from the hospital in which they practice.
- Purchasers being frustrated that they have been held accountable for patient care, (e.g., paying for additional services) and would like to share the accountability.
- Questions as to whether health plans can/should make the first step to implementation or whether hospitals can/should begin billing for these models.
- Medicaid managed care organizations are currently entering into risk-sharing contracts with hospitals and accountable care organizations, these new contracts may be a prime opportunity to incorporate bundled payment.
- There is currently no good answer as to why the pacing has been so slow on bringing bundled payments to market.
- Provider engagement is critical to the success of these new payment models.
- The Bree Collaborative's bundled payment model has been very helpful to develop bundled payments in the market, used as a roadmap in some cases. Some health plans would not be pushing as far as they are absent the bundle.
 - Health plans requested being able to have an exchange of ideas and give feedback to the Bree Collaborative as to how well the bundles work in the market.
- Whether successfully implementing one bundle facilitates the implementation of others. Starting with one model is necessary, but the challenge comes from working with different specialty groups, variation between service lines, and contracts with different hospitals and ancillary services.
- Bundled payments are a disruptive technology driven by purchasers. There will be a critical mass at which time the market will have to change.
- Keeping the patient in mind is important.

PROPOSED NEW TOPICS

Ms. Weir reviewed the mandate to select up to three new topics each year and reintroduced the four most popular proposed new topics: opioids, prostate specific antigen screening, oncology, and a coronary artery bypass surgery bundle.

- Dr. Mecklenburg, MD, Virginia Mason Medical Center, presented the concept of the Bree Collaborative developing a Coronary Artery Bypass Surgery Bundled Payment Model similar to the Lumbar Fusion Bundle and Total Knee and Total Hip Replacement Bundle. Coronary artery bypass surgery is a high-cost, highly variable procedure and there are bundled payments currently being used by some health care systems. This workgroup would be the first to be formed in December or January 2015.
- Gary Franklin, MD, Labor and Industries, described the Agency Medical Directors Group's development of opioid prescribing guidelines and proposed the Bree Collaborative vote whether to endorse these guidelines after they have been developed. Dr. Franklin proposed the Bree Collaborative jointly disseminate the guidelines in conjunction with the Agency Medical Director's Group.
- Leah Hole-Marshall, JD, Labor and Industries reviewed the [US Preventive Services Task Force Recommendations](#) around prostate screening and the legislative mandate that insurers cover PSA testing for Bree review and recommendation.
- Jeff Thompson, MD, Mercer, reviewed high cost, highly variable oncology care and the work done in our community, specifically that done at the Fred Hutchinson Cancer Research Center by Dr. Scott Ramsey.

Motion: To adopt CABG Bundle, Opiate Guidelines, PSA Screening, and Oncology Care as new Bree Collaborative topics.

Outcome: Adopted with unanimous support.

GOOD OF THE ORDER/OPPORTUNITY FOR PUBLIC COMMENT

Steve Hill thanked all for attending and adjourned the meeting.

Next Bree Collaborative Meeting: Wednesday, January 21st, at the Seattle Central Library.