

# Dr. Robert Bree Collaborative Annual Report

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**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, 2025

# Dr. Robert Bree Collaborative annual report

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## Acknowledgements

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

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## Executive summary

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This is the 14<sup>th</sup> 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 by [House Bill \(HB\) 1311 \(2011\)](#). This report describes the efforts of the Collaborative from November 2024 through October 2025 to develop evidence-informed community standards and foster adoption of those standards.

HCA is the sponsoring agency of the Collaborative, a public/private group created to give health care stakeholders the opportunity to improve health care quality, patient outcomes, affordability, and equity in Washington State. The Collaborative does so by providing recommendations regarding specific health care services.

HB 1311 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. This year's accomplishments include:

- Finalizing evidence-informed community standards for:
  - Extreme heat and wildfire smoke.
  - Early interventions for youth behavioral health.
- Revising treatment for opioid use disorder report and guidelines.
- Beginning evidence-informed guidelines for surgical patient optimization: glycemic control and anemia, first episode psychosis, and blood pressure control.
- Facilitating adoption of previous guidelines broadly and specifically. This included facilitating implementation around four key pillars for transformation: equitable care, data usability, whole-person care, and accountable financing (value-based care).

## Background

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The U.S. continues to spend about twice as much on health care as other comparable countries<sup>1</sup>, while performing worse on life expectancy, maternal and infant mortality, chronic disease, obesity and suicide rates.<sup>2</sup> Washington's state-purchased health plan spending reached almost \$18 billion dollars in 2023, an almost 15% increase from 2021.<sup>3</sup>

Many of the dollars spent do not add to patient health or quality of care, and are considered wasted.<sup>4</sup> Over 2020–2022, about \$126.5 million was spent on low-value services in the United States.<sup>5</sup> High cost also contributes to delayed or missed care, even generating in significant medical debt, resulting in missed preventive care and worse patient outcomes.<sup>6</sup> Variation in price, processes, and outcomes within health care delivery and high utilization of specific low-value health care services can indicate poor quality and potential waste in the system.

## About the Collaborative

Washington State prioritizes increasing the quality, equity, and affordability of health care through several avenues:

- [Multi-Payer Primary Care Transformation Model](#)
- [Prescription Drug Program](#)
- [Medicaid Transformation Project \(MTP\)](#)
- [The Robert Bree Collaborative](#)

The Collaborative is structured after the work of the Advanced Imaging Management (AIM) project and named in memory of Dr. Robert Bree. He was a leader in the imaging field and a key member of the AIM project working to reduce inappropriate use of advanced imaging (e.g., CT, PET, and MRI scans) in Washington State.

Since first convening in 2012, the Collaborative has developed over 40 sets of clinical guidelines. See:

- [Appendix A](#) for more detailed background for the Collaborative.
- [Appendix B](#) for a list of current Collaborative members.

## HB 1311 overview

The Washington State Legislature established the Collaborative in 2011 to provide a process for public and private health care stakeholders to work together to identify and recommend evidence-based strategies to improve health care quality, outcomes, and affordability. These stakeholders included 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.

HB 1311 amended Revised Code of Washington (RCW) 70.250.010 (Advanced Diagnostic Imaging Workgroup definition) and 70.250.030 (Implementation of Evidence-Based Practice Guidelines or Protocols). This legislation also added a new section to Chapter 70.250 RCW 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

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From November 2024 to October 2025, the Bree Collaborative focused on developing new evidence-based recommendations for **surgical patient optimization, specifically glycemic control and preoperative anemia, first episode psychosis, and hypertension control** as well as facilitating adoption broadly and specifically around four key pillars for transformation. This includes equitable care, data usability, whole-person care, and accountable financing (value-based care).

