Washington State Health Care Authority

Dr. Robert Bree Collaborative annual report

Working together to improve health care quality, outcomes, equity, and affordability.

Engrossed Substitute House Bill 1311; Section 3; Chapter 313; Laws of 2011

November 15, 2023

FOUNDATION FOR Health Care Quality

Dr. Robert Bree Collaborative annual report

Acknowledgements

Thank you to our Bree Collaborative chair, Dr. Hugh Straley, and our dedicated Bree Collaborative members and many workgroup members who have donated countless hours to improve health care in Washington State.

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Executive summary

This is the twelfth annual report submitted by the Health Care Authority (HCA) on behalf of the Dr. Robert Bree Collaborative (Collaborative) to the Washington State Legislature as directed in Engrossed Substitute House Bill (ESHB) 1311 (2011), Section 3, and enacted as Chapter 313, Laws of 2011. This report describes the efforts of the Collaborative from November 2022 through October 2023 to develop evidence-informed community standards and to foster the adoption of those standards.

HCA is the sponsoring agency of the Collaborative, a public/private group created to allow health care stakeholders to improve health care quality, patient outcomes, affordability, and equity in Washington State through recommendations regarding specific health care services.

ESHB 1311, Section 3 calls for the Collaborative to:

> "… report to the administrator of the authority regarding the health services areas it has chosen and strategies proposed. The administrator shall review the strategies recommended in the report, giving strong consideration to the direction provided in section 1, chapter 313, Laws of 2011 and this section. The administrator's review shall describe the outcomes of the review and any decisions related to adoption of the recommended strategies by state purchased health care programs. Following the administrator's review, the Bree Collaborative shall report to the legislature and the governor regarding chosen health services, proposed strategies, the results of the administrator's review, and available information related to the impact of strategies adopted in the previous three years on the cost and quality of care provided in Washington state. The initial report must be submitted by November 15, 2011, with annual reports thereafter."

Since forming in 2011, the Collaborative has successfully worked to improve health care quality, patient outcomes, affordability, and equity in our state. Year twelve accomplishments include finalizing evidence-informed community standards for diabetes care, complex hospital discharge, and perinatal behavioral health, as well as facilitating the adoption of previous guidelines broadly and specifically facilitating implementation around four key pillars for transformation, including equitable care, data usability, whole-person care, and accountable financing (value-based care).

Background

The United States health care ecosystem faces a long road to recovering to a pre-COVID-19 (SARS-COV-2) state. The pandemic has magnified existing disparities in population health outcomes.[i] Health care provider burnout and high levels of health care provider and other staff resignations threaten patient safety, meet population health needs, and add to the excess costs.[ii]

Before the pandemic, despite spending nearly twice that of comparable countries, the United States had shorter life expectancy, higher chronic disease rates, higher obesity rates, and higher suicide rates.[iii] In 2020, Washington's state-purchased health plan spending reached 13.5 billion dollars, a 5 percent increase from 2019.[iv] Many of the dollars spent do not add to patient health or quality of care and are considered wasted.[v] Over four years in Washington State alone, $703 million was spent on unnecessary or low-value health care services.[vi] Variation in price, processes, and outcomes within health care delivery and high use rates of specific health care services can indicate poor quality, inappropriate services, and potential waste.

Washington State has prioritized increasing health care quality, equity, and affordability through the **Multi-Payer Primary Care Transformation Model**, the **Prescription Drug Program**, **Medicaid Transformation Project (MTP)**, and the **Collaborative**. The Collaborative's work is vital to **MTP**, providing evidence-informed community standards of care and purchasing guidelines for high-variation, high-cost health care services. The Collaborative is structured after the work of the Advanced Imaging Management (AIM) project and is named in memory of Dr. Robert Bree. Dr. Bree was a leader in the imaging field and a vital member of the AIM project working to reduce inappropriate use of advanced imaging (e.g., CT, PET, and MRI scans) in Washington State.

Since convening in 2012, the Collaborative has developed 40+ clinical guidelines. See Appendix A for more detailed background for the Collaborative. See Appendix B for a list of current Collaborative members.

ESHB 1311 overview

The Washington State Legislature established the Collaborative in 2011 to provide a process for public health care purchasers for Washington State, private health care purchasers (self-funded employers and union trusts), health plans, physicians and other health care providers, hospitals, and quality improvement organizations to work together to identify and recommend evidence-based strategies to improve health care quality, outcomes, and affordability. Engrossed Substitute House Bill 1311 (ESHB 1311) amended RCW 70.250.010 (Advanced Diagnostic Imaging Workgroup definition) and 70.250.030 (Implementation of Evidence-Based Practice Guidelines or Protocols); added a new section to Chapter 70.250 RCW; created a new section; and repealed RCW 70.250.020.

All Collaborative meetings are open to the public and follow **the Open Public Meetings Act**.

Summary of recent work

The Collaborative's twelfth year, from November 2022 to October 2023, focused on developing new evidence-based recommendations for **diabetes care, complex hospital discharge, and perinatal behavioral health,** as well as facilitating adoption broadly and specifically around four key pillars for transformation, including equitable care, data usability, whole-person care, and accountable financing (value-based care).

