The Bree Collaborative  
Oncology Care Workgroup Charter  

Problem Statement  
Cost and quality of cancer care vary greatly in the United States.\(^1,\)\(^2\) Significant variation in diagnosis, treatment, and supportive care for patients promotes poor outcomes and excessive cost for patients and the health care system.\(^3\) While evidence-based guidelines exist, adoption has been inconsistent.\(^4\)

Aim  
To improve oncology care patient outcomes and reduce unnecessary cost in the State of Washington.

Purpose  
The purpose of the Oncology Care workgroup is to propose recommendations to the full Bree Collaborative on improving oncology care diagnostic imaging through:

1. Identifying evidence-based best practices for use of PET, CT, and/or bone scans for staging of low risk prostate cancer patients and early state breast cancer patients within two months of diagnosis.

Duties & Functions  
The Oncology Care workgroup will:

- Consult members of the Washington State Hospital Association, the Washington State Medical Association, the Washington State Oncology Society, the Washington State Radiological Society, and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Research evidence-based guidelines and emerging best practices to inform current diagnostic imaging for prostate and breast cancer.
- 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 implementation strategies.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
Structure

The workgroup will consist of individuals appointed by the chair of the Bree Collaborative or the workgroup chair and confirmed by Bree Collaborative members.

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Christopher Kodama, MD, MBA</td>
<td>President, MultiCare Connected Care</td>
<td>MultiCare Health System</td>
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<tr>
<td>Jennie Crews, MD</td>
<td>Medical Director</td>
<td>PeaceHealth St. Joseph Cancer Center</td>
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<td>Bruce Cutter, MD</td>
<td>Oncologist</td>
<td>Medical Oncology Associates</td>
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<td>Patricia Dawson, MD, PhD</td>
<td>Director</td>
<td>Swedish Breast Cancer Center</td>
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<td>Gary Lyman, MD, MPH</td>
<td>Co-Director</td>
<td>Hutchinson Institute for Cancer Outcomes Research</td>
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<tr>
<td>Rick McGee, MD</td>
<td>Oncologist</td>
<td>Washington State Medical Oncology Society</td>
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<tr>
<td>Mary McHale</td>
<td>Washington Government Relations</td>
<td>American Cancer Society</td>
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<tr>
<td>Hugh Straley, MD</td>
<td>Chair</td>
<td>Bree Collaborative</td>
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