To advance implementation, checklists are developed in collaboration with community partners and workgroup members to translate Collaborative guidelines into action steps for different sectors. The Collaborative published checklists for:

- Hepatitis C Elimination
- Pediatric Asthma
- Diabetes Care
- Complex Patient Discharge
- Perinatal Behavioral Health
- Treatment for Opioid Use Disorder (Revision)
- Extreme Heat and Wildfire Smoke
- Behavioral Health Early Interventions for Youth

[Learn more about the checklists.](#)

The Collaborative believes **one cannot have quality without equity**, and quality improvement skills can support health equity efforts within organizations. Staff created a space called the **Health Equity Action Collaborative (HEAC)** that sought to tie quality improvement and health equity work together in one space to support moving their work forward. This is to leverage one another's strengths, knowledge, and expertise to co-learn and grow. In 2025, past participants had the opportunity to engage in our continuing HEAC implementation workgroup, discussing common barriers to implementation and hearing lessons from other professionals implementing work in similar fields. Learn more about the [HEAC](#).

To evaluate the adoption and implementation of previous Bree Collaborative guidelines, Collaborative staff reached out to health systems, hospitals, and health plans to gather feedback through a comprehensive evaluation survey. Key survey findings included the importance of creating a business case for following the Bree Collaborative guidelines and complexity of data collection and information sharing. Bree Collaborative staff launched a reporting initiative in 2025 to gather more information on adoption and implementation of guidelines from member organizations.

In 2025, Bree Collaborative staff continued our [Awards](#) program by distributing the second Mountain Climber awards for Excellence in Health Equity. They were awarded to Community Health Plan of Washington for their work in Diabetes Care, and Kaiser Permanente Washington and Virginia Mason St. Francis Hospital for their work in Perinatal Behavioral Health. The Collaborative also awarded Trailblazer and Pathfinder awards to many participating organizations. [Learn more about the evaluation program here.](#)

The three workgroups active during November 2024–October 2025 are profiled on the following pages. Workgroup members are listed in [Appendix C](#).

The Collaborative approved and submitted the following reports to HCA:

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- Extreme Heat and Wildfire Smoke (adopted January 2024)
- Behavioral Health Early Interventions for Youth (adopted January 2024)

At the September 2025 retreat, Collaborative members selected new topics for 2026, including:

- Perimenopause and Menopause
- Lung Health: Lung Cancer Screening and Tobacco Cessation
- Alzheimer's and Other Dementias Revision

## Surgical patient optimization

### Background and guideline framework

Modifiable attributes of patient health status such as anemia or blood sugar control can have negative consequences for recovery after surgery. Preoperatively anemic individuals have higher costs generally due to increased length of stay,<sup>7</sup> and even mild preoperative anemia is associated with an increase in 30-day morbidity,<sup>8</sup> lower quality of recovery and higher adjusted risk of death and disability.<sup>9</sup> Some studies suggest poor A1c control preoperatively increases morbidity and mortality,<sup>10</sup> but perioperative glucose is a stronger predictor of 30-day mortality.<sup>11</sup>

However, Washington State has variation for A1c optimization before surgery, perioperative glycemic control protocols, and perioperative anemia control. Black patients are three to four times more likely to experience anemia perioperatively; Black, Hispanic, American Indian/Alaska Native patients are more likely to experience uncontrolled diabetes/serum glucose, leading to inequitable outcomes. Collective standards for perioperative optimization of glycemic control and anemia can reduce variation in surgical care and improve patient outcomes for all Washingtonians.

The workgroup developed the following framework as focus areas for the report and guidelines:

**Table 1: Focus areas for surgical patient optimization**

Focus area	Components
<b>Preoperative anemia management</b>	<ul style="list-style-type: none"> <li>• Early identification and diagnosis</li> <li>• Targeted treatment (iron, erythropoietin stimulating agents, etc.) and monitoring before surgery</li> <li>• Special considerations for those who cannot receive blood products</li> </ul>
<b>Perioperative glycemic control</b>	<ul style="list-style-type: none"> <li>• Early screening for glucose dysregulation and monitoring</li> <li>• Universal intraoperative glycemic management</li> <li>• Post-operative glycemic management</li> </ul>
<b>Payment reform</b>	<ul style="list-style-type: none"> <li>• Incentivization for presurgical optimization</li> <li>• Financial barriers to treatment</li> </ul>
<b>Perioperative coordination</b>	<ul style="list-style-type: none"> <li>• Roles of primary care and surgical providers in optimization</li> <li>• Multidisciplinary coordination</li> </ul>