To advance the implementation of guidelines, checklists are developed in collaboration with community partners and workgroup members to translate Collaborative policies into action steps for different sectors. Recently, checklists were published on recent guidance for Hepatitis C Elimination (see online **here**), and checklists corresponding to the Pediatric Asthma report are underway. Learn more **here**.

To advance health equity and support the implementation of Collaborative guidelines into health care delivery practices, the Bree Collaborative staff initiated the Health Equity Action Collaborative (HEAC). Participating organizations come together to learn about quality improvement and implementation tools and receive feedback from other groups on their experience. Participating organizations identified guidelines from the following Bree Collaborative reports for project focus: Collaborative Care for Chronic Pain (2018), Colorectal Cancer Screening (2020), Hepatitis C Virus (2022), LGBTQ Health Care (2018), Pediatric Asthma (2022), Pediatric Psychotropic Use (2016), Prescribing Opioid for Postoperative Pain (2018), Obstetric Care (2012), Sexual and Reproductive Health (2020), Social Determinants of Health and Health Equity (2021). To learn more about HEAC, click **here**.

To evaluate the adoption and implementation of previous Bree Collaborative guidelines, the Collaborative is contacting health systems, hospitals, and health plans to complete a comprehensive evaluation survey. To encourage participation, the Collaborative is developing a series of awards for implementation and exemplary improvement focusing on equity. In addition, staff has developed scorecards to understand the concordance of organizational practices with guidelines and a question bank to assist in aligning evaluation efforts across organizations and sectors. The Bree anticipates a report on the outcomes of these surveys, scorecards, and use of the question bank in the Spring of 2024. To learn more about evaluation progress, click **here**.

The three workgroups active from November 2022 to October 2023 are profiled on the following pages. Workgroup members are listed in **Appendix C**.

The Collaborative approved and submitted the following recommendations to the HCA:

- Hepatitis C Elimination (Adopted November 2022)
- Pediatric Asthma (Adopted January 2023)

At the September meeting, Collaborative members selected new topics for 2023, including:

1. Treatment for Opiate Use Disorder (revision)
2. Health Care Services Related to Managing Heat-Related Illnesses.
3. Behavioral Heath: Early Intervention for Youth [Integration & Telemedicine] *

**Note: Bree will narrow the scope of the topic - the current proposal is on Behavioral health integration and telemedicine*

Diabetes care

The Collaborative convened a workgroup starting January 2022 to address health care quality, outcomes, affordability, equity, and workforce sustainability related to diabetes care in Washington state.

Background and guideline framework

Approximately 582,000 people in Washington (9.7 percent of adults) have been diagnosed with diabetes, with an estimated cost of $6.7 billion each year.[vii] Diabetes is the 7th leading cause of death, and impaired plasma glucose is the 3rd leading cause of death and disability in Washington.[viii] At the same time, Washington state performs below the NCQA 25th percentile for blood sugar testing for people with diabetes.[ix] Additionally, there are significant disparities in diabetes diagnosis and access to medication, with Black, Latinx/Hispanic, and American Indian/Alaska Natives having a higher prevalence of diabetes.[x] Further, low socioeconomic status has been associated with lower utilization of insulin, indicating a need to focus on Apple Health clients.[xi]

Guideline Status

The guideline is in process and focuses on Types I, II, and prediabetes, as defined below:[xii]

- **Type I**: Autoimmune reaction that stops the body from making insulin; 5-10 percent of people with diabetes.
- **Type II**: Not enough insulin is produced or is produced but not taken in well by cells (blood sugar >126 mg/dL), 90-95 percent of people with diabetes. More likely to be diagnosed in adults. People with lower socioeconomic status are more likely to have type II diabetes, associated with a lower utilization of insulin, experience more complications, and die sooner than those with a higher socioeconomic status[xiii,xiv]
- **Prediabetes**: Blood sugar is higher than normal (100 to 125 mg/dL), but not high enough to be Type II. Impacts 1/3 of adults in Washington. Risk for pre-diabetes can be modified by access to healthy foods, the ability to safely engage in physical activity in one's built environment, and improved management of stress and mental health well-being[xv]

Key priorities to improve population health and equity are:

- Increase performance on NCQA measures for people diagnosed with diabetes.
- Identify individuals with prediabetes or diabetes who are unaware and engage them in treatment.
- Uniformly use team-based care to support individuals with diabetes or at risk for diabetes.
- Promote connection to community resources, address social needs, and access to prevention and health promotion activities.
- Support patients' medication and supplies use by removing payment barriers.

Complex hospital discharge

The Collaborative convened a workgroup starting January 2023 to increase evidence-informed practices for appropriately and equitably discharging people from acute care facilities to increase access to acute care and improve the quality of life for non-acute patients.

