

The Bree Collaborative
Shared Decision Making Workgroup Charter and Roster

Problem Statement

Involving patients as equal partners in health care decisions that have multiple clinically appropriate options by fully discussing risks and benefits remains limited within clinical practice. 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.^{2,3}

Aim

To recommend policies and clinical pathways for widespread adoption of shared decision making across the country.

Purpose

To propose evidence-based, actionable, practical 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 and previous Bree Collaborative recommendations.
- Addressing barriers and recommending enablers for shared decision making adoption and sustainable use.
- 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
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 and Strategy	Virginia Mason Medical System
Dan Lessler, MD	Physician Executive for Community Engagement and Leadership	Comagine Health
Jessica Martinson, MA	Director of Clinical Education and Professional Development	Washington State Medical Association
Karen Merrikin, JD	Consultant	Washington State Health Care Authority
Randy Moseley, MD	Medical Director, Quality	Confluence Health
Michael Myint, MD	Medical Director, Population Health	Swedish Hospital
Martine Pierre Louis, MPH	Director, Interpreter Services	Harborview Medical Center
Karen 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 of Washington
Anita Sulaiman	Patient Advocate	

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.