

**The Bree Collaborative
Shared Decision Making Workgroup Charter and Roster**

Problem Statement

The Washington State Health Care Authority defines shared decision making as “*a process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences.*”¹ Shared decision making for preference-sensitive conditions has been shown to improve patient satisfaction with care, health outcomes, and appropriateness of care and to reduce costs.^{2,3} However, use of shared decision making remains limited within clinical practice.

Aim

To recommend pathways to adopting widespread use of shared decision making across Washington State.

Purpose

To propose evidence-based recommendations to the full Bree Collaborative on:

- A Washington state-specific shared decision making toolkit
- Building on the work of the 2018 thought leader group
- Leveraging and adapting the National Quality Forum shared decision making playbook
- Addressing barriers and recommending enablers for practice transformation
- Providing guidance and support for cross-sector implementation activities
- Identifying other areas of focus, funding opportunities, or modifying areas, as needed.

Duties & Functions

The Shared Decision Making workgroup will:

- Research evidence-based and expert-opinion informed guidelines and best practices (emerging and established).
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) 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 and practical implementation strategies.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative or the workgroup chair. The chair of the workgroup will be appointed by the chair of the Bree Collaborative. The Bree Collaborative program director and program assistant 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 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. Additional workgroup members may be added at the discretion of the chair.

Name	Title	Organization
Emily Transue, MD, MHA (Chair)	Associate Medical Director	Washington State Health Care Authority
David Buchholz, MD	Medical Director	Premera
Susie Dade, MS (?)	Deputy Director	Washington Health Alliance
Sharon Gilmore, RN	Risk Consultant	Coverys
Leah Hole-Marshall, JD	General Counsel and Chief Strategist	Washington Health Benefit Exchange
Steve Jacobson MD, MHA, CPC	Associate Medical Director Care Coordination	The Everett Clinic, a DaVita Medical Group
Dan Kent, MD	Medical Director	United Health Care
Andrew Kartunen	Program Director, Growth & Strategy	Virginia Mason Medical System
Dan Lessler, MD		
Todd Edwards, PhD	Associate Professor, Health Services; Investigator, Seattle Quality of Life Group	University of Washington
Jessica Martinson, MA	Director of Clinical Education and Professional Development	Washington State Medical Association
Karen Merrikin, JD	Contract Program Director	Washington State Health Care Authority
Randy Moseley, MD	Medical Director of Quality	Confluence Health
Martine Pierre Louis, MSW	Director of Interpreter Services	Harborview
Karen L. Posner, PhD	Research Professor, Laura Cheney Professor in Anesthesia Patient Safety	Department of Anesthesiology & Pain Medicine, University of Washington
Angie Sparks, MD	Family Physician and Medical Director Clinical Knowledge Development	Kaiser Permanente

¹ Washington State Health Care Authority. Shared Decision Making. 2018. Accessed: November 2018. Available: www.hca.wa.gov/about-hca/healthier-washington/shared-decision-making.

² Arterburn D, Wellman R, Westbrook E, Rutter C, Ross T, McCulloch D, et al. Introducing decision aids at Group Health was linked to sharply lower hip and knee surgery rates and costs. *Health Aff (Millwood)*. 2012 Sep;31(9):2094-104.

³ Stacey D, Légaré F, Col NF, Bennett CL, Barry MJ, Eden KB, et al. Decision aids for people facing health treatment or screening decisions. *Cochrane Database Syst Rev*. 2014 Jan 28;(1):CD001431.