Background and guideline framework

A 2021 survey found almost one thousand patients in Washington state who were ready but unable to be discharged from inpatient care.[xvi] In a widely reported example, Harborview Medical Center announced in the summer of 2022 that it only accepts patients in urgent need of specialized care due to a lack of space from being unable to place medically stable patients in long-term post-acute care.[xvii] Appropriate post-acute care can be challenging to find due to a patient's complex behavioral health or social needs or a lack of proper post-discharge care sites.[xviii] While COVID-19 contributes to hospital capacity concerns, access to appropriate post-acute care facilities is the primary issue.[1]

Guidelines will focus on cross-hospital and cross-organizational standard processes for collecting discharge barriers and patient characteristic data during the discharge process to understand and proactively address potential discharge barriers for all patients. Barriers to discharge may include medical, behavioral, social needs, legal, payment, process, and lack of post-acute placement due to capacity at existing post-acute facilities or the inability of a specific post-acute facility to accept a particular patient.

Guideline status

The Collaborative's Complex Hospital Discharge workgroup guideline is in process. Key action items for the report are:

- Adopting a universal definition for patients in an acute care bed without an acute care need allows for differences in calculating avoidable days, length of stay, and medical necessity.
- Collecting standard patient characteristic data during discharge planning to understand and proactively address potential discharge barriers and communicate across sites.
- Recording all discharge barriers for all patients (delivery sites) or members (health plans).
- Coordination and communication between acute settings, post-acute settings, public agencies, and health plans remains a key action item.

Perinatal behavioral health

The Collaborative convened a workgroup starting in January 2022 to improve the behavioral health care continuum in Washington State along the reproductive or family-building journey, including during the perinatal period and up to twelve months postpartum.

Background and guideline framework

Perinatal depression is one of the most common pregnancy complications, affecting one in seven women,[xix] and may contribute to adverse neonatal, infant, and child outcomes.[xx] Both the US Preventative Services Task Force and the American College of Obstetrics and Gynecology recommend screening for depression and anxiety during pregnancy and the postpartum period, as well as initiating pharmaceutical treatment and referring to mental health care providers for maximum patient and family benefit.[1.xxi] Despite these recommendations, stigma around mental illness, lack of insurance coverage for behavioral health, and structural barriers all prevent access to quality mental health care.[xxii]

Focus areas include improving and systemic health-system-wide changes, guided by the AHRQ framework for integrating behavioral health for pregnant and postpartum individuals:

Guideline status

The guideline is in process. Current focus areas include the following:

Table 1: Focus areas for perinatul behavioral health guidance

Focus Area	Action Steps
Patient education and provider communication	• Communication between patient and provider • Patient education • Public health education
Integrated Behavioral Health	• Universal Screening, Brief Intervention, Referral to Treatment protocols • Referral systems or community linkages to higher levels of behavioral health care • Integrated models of behavioral health (co-located care, collaborative care, etc.) • Coordinated treatment for pregnant and postpartum individuals experiencing substance use disorders
Care Coordination	• Operational systems for quick coordination and triage • Care coordinators/peer navigators' role, workflow and integration
Community Linkages to social programs	• Referral pathways to community-based resources and organizations • Partnerships with community
Expanded team roles	• Roles of expanded providers in supporting perinatal behavioral health • Expanded reimbursement

Implementation

The Collaborative has developed 40+ sets of recommendations from 2012 to present. Many of these health care services areas overlap and augment with one another. Many guidelines rely on workflow redesign that cannot be tracked through available claims data. Therefore, uptake of Bree recommendations may be more extensive than what is known through partnerships or projects discussed below.

HCA champions Collaborative recommendations, which are supported and spread by Collaborative member organizations and many other community organizations. Moving from a fee-for-service to a value-based reimbursement structure has been key to the HCA's focus. The Collaborative also engages with many diverse stakeholders to move toward adopting the recommendations.

In 2022, the Collaborative received supplemental funds from the Legislature to conduct targeted implementation efforts. To assist in these efforts, the Collaborative hired two new staff members, a Manager of Measurement and Evaluation and a Manager of Transformation and Community Partnerships. Collaborative staff is focused on facilitating the uptake of guidelines into clinical practice and the framework supporting and incenting evidence-informed clinical practice that includes purchasing contracts, health plan incentives and network design, and patient-directed education. Work in this period has focused on facilitating paying for value, not volume, gathering information from health care organizations to assess implementation, aligning measurement across sectors to assist in better understanding of concordance of clinical actions with Collaborative guidelines, directly facilitating implementation through an action collaborative, and development and dissemination of durable tools. Implementation of guidelines means using a guideline in part or full during clinical practice, health care contracting, policy making, educational programs, or other health care-related activities; and using guidelines to fulfill the elements of an initiative, regulation, or requirements.

Paying for value

Value-based payment, specifically the four surgical bundled payment models, has seen the HCA act as a first mover, followed by Premera, Washington's largest health plan, adopting a similar center of excellence contracting model.

The Collaborative and the HCA are aligned in moving health care payment from volume/fee-for-service to value to increase health care coordination and whole-person care. HCA includes Collaborative recommendations in the two Public Employees Benefits Board (PEBB) Program accountable care network options: Uniform Medical Plan (UMP) Plus—Puget Sound High Value Network, led by Virginia Mason Franciscan Health, and UMP Plus—University of Washington (UW) Medicine Accountable Care Network. Both networks have met the contractual obligation to submit quality improvement plans in alignment with corresponding Collaborative recommendations for obstetrics, total knee and total hip replacement, lumbar fusion, care coordination for high-risk patients, hospital readmissions, low back pain, and addiction and dependence treatment. Similar requirements for carrier implementation of components of Bree recommendations are included in the contracts for Cascade Care, the Washington State public option. HCA also requires Regence Blue Shield, the Third-Party Administrator (TPA) for the PEBB and SEBB self-insured plan, Uniform Medical Plan, to report on their progress toward implementing payer components of all Bree recommendations.

