

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 within two months of diagnosis for staging of early prostate cancer and early stage breast cancer at low risk for metastasis.
2. Identifying evidence-based best practices for use of chemotherapy or radiation therapy in the last 30 days of life.
3. Recommending implementation strategies for widespread adoption of evidence-based best practices.
4. Identifying additional oncology care areas for improvement.

Duties & Functions

The Oncology Care workgroup will:

- Consult members of the Washington State Hospital Association, the Washington State Medical Association, the Washington State Medical 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.

Name	Title	Organization
Christopher Kodama, MD, MBA (Chair)	President, MultiCare Connected Care	MultiCare Health System
Jennie Crews, MD	Medical Director	PeaceHealth St. Joseph Cancer Center
Bruce Cutter, MD	Oncologist	Medical Oncology Associates
Patricia Dawson, MD, PhD	Director	Swedish Cancer Institute
Keith Eaton, MD, PhD	Medical Director, Quality, Safety and Value	Seattle Cancer Care Alliance
Janet Freeman-Daily	Patient Advocate	
Gary Lyman, MD, MPH	Co-Director	Hutchinson Institute for Cancer Outcomes Research
Rick McGee, MD	Oncologist	Washington State Medical Oncology Society
John Rieke, MD	Radiologist	Washington State Radiological Society
Hugh Straley, MD	Chair	Bree Collaborative
Dick Whitten, MD, MBA	Contractor Medical Director; VP Health Policy	Noridian Healthcare Solutions

¹ Kolodziej M, Hoverman JR, Garey JS, Espirito J, Sheth S, Ginsburg A, et al. Benchmarks for Value in Cancer Care: An Analysis of a Large Commercial Population. *JOP*. 2011 Sep;7(5):301-306.

² Schroeck FR, Kaufman SR, Jacobs BL, Skolarus TA, Hollingsworth JM, Shahinian VB, Hollenbeck BK. Regional variation in quality of prostate cancer care. *J Urol*. 2014 Apr;191(4):957-62.

³ Soneji S, Yang J. New analysis reexamines the value of cancer care in the United States compared to Western Europe. *Health Aff (Millwood)*. 2015 Mar 1;34(3):390-7.

⁴ Malin JL, Schneider EC, Epstein AM, Adams J, Emanuel EJ, Kahn KL. Results of the National Initiative for Cancer Care Quality: how can we improve the quality of cancer care in the United States? *J Clin Oncol*. 2006 Feb 1;24(4):626-34