Guideline status: In progress

# First episode psychosis

## Background and guideline framework

Psychosis involves “... some loss of contact with reality... [where] a person’s thoughts and perceptions are disrupted...[and they] may have difficulty recognizing [what is] real and [unreal]”<sup>12</sup> that can be due to a variety of diagnoses including schizophrenia, bipolar disorder, and depression. Psychosis impacts about three of every 100 people at some time in their life and impacts 100,000 people over 21 years old annually across the nation.<sup>13</sup> However, only about 10-15% of people experiencing their first episode of psychosis receive the recommended recovery-oriented, evidence-based Coordinated Specialty Care (CSC) model.<sup>14</sup> Intervening within the first three months of symptoms onset can decrease psychosis duration, probability of recurrence, and lifetime cost, and improve quality of life.

In Washington State, over 4,300 people with Medicaid received their first psychotic disorder diagnosis in 2021, with an estimated incidence of 235 per 100,000 Medicaid enrollees annually.<sup>15</sup> Consistent coverage of CSC across public and private payors can improve access to CSC and care outcome for people and their families who experience a first episode of psychosis across Washington state. Recovery is possible!

The workgroup identified the following priorities organized into a framework of recommendations:

**Table 2: Focus areas for first episode psychosis**

Focus area	Key components
<b>Early detection and rapid access</b>	<ul style="list-style-type: none"><li>• Strategies for early detection and streamlined referral to specialty behavioral healthcare</li><li>• Community engagement and education</li></ul>
<b>Evidence-informed treatment</b>	<ul style="list-style-type: none"><li>• Payment parity</li><li>• Components of CSC</li><li>• Special considerations (e.g., people concurrently using substances)</li><li>• Medication considerations (e.g., long-acting injectables)</li></ul>
<b>Transitions of care</b>	<ul style="list-style-type: none"><li>• Coordinated transitions to outpatient mental health</li><li>• Step-down services</li></ul>

Guideline status: In progress



# Blood pressure control

## Background and guideline framework

High blood pressure, or hypertension (HTN), can lead to heart disease and/or stroke and impacts about half of American adults.<sup>16</sup> However, only 16.1% of those adults have their high blood pressure under control through medication and lifestyle changes, with disparities based on race, ethnicity, education, income, living in an urban or rural setting, and other social drivers of health.<sup>17, 18, 19</sup> Blood pressure control rates are lower for non-Hispanic (NH) Black, Asian American, and Hispanic persons when compared to NH white, and NH Black and Hispanic individuals.<sup>20</sup> Native communities in Washington State also experience significant disparities in hypertension and cardiovascular health.<sup>21</sup> Social drivers of health significantly influence disparities in blood pressure control; for example, food insecurity has been associated with 14-77% increase in hypertension risk.<sup>22</sup>

Health care access including insurance coverage influences attendance at appointments and acquiring and taking medication. Washingtonians do not receive the same standard of care across the state (e.g., multiple medications, accurate dose titration) with variation in therapy selection and care delivery models.<sup>23, 24, 25</sup> Multilevel strategies across different levels of the health care ecosystem focused on screening, individualized blood pressure management, integrated team-based care, and equitable quality improvement can reduce disparities in hypertension control across Washington state.

The workgroup developed the following focus areas as a framework for guidelines:

**Table 3: Focus areas for blood pressure control**

Focus area	Components
Blood pressure screening	<ul style="list-style-type: none"><li>• Accurate, guideline-aligned screening and diagnosis</li><li>• Community outreach (employer strategies)</li></ul>
Individualized blood pressure management	<ul style="list-style-type: none"><li>• Whole-person, culturally safe and congruent care addressing health-related social needs</li><li>• Guideline-aligned initiation of treatment and follow-up</li><li>• Reduced financial barriers to care</li></ul>
Integrated team-based care	<ul style="list-style-type: none"><li>• Multidisciplinary, integrated team-based care</li><li>• Expanded care access points</li><li>• Reimbursement infrastructure that facilitates team-based care across care continuum, community to clinical settings</li></ul>
Equitable quality improvement and data insights	<ul style="list-style-type: none"><li>• Internal data collection and registries</li><li>• Quality improvement focused on reducing variation between populations</li><li>• Improving care team responsiveness to uncontrolled blood pressure</li></ul>

Guideline status: In progress

## Report management

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The Bree Collaborative has a rich history of publishing evidence-informed collective action reports and guidelines to improve the quality of health care delivery in our communities. Since 2011, the Collaborative has published over 40 reports on a variety of topics from Shared Decision-Making to Alzheimer's Disease and Other Dementias, all with the goal of transforming the payment for and delivery of healthcare.