Continuing the emphasis on paying for value, HCA designated Virginia Mason Franciscan Health as the center of excellence for total joint replacement surgery using the Collaborative's total knee and hip replacement bundled payment as a model. Since January 2017, enrollees in the PEBB Program's Uniform Medical Plan Classic or UMP Consumer-Directed Health Plan who select Virginia Mason Franciscan Health for this procedure pay no coinsurance (except for UMP CDHP members who are required by IRS rules to meet their deductible first). Premera Blue Cross administers the Centers of Excellence program. In May 2019, Premera Blue Cross announced a contract with Providence St. Joseph Health naming seven centers of excellence for total joint replacement following the Collaborative guidelines, showing the move from publicly purchased insurance to successfully adapting to the commercial market. Since January 2019, HCA has contracted with two centers of excellence for spine care and surgery, MultiCare Capital Medical Center and Virginia Mason Franciscan Health. Beginning in 2024, MultiCare Capital Medical Center will no longer participate as a center of excellence for spine care and surgery.

Webinars

Webinars over this period focused on broad health care ecosystem change aligned with underlying Bree Collaborative objectives (value-based care, health equity, population health) and to directly implement specific, pragmatic guidelines.

Table 2: List of Bree Collaborative webinars and summits

Month, Year	Title	Speakers
December, 2022	Recommendation Spotlight Series: Opioid Prescribing in Older Adults Creation to Implementation	• Gary Franklin, MD, MPH, medical director, Washington State Department of Labor and Industries • Steven Stanos, DO, medical director, Swedish Pain Services • Siobhan Brown, MPH, CPH, CHES, senior program manager, Health Systems Innovation at Community Health Plan of Washington
December, 2022	Recommendation Spotlight Series: Outpatient Infection Control Creation to Implementation	• Mark Haugen, MD, physician, Walla Walla Clinic and Surgery Center • Lisa Hannah, RN, CIC, infection prevention team B supervisor, Washington State Department of Health
January, 2023	Recommendation Spotlight Series: Hepatitis C Creation to Implementation	• Jon Stockton, MHA, adult viral hepatitis prevention coordinator, Washington State Department of Health • Emalie Huriaux, MPH, integrated infectious disease, hepatitis C, and drug user health programs manager, Washington State Department of Health

		• Judith Tsui, MD, MPH, professor, Department of Medicine, University of Washington School of Medicine • Wendy Wong, RPh, ambulatory clinical pharmacist, Providence Health and Services
March, 2023	Recommendation Spotlight Series: Pediatric Asthma Creation to Implementation	• Doreen Kiss, MD, clinical professor of pediatrics, University of Washington School of Medicine • Annie Hetzel, MSN, RN, NCSN, school health services consultant, Office of the Superintendent of Public Instruction
March, 2023	Committing to Action: Facilitators and Barriers to Achieving Health Equity	• DoQuyen Huynh, DNP, FNP, ARNP, FAAN, health equity director, Washington State Health Care Authority • Josephine Young, MD, MPH, MBA, FAAP, medical director of commercial markets, Premera Blue Cross • Joseph Huang, MD, MBA, medical director of commercial plans, Physicians of Southwest Washington and MultiCare Connected Care • Amy Laurent, MSPH, global health and research manager, Microsoft
April, 2023	Population Health Our Climate's Impact on Health: Acting Now for a Resilient Future	• Rad Cunningham, MPH, MHA, senior epidemiologist, Washington State Department of Health • Christopher Chen, MD, MBA, medical director for Apple Health, Washington State Health Care Authority • Brad Kramer, MPA, PhD, program manager, climate and health equity initiative, Public Health – Seattle & King County • Colin Rhodes, MPH, use corps executive fellow, climate and health equity initiative, Public Health Seattle & King County
June, 2023	Committing to Action: Examining the Complexities of Race, Ethnicity, and Language Data	• Rosalina James (Lummi/Duwamish), Ph.D., public health associate officer, Urban Indian Health Institute • Jessica Beach, MPH, MPA, health equity director, Molina Healthcare • Cade Walker, JD, MHA, rules, policy, and compliance section manager, Washington State Health Care Authority

		• Matthew Jaffy, MD, clinical associate professor, Department of Family Medicine, University of Washington School of Medicine
September, 2023	Capacity for Change: Exploring the "How"?	• Raj Sundar, MD Family Medicine Physician at Kaiser Permanente Washington & District Medical Director of South King County. • Priyanka Choudhury, MHA Equity, Diversity and Inclusion Program Manager at UW Valley Medical Center. • Gary Daniels, MBA CEO- United Healthcare Pacific NW, Montana, Alaska, Hawaii • Dave Ross, MPH Director of Population Health / Systemwide Quality Improvement at Comagine Health.

Evaluation

Collaborative staff has developed a comprehensive survey to assess the adoption of guidelines into clinical practice and administrative frameworks and to assess the usefulness of guidelines. Participation is voluntary and oriented to multiple roles within organizations, health delivery systems, and clinics. The survey aims to determine ease of use and any barriers and facilitators that detour or support implementation in a clinical setting. Data will inform dissemination processes, create evaluation reports, create a dashboard using high-level aggregated data, and refine future research on implementing guidelines.

In addition, the Collaborative staff has developed "scorecards" modeled on the prior evaluation and encompassing reports created between 2016 and 2022 to better understand the concordance of care services with guideline recommendations. We are building a plan to use this model to evaluate new guidelines in the future.

The Collaborative is in the process of reaching out to health systems, hospitals, and health plans. To encourage participation, the Collaborative is developing a series of awards for implementation and exemplary improvement focusing on equity. A summary of survey responses and evaluation outreach activities is shown in the table below.

Table 3: Summary of survey responses and evaluation outreach activities

Activity	Number	Organizations	
Health System Survey Responses	25	• Evergreen Health • ESD 105 • United Health Care • UW Medicine • Carelon Behavioral Health • Health Care Authority • Fred Hutch Cancer Center • The PolyClinic	• Providence St. Joseph Healthcare • Catholic Charities Eastern Washington • MultiCare Valley Hospital in Spokane • DSHS

		• Swedish • Proliance Surgeons • Virginia Mason Franciscan Health	• Stapleton Integrative Psychotherapy • Common Spirit • Tri-cities Community Health Care
Data Capacity Survey Responses	10	• PeaceHealth • Yakima Valley Farmworkers Clinic • Confluence Health • Seattle Children's	• Virginia Mason Franciscan Health • The PolyClinic • MultiCare
Score Card outreach		• 8 Health Systems • seven health plans • 1 of 4 critical access hospital • Currently reaching out to 12 of 27 FQHCs	
Score Card responses		One scorecard returned, 8 in progress.	

Staff have also developed a collaborative question bank for organizations to use and for other organizations to contribute questions to align evaluations of implementation projects. Multiple organizations asking the same questions in the same way support data exchange and improve evaluation validity. The collaborative question bank has been used by one organization for a brief evaluation of their members' use of the Bree guidelines, and they have shared this data with the Bree staff. We are discussing data sharing of evaluations of Bree projects with two other organizations. Further outreach to encourage the use of the question bank is ongoing.

The Collaborative anticipates a report on the outcomes of these surveys, scorecards, and use of the question bank in the Spring of 2024.

Health equity action collaborative

To actively move the needle on health equity and improve concordance of health care delivery with Collaborative guidelines, staff have developed a Health Equity Action Collaborative (HEAC). This design was heavily informed by community partners, to be a convening space where partners can come together to promote the implementation of Collaborative reports into their area of the health care ecosystem and affirm a commitment to advancing health equity for Washingtonians. During the Collaborative, participants receive support in taking their chosen health project from an idea to developing an implementation plan that can be enacted within their organization.

The Collaborative is open to individuals working within the healthcare ecosystem (QI teams, clinicians, delivery sites, purchasers, plans, etc.) interested in improving health outcomes while promoting equitable practices. Organizations may choose to develop a small group of team members. The curriculum is based on best practices for adult learning and implementation science (e.g., KTA Framework, Know-Do Gap). It may change based on group needs and interests and spans seven months from June 2023 through

December 2024, moving participants from showing up to engage, committing to action, getting grounded, identifying opportunities for improvement, building upon strengths, where to begin, how to measure, and planning on sustainability. During the meetings, QI tools to support project design are taught, resources are given, considerations on health equity are discussed, and time for the organizations to connect to build relationships and co-learn.

To engage in the HEAC, each participating organization was asked to identify at least one Bree guideline in a previous Bree report to implement into their practice settings. The organizations identified guidelines from the following Bree Collaborative reports: Collaborative Care for Chronic Pain (2018), Colorectal Cancer Screening (2020), Hepatitis C Virus (2022), LGBTQ Health Care (2018), Pediatric Asthma (2022), Pediatric Psychotropic Use (2016), Prescribing Opioid for Postoperative Pain (2018), Obstetric Care (2012), Sexual and Reproductive Health (2020), Social Determinants of Health and Health Equity (2021).

Implementation tools

Collaborative staff seeks to provide various tools and frameworks to support implementation, recognizing that organizations and individuals have different structures, knowledge, and capacity. Checklists are co-created with former Collaborative workgroup members and translate Collaborative guidelines into action steps for different sectors. Acknowledging that organizations are starting from different places, action items have been arranged into levels 1, 2, and 3 to correspond to the difficulty level of implementing into practice. The checklist tool allows for a representative from a health sector to assess their or their organization's progress to implement best practice guidelines in their setting and provide guidance on further actions to take in strengthening care on that Bree report health topic. The checklist tool for the Hepatitis C Virus report was co-developed with assistance from select workgroup members. Bree staff are working on developing checklists for further topics.