As the Collaborative expands our work in implementation and evaluation of these guidelines into practice, we aim to communicate to our external partners which reports use up-to-date evidence and reflect current and promising best practices. To do this, the Collaborative adopted a categorization method:

- **Active:** All reports under five years old will automatically be considered **active**. External partners should expect to undertake active implementation and evaluation efforts to improve quality of care delivered for those topics. Topics over five years old that are **reaffirmed** by a majority vote of the Bree Collaborative should have the same expectation from external partners.
- **Needs review:** All reports five years old and over will be considered as potentially needing review. External partners should use guidelines in the report after reviewing for accuracy and alignment with most updated recommendations.
- **Inactive:** Reports that the Bree Collaborative has voted to inactivate. These reports and guidelines no longer reflect current evidence-based practice or are no longer relevant to the current health care landscape in Washington. They will be accessible for historical purposes on our website. External partners should not expect to utilize them in their quality improvement work.

At the 2025 Bree Collaborative Member meetings, the Collaborative voted to categorize the first three reports as follows:

- Shared Decision-Making (originally published 2019): **Reaffirmed May 2025**
- LGBTQ+ Care Report (originally published 2018): **Reaffirmed July 2025**
- Potentially Avoidable Hospital Readmissions (originally published 2014): **Inactive**

Further reports will be reaffirmed or made inactive at future Bree Collaborative meetings on a rolling basis.

## Implementation

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The Collaborative 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 is not possible to track through available claims data. Therefore, uptake of Bree guidelines may be more extensive than what is known through partnerships or projects discussed in this report.

HCA champions Collaborative guidelines, which also 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 a key area of HCA's focus and a pillar of the Collaborative's work. The Collaborative also engages with many diverse stakeholders to move toward adoption of the recommendations.

In 2022, the Collaborative received supplemental funds from the Legislature to conduct targeted implementation efforts. With this funding, the Foundation for Health Care Quality (which houses the Collaborative and is responsible for employing staff) hired two new staff members to support the Collaborative:

- Manager of Measurement and Evaluation
- Manager of Transformation and Community Partnerships

Collaborative staff are focused on facilitating uptake of guidelines into clinical practice and the framework supporting and incenting evidence-informed clinical practice. This includes purchasing contracts, health plan incentives and network design, and patient-directed education.

Since 2022, these new positions have worked to facilitate paying for value, not volume, by:

- Gathering information through surveys from health care organizations to assess implementation.
- Aligning quality measurement across sectors to assist in understanding of concordance of clinical actions with Collaborative guidelines.
- Directly facilitating implementation through an action collaborative.
- Development and dissemination of tools to promote implementation and evaluation.

Implementation of guidelines means use of a guideline in part or full during clinical practice, health care contracting, policy making, educational programs, use of guidelines to fulfill elements of an initiative, regulation, or requirements, or other health care-related activities.

## Webinars and summits

Webinars over the course of November 2024–October 2025 aligned with underlying Bree Collaborative objectives (whole-person care, health equity, population health) and directly supported implementation work through focus on:

- Centering health equity within implementation work.
- Understanding how a guideline was implemented.
- Highlighting key background information to support translation of guidelines into practice.
- Examining emerging health concerns facing Washington residents.

The Bree Collaborative hosted three spotlight webinars, three catalyst for change series webinars, one hot topic webinar, five 2024 Bree report implementation webinars, and one summit (2024 Social Need and

Health Equity Summit) from November 2024 through October 2025. Learn more about webinars in [Appendix D](#).