Collaborative staff are developing case studies to illustrate different implementation projects. Case studies are either on broad topics of multiple guideline reports or on a single item within a report. Case studies are developed through a standardized method borrowed from the Guidelines International Network to support the validity and reliability of the information.

Collaborative staff are wrapping up the first case study on Dental Prescribing. They are contacting other entities to begin other studies on Opioid Metrics Implementation in the clinical setting.

The in-process implementation guide will provide an overview of each guideline and critical components and tools to support the translation of reports into practice. The implementation guide will contain checklists, tools and resources, webinars, and measures to support implementation of guidelines across all sectors of the health care eco-system and is organized into sections by health topic areas with relevant reports included in that section.

Community partnerships

Collaborative implementation activities aside from those above focus on communication, education, and consensus-building, including:

- Outreach to community associations, including the Washington State Hospital Association (WSHA), on the potential for data sharing, the Washington State Medical Association (WSMA), the Washington Health Alliance, the Washington State Nursing Association, and Comagine Health.

- Regular check-ins with the Washington Association for Community Health (WACH), MultiCare, and Optum Health.
- Presenting at in-person and virtual events, classes, and seminars, including the University of Washington School of Public Health, University of Washington School of Nursing, Accountable Community of Health meetings, the Washington State Pharmacy Association, and the Performance Measures Coordinating Committee.
- Increasing Collaborative visibility through the **website**, maintaining a **blog** with monthly or bi-monthly posts highlighting Collaborative topics or implementation strategies, sending a monthly newsletter on updates and opportunities to engage with the Bree, and using social media to engage the community.

Dedicated community organizations have contributed to the implementation of recommendations:

- *Addiction Screening*: The two HCA Accountable Care Programs, the Puget Sound High Value Network, led by Virginia Mason Franciscan Health, and the UW Medicine Accountable Care Network, routinely train and utilize the screening, brief intervention, and referral to treatment model and have integrated a tool to screen for alcohol use into electronic medical records and workflow.
- *Behavioral Health Integration*: HCA used Collaborative standards for integrating behavioral health into primary care to inform the development of required Accountable Communities of Health projects under part I of the Medicaid Transformation Project.
- *Cardiology*: The Cardiac Clinical Outcomes Assessment Program continues to monitor insufficient information around percutaneous coronary intervention.
- *End-of-Life Care*: WSHA and WSMA are still actively spreading advanced care planning at the health system and community levels, aligned with the recommendations. The two associations are working to promote patient-centered end-of-life conversations through Honoring Choices®: Pacific Northwest.
- *Low Back Pain*: Washington Health Alliance, supported by Arnold Ventures, fostered collaboration between purchasers, providers, and health plans to align the delivery of low back pain care with Collaborative recommendations through 2021 and 2022, facilitating broad adoption of the workflows and clinical processes within the guidelines.
- *Spine Surgery:* Spine Care Outcomes Assessment Program has 11 hospitals enrolled. As of August 2014, length of stay, radiologic verification of surgical level, and smoking use have been available on the website.
- *Obstetrics*: Both the Obstetrics Care Outcomes Assessment Program and WSHA's Safe Deliveries Roadmap have aligned existing program expectations and data collection with Collaborative recommendations for member hospitals.
- *Opioid Prescribing*: All metrics are being used by the Washington State Department of Health to track opioid prescribing. Three metrics (new opioid patients transitioning to chronic opioids, patients prescribed high-dose chronic opioid therapy and new opioid patients' days' supply of first opioid prescription) are included in the state Common Measure Set and regularly updated.
- *Dental Opioid Prescribing:* Delta Dental partnered with large purchasers to train and monitor dentists in their network on opioid prescribing for young adults using the

Appendix A: Collaborative detailed background

The Collaborative has had great success working with many Washington State organizations to solicit nominations of experienced and engaged community leaders as Collaborative members. In August 2011, the WSHA, the Washington State Medical Association (WSMA), the Association of Washington Healthcare Plans (AWHP), large employers, and other community stakeholders nominated health care experts who served as the Collaborative's first 23 members after appointment by former Governor Chris Gregoire.

Steve Hill served as the Collaborative's first Chair. Mr. Hill is the former director of the Washington State Department of Retirement Systems and former director of the HCA. In November 2014, Mr. Hill announced his retirement as chair of the Collaborative, and in March 2015, Governor Jay Inslee appointed Dr. Hugh Straley as chair. Dr. Straley is board-certified in internal medicine and medical oncology and has served in many leadership roles at Group Health Cooperative. He retired as medical director and president of Group Health Physicians in 2008. He has also served as chief medical officer for Soundpath Health and as interim medical director and consultant to Amerigroup Washington.

A steering committee advises the chair. The committee is comprised of Collaborative members representing a health care purchaser, health plan, health care system, and quality improvement organization.

The Collaborative is housed in the Foundation for Health Care Quality. The Foundation provides project management and is responsible for employing staff.

The Collaborative has held meetings since 2011. Meetings are Find agendas and materials for all Collaborative meetings on the Collaborative website. All Collaborative meetings are open to the public and follow the Open Public Meetings Act.

At the November 2012 meeting, the Collaborative adopted bylaws setting policies and procedures governing the Collaborative beyond the mandates established by the legislation (ESHB 1311). The Collaborative revised bylaws in September 2014. Find current bylaws here.

After the Collaborative identifies a focus area, it must identify and analyze evidence-based best practices to improve quality and reduce variation in practice patterns. The Collaborative must also identify data collection and reporting sources and methods to establish baseline utilization rates and measure the impact of strategies reviewed by the Collaborative. To the extent possible, the Collaborative must minimize the cost and administrative burden of reporting and use existing data resources.

The Collaborative must also identify strategies to increase the use of evidence-based practices. Strategies may include:

- Goals for appropriate utilization rates.
- Peer-to-peer consultation.
- Provider feedback reports.
- Use of patient decision aids.
- Incentives for the appropriate use of health services.
- Centers of excellence or other provider qualification standards.
- Quality improvement systems.
- Service utilization or outcome reporting.

The Governor appoints the chair and then convenes the Collaborative. As needed, the Collaborative must add members or establish clinical committees to acquire clinical expertise in specific health care service areas under review. Each clinical committee shall include at least two members of the specialty or subspecialty society most experienced with the health service identified for consideration.

Recommendation topics to date include:

- Bundled Payment for Bariatric Surgery (2016)
- Bundled Payment for Coronary Artery Bypass Graft Surgery (2015)
- Bundled Payment for Lumbar Fusion (2014, re-reviewed 2018)
- Bundled Payment for Total Knee and Total Hip Replacement Re-Review (2013, 2017, 2021)
- Addiction and Dependence Treatment (2014)
- Alzheimer's Disease and Other Dementias (2017)
- Cardiology (2013)
- Collaborative Care for Chronic Pain (2018)
- Colorectal Cancer Screening (2020)
- Cervical Cancer Screening (2021)
- Behavioral Health Integration (2016)
- End-of-Life Care (2014)
- Hysterectomy (2017)
- Hepatitis C Virus (2022)
- Lesbian, Gay, Bisexual, Transgender, and Questioning or Queer Health Care (2018)
- Low Back Pain and Spine Surgery (2013)
- Maternity Bundled Payment Model (2019)
- Obstetric Care (2012)
- Oncology Care (2015)
- Oncology Care: Inpatient Care Use (2020)
- Opioid Prescribing Metrics (2017)
- Opioid Prescribing in Older Adults (2022)
- Opioid Prescribing in Dental Care (2017)
- Long-Term Opioid Therapy (2020)
- Opioid Prescribing in Post-operative Care (2018)
- Opioid Use Disorder Treatment (2016)
- Outpatient Infection Control (2022)
- Palliative Care (2019)
- Pediatric Psychotropic Use (2016)
- Pediatric Asthma (2022)
- Potentially Avoidable Hospital Readmissions (2014)
- Primary Care (2020)
- Prostate Cancer Screening (2015)
- Reproductive and Sexual Health (2020)
- Risk of Violence to Others (2019)
- Shared Decision Making (2019)
- Suicide Care (2018)
- Telehealth (2021)

Appendix B: Collaborative members

Members are listed below:

- Susie Dade, MS, patient advocate
- David Dugdale, MD, MS, medical director, University of Washington Medicine
- Gary Franklin, MD, MPH, medical director, Washington State Department of Labor and Industries
- Mark Haugen, MD, provider, Walla Walla Clinic
- Darcy Jaffe, MN, ARNP, NE-BC, FACHE, senior vice president, safety and quality, Washington State Hospital Association
- Sharon Eloranta, MD, medical director, performance measurement and practice, Washington Health Alliance
- Norifumi Kamo, MD, MPP, provider, Virginia Mason Franciscan Health
- Greg Marchand, director, benefits, policy, and strategy, The Boeing Company
- Kimberly Moore, MD, associate chief medical officer, Franciscan Health System
- Carl Olden, MD, provider, Pacific Crest Family Medicine, Yakima
- Nicole Saint Clair, MD, executive medical director, Regence BlueShield
- Mary Kay O'Neill, MD, MBA, partner, Mercer
- Kevin Pieper, MD, chief medical officer, Kadlac Medical Center
- Susanne Quistgaard, MD, medical director, provider strategies, Premera Blue Cross
- Angela Sparks, MD, medical director, UnitedHealth
- Hugh Straley, MD, chair
- Judy Zerzan, MD, MPH, chief medical officer, Washington State Health Care Authority

Appendix C: Workgroup members

Diabetes Care

- Chair: Norris Kamo, MD, MPP, section head, adult primary care, Virginia Mason Medical Center
- Susan Buell, health and wellness director, YMCA of Tacoma and Pierce County
- LuAnn Chen, MD, MHA, medical director, Community Health Plan of Washington
- Sharon Eloranta, MD, medical director, performance Measurement and practice, Washington Health Alliance
- Rick Hourigan, MD, market medical executive, Cigna
- Carissa Kemp, MPP, state government affairs and advocacy director, American Diabetes Association
- Vickie Kolios, MSHSA, CPHQ, program director, surgical and spine COAP, Foundation for Health Care Quality
- Robert Mecklenburg, MD, medical director (retired), Virginia Mason Medical Center
- Mamantha Palanati, MD, provider of family medicine, Kaiser Permanente
- Khimberly Schoenacker, RDN, CSP, CD, director, Washington State Department of Health
- Cynthia Stilson, RN, BSN, CMM, care management manager, Community Health Plan of Washington
- Sally Sundar, program executive, health integration and transformation, The Y of Greater Seattle
- Nicole Treanor, RD, diabetes education specialist, Virginia Mason Franciscan Health
- Leah Wainman, director of the Washington State Department of Health

Complex Hospital Discharge

- Chair: Darcy Jaffe, RN, MN, senior vice president, safety and quality, Washington State Hospital Association
- Shelley Bogart, benefits integration & community hospital program manager, Washington State Department of Social and Health Services
- Gloria Brigham, EdD, MN, RN, director of nursing practice, Washington State Nursing Association
- Amy Cole, MBA, healthcare executive, Multicare
- Jay Cook, MD, MBA, chief medical officer, Providence
- Billie Dickinson, associate director, policy, Washington State Medical Association
- Kelli Emans, integration unit manager, Washington State Department of Social and Health Services
- Jeff Foti, MD, medical director, inpatient care coordination, Seattle Children's
- Jas Grewal, program manager, Washington State Health Care Authority
- Karla Hall, RN, palliative care program coordinator, PeaceHealth
- Kathleen Heim, MSN, RN, nursing director, PeaceHealth
- Carol Hiner, MSN, regional director of network hospital operations, Kaiser Permanente
- Linda Keenan, PhD, MPA, BSN, RN-BC, chief nursing officer, United Healthcare
- Jen Koon, MD, associate medical director, Premera Blue Cross
- Danica Koos, MPH, program manager, care improvement, Community Health Plan of Washington
- Cathy MacEnraw, MSW, director of social work, Providence

- Elena Madrid, RN, executive vice president of regulatory affairs, Washington Health Care Association
- Colin Maloney, MPH, community health strategies for homelessness manager, Washington State Department of Health
- Amber May, MD, pediatrician, Kaiser Permanente
- Liz McCully, MSW, social work case manager, Swedish
- Jason McGill, JD, assistant director, Washington State Health Care Authority
- Kellie Meserve, MN, RN, division director, care coordination, Virginia Mason Franciscan Health
- Tracey Mullian, MSW, manager, case management, Swedish
- Kim Petram, BSN, director, case management, Valley Medical Center
- Sheridan Rieger, MD, market medical director, Concerto Health
- Zosia Stanely, JD, MHA, vice president and associate general counsel, Washington State Hospital Association
- Cyndi Stilson, RN, BSN, manager, transitions of care, Community Health Plan of Washington
- Ric Troyer, MD, care team medical director, Iora Health
- Janice Tufte, family advisor

Perinatal Behavioral Health

- Chair: Colleen Daly, PhD, director, global occupational health, safety and research, Microsoft
- Trish Anderson, MBA, BSN, senior director, safety and quality, Washington State Hospital Association
- Aphrodyi Antoine, MPH, MBA, deputy regional administrator, Health Related Services Administration
- Christine Cole, LCSW, infant and early childhood mental health program manager, WA Health Care Authority
- Billie Dickinson, associate director, policy, Washington State Medical Association
- Andrea Estes, MBA, sexual and reproductive health programs innovation manager, Washington State Health Care Authority
- Cindy Gamble, MPH, tribal public health consultant, American Indian Health Commission
- Kristin Hayes, MSW, perinatal mental health counselor, Evergreen Health
- Libby Hein, LHMC, community director, Children's Home Society of Washington
- Mandy Herreid, MN, maternal health program manager, United Healthcare
- Kay Jackson, CNM, ARNP, midwife, Off the Grid Midwifery and Health
- Ellen Kauffman, MD, FACOG, obstetrician
- Gina Legaz, MPH, national director, Prematurity Collaborative, March of Dimes
- Jennifer Linstad, CNM, midwife, Center for Birth
- MaryEllen Maccio, MD, provider of family medicine, Valley Medical Center
- Patricia Morgan, ARNP, psychiatric nurse practitioner, Evergreen Health
- Sheryl Pickering, health services consultant, Washington State Department of Health Women Infants Children
- Sarah Pine, behavioral health program manager, Washington State Health Care Authority
- Katie Price, LICSW, clinical social worker, Katie Price Therapy
- Brianne Probasco, reproductive health coordinator, Washington Association of Community Health

- Monica Salgaonkar, MHA, program manager, continuing medical education, Washington State Medical Association
- Nicole Saint Clair, MD, executive medical director, Regence
- Caroline Sedano, MPH, perinatal unit supervisor, WA Department of Health
- Lewissa Swanson, MPH, regional maternal and child health consultant, Health Related Services Administration
- Beth Tinker, PhD, MPH, MN, RN, nursing consultation advisor, clinical quality care transformation, Washington State Health Care Authority
- JanMarie Ward, MPA, private consultant, American Indian Health Commission
- Josephine Young, MD, MPH, MBA, medical director, commercial markets, Premera

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