## Youth behavioral health webinar mini-series

To support implementation of the Behavioral Health Early Intervention for Youth report and guidelines, Bree staff hosted a mini-series of webinars focused on various aspects of the Behavioral Health Early Interventions for Youth report and guidelines. These webinars specifically targeted the following areas and issues:

- **Implementing FAST Strategies for Mild to Moderate Youth Mental Health:** Dr. Nathaniel Jungbluth from Seattle Children's reviewed the First Approach Skills Training (FAST) program with pragmatic tools for health care professionals in primary care and school settings to support brief intervention for mild-moderate youth behavioral health concerns
- **Supporting Student Success - Exploring the Impact of the Behavioral Health Student Assistance Program (SAP):** Erin Wick, MBA, SUDP, Dr. Eric Bruns, PhD, and Adriana Mercado reviewed the Student Assistance Program framework for comprehensive school-based services from K–12 for youth with a range of risk factors interfering with educational success. SAP is most successful for students experiencing behavioral health concerns, with integrated and embedded services in the school community.
- **Affording Youth Behavioral Health - Opportunities & Challenges in Value-Based Care:** Panelists discussed the role of value-based payment in care for youth with mild-moderate behavioral health concerns, and shared recommendations from the CoLab to support comprehensive care for youth before they experience a behavioral health crisis. CoLab for Community and Behavioral Health Policy is a university-based think tank advancing youth wellness by equipping local governments and communities with scalable solutions to complex public health challenges.

More details about this mini-series are available in [Appendix D](#).

## Health Equity Action Collaborative (HEAC)

While engaging with our community, staff observed a desire for a space where individuals across the health care ecosystem could come together to gain quality improvement skills, grow their knowledge of health equity, and connect with peers to break down silos and improve the health of people in Washington State. Staff sought to combine quality improvement and health equity work together in one space to support moving their work forward, and to leverage one another's strengths, knowledge, and expertise to co-learn and grow. These are the tenets in which [HEAC](#) was created.

HEAC is a space for quality improvement and health equity professionals and teams to learn and discuss implementing a quality improvement project that promotes equity within their organization. Individuals, teams, and organizations serving Washington residents participate in HEAC to receive support in developing a project plan that can be implemented within their organization.

Organizations' projects focus on a health topic that aligns with a Bree report guideline and addresses health equity in a way relevant to their work and selected topic. Participants attend monthly meetings from May to December to create their project plan. During this time, participants learn about quality improvement tools, receive technical assistance support, discuss health equity topics facing people in Washington, and cultivate relationships with peers (e.g., clinicians, clinics, health plans, purchasers, and others). Once the eight monthly meetings conclude, the group transitions to meeting quarterly. Bree staff

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meet with participants who completed a HEAC cohort to provide technical assistance, learning opportunities, and space to engage with peers who are implementing projects.

In 2024, the Bree concluded the second HEAC cohort. Participants provided feedback on their experiences:

"The HEAC gave support and insight into making an effective health equity disparity action plan for implementation at my medical center. The value of having the Bree Collaborative's support also gave the project more credibility in my medical center as there can sometimes be inadequate support for health equity projects without external validation."

"Through participating in the HEAC, we were able to execute something successfully. We appreciate that being a part of this [HEAC] made the project happen and there is now a domino effect where more can be applied to other work we do."

"Our participation has helped us lay a solid foundation for future improvement projects in this area."

In 2025, to continue the work of the previous cohorts, Bree staff began the HEAC Implementation Workgroup where past participants are invited to engage in bi-monthly, implementation-focused workgroups to discuss common barriers and hear lessons learned from other professionals implementing work in their respective fields. These convenings offer opportunities to connect with peers on topics such as chronic disease management or maternal health. One participant reflected on their experience:

"I feel more equipped with tools and resources to identify potential barriers and promote equitable practices."

## Extreme heat and wildfire smoke implementation workgroup

At the conclusion of the 2024 extreme heat and wildfire smoke workgroup, members identified a need to promote implementation of the heat and wildfire smoke guidelines through continuing workgroup convenings. The workgroup elected to develop further educational materials directed at health care professionals to support their adoption of guidelines for identification and management of individuals at risk for heat-related and wildfire smoke-related illnesses. To do this, Bree Collaborative staff developed a primary care provider-facing [Heat and Wildfire Smoke Toolkit](#) that includes:

- Separate heat and wildfire smoke workflows.
- Provider- and patient-facing tools and educational resources,
- Washington State-specific system resources such as the Washington Department of Health provider alerts and the Northwest Healthcare Response Network checklists.
- Profession-specific resources (e.g., community health workers, pharmacists).

After development, Bree staff hosted a webinar to announce and review the publication of the toolkit with our partners. [View the webinar](#) and learn more in [Appendix D](#).

## Implementation tools

Collaborative staff seek to provide a variety of tools and frameworks to support implementation, recognizing that organizations and professionals have different structures, knowledge, and capacity.

## Implementation Guide

The [Bree Collaborative Implementation Guide](#) was published in May 2024. The Implementation Guide aims to support audiences across the Washington State health care ecosystem implementing Bree guidelines listed within a Bree report in their area of work by providing further guidance, tools, and resources. The purpose of this guide is to give an overview of each of our reports and tools to support translation of reports into practice and evaluation.

The guide contains checklists, tools and resources, webinars, and measures to support the implementation of the Bree guidelines across all sectors of the health care ecosystem. It will be updated over time as a living document. Bree staff are prioritizing the development of checklist tools and other new materials for the most recent reports, but materials are available for all guidelines.

## Checklists

Bree Collaborative workgroup members expressed they valued the information in a Bree report. However, at times, people didn't know where to begin or which guideline to implement first. The staff used this feedback to develop a checklist tool to answer these questions. In the checklist tools, guidelines are arranged into a level system. Levels 1, 2, and 3 correspond to the perceived level of difficulty implementing the guidelines into the sectors' setting.

The level system supports organizations in identifying a starting place to implement the guidelines. The checklist tools are co-developed with former workgroup members who provided feedback and guidance on the checklist design to determine which level a guideline corresponds with. Staff have received positive feedback from organizations using the checklist tools.

One user shared with staff that the tool not only helped them understand what work has been done and needs to be done but also evaluate the distribution of workload among their staff. The checklist tool is accessible through the [Implementation Guide](#) on the Bree website.

## Community partnerships

Collaborative implementation activities, aside from those discussed previously, focus on communication, education, and consensus-building. Activities include:

- **Newsletter:** Provides updates on recent work and event offerings through a monthly newsletter. The newsletter is emailed to over 1,200 individuals each month, and individuals can sign up to receive announcements via our website. Bree staff have observed engagement with the newsletter through an uptake of event sign up after newsletter is sent out and have verbally received positive feedback.
- **Catalyst for Change Webinar Series:** Created in partnership with the Washington Health Alliance (WHA) and Comagine Health to examine the intersection of equity and whole-person care. Whole-person care is defined by the National Institute of Health as looking at the whole person and considering multiple factors promoting either health or disease, as well as restoring health, promoting resilience, and preventing disease across a lifespan.
- **Hot Topics Series:** Provides space for discussion around topics of relevance for the Washington State health care community but are not appropriate for the Collaborative guideline process. In May 2025,

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the Bree Collaborative hosted a Hot Topic Session on artificial intelligence (AI) in Medicine. Through conversations with peers, Bree staff recognized that AI is being applied to medical care, health care management, and policy in various ways, and there exists a need to better understand its use, challenges, and benefits across the system. The Bree Collaborative hosted a panel discussion and Q&A where our panelists explored how AI is transforming health care operations and clinician-patient interaction, applications at different levels of the health care system, equity and patient safety considerations, and balancing benefits and sustainability for health care systems.

- **Outreach to community associations**, including the Washington State Hospital Association (WSHA), the Washington State Medical Association (WSMA), WHA, Washington State Nursing Association (WSNA), and Comagine Health.
- **Presenting at in-person and virtual events, classes, and seminars**, including the Washington Thriving Perinatal Mental Health Meeting, Office of the Insurance Commissioner's Palliative Care Benefit Workgroup, University of Washington (UW) Climate Change Symposium, Washington State Public Health Association Legislative Advocacy Day, Washington State Addiction Medicine Annual Community Dinner, Washington State Perinatal Collaborative Perinatal Mental Health Taskforce, and the American Indian Health Commission.
- **Increasing Bree 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.
- **Attending conferences**, such as the Washington State of Reform, Northwest Rural Health Conference, UW Symposium on Climate Change and Clinical Practice, Washington State Public Health Association Conference, [UW Mental Health Summit](#), [Cardiac Care Outcomes Assessment Program \(COAP\) Annual Meeting](#), [Obstetrical Care Outcomes Assessment Program Annual Meeting \(OB COAP\)](#), and [Surgical and Spine Care Outcomes Assessment Program Annual Meeting \(SCOAP\)](#).

## Evaluation

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Since 2022, Bree Collaborative staff have worked to develop a more comprehensive evaluation program that incorporates multiple methods to gather information on the usefulness, uptake, and impact of the Bree Guidelines. The [Evaluation Program](#) includes several components outlined in this report. Evaluation tools, such as the evaluation survey question bank, are available through the evaluation tool depot; organizations share how they used our guidelines through case studies and dashboards. Staff produce dashboards and reports to measure progress and support our awards program to recognize excellence in uptake and implementation of Bree Collaborative reports and guidelines.

## Bree Collaborative Awards

In 2024, Bree Collaborative staff developed the first-ever [Bree Collaborative Awards](#) recognizing quality work in adopting and implementing the Bree Collaborative guidelines among different organizations in the state.

The **Pathfinder** awards are given automatically for submitting the award application. They intend to celebrate progress on implementation projects.

The **Trailblazer** award is given in recognition for having implemented guidelines or having processes that have strong fidelity with Bree reports. In 2025, the Bree Collaborative presented the Trailblazer award to the following organizations:

- Community Health Plan of Washington
- Microsoft

The **Mountain Climber** award is given out by the Foundation for Health Care Quality for exemplary implementation efforts that focus on the Bree pillars of transformation, i.e., equity, data exchange and transparency, person-centered care, cost/financing, or return on investment (ROI). Each year the award will focus on one of these pillars. Multiple awards are given annually, and any organization receiving a Trailblazer award is automatically eligible to submit for consideration for the Mountain Climber award. In 2025, the Foundation for Health Care Quality presented the **Mountain Climber award for Excellence in Health Equity** to the following organizations:

- Community Health Plan of Washington
- Kaiser Permanente Washington
- Virginia Mason Franciscan Health Hospital

## Bree Collaborative Reporting Initiative

The Bree Collaborative launched a reporting initiative in January of 2025 with the goal of capturing broad data on the uptake of our reports. As of June 1, 2025, 24 organizations in over 42 different delivery sites have reported either partial or complete adoption of Bree guidelines. Organizations represent health plans, health systems, hospitals, employers, educational service districts, critical access hospitals, networks, quality improvement (QI) organizations, chiropractors, and state agencies.

The following are summaries of the reported categories for those that participated in the reporting initiative thus far. These data do not reflect the total uptake across the state of Washington, particularly for those reports that have other implementation mechanisms such as SCOAP and Spine COAP, OB COAP, Cardiac COAP, etc. Data are also subject to reporting bias. However, through the reporting initiative, the



Collaborative can better understand general trends among those who participated, which includes organizations not typically represented in Bree workgroups or on the Bree Collaborative board.

**Table 4: Organizational implementation of published reports**

Category	Percent implementing
Behavioral health	85.7%
Chronic disease management	47.6%
General	42.8%
Oncology	38.1%
Managing pain	21.4%
Aging	14.3%
Infectious disease management	14.3%
Care transitions	11.9%
Surgery	9.5%
Reproductive and sexual health	7.1%

This data is skewed toward newer reports as we began asking organizations to participate in 2025. Data is limited to participating organizations which do not represent all organizations statewide that have ever implemented or adopted one of the Bree Collaborative’s reports and guidelines.

The [Reporting Initiative Map](#) shows the geographical distribution of organizations that submitted information as part of the reporting initiative. The map aims to:

- Identify gaps in adoption across the state.
- Provide organizations that have adopted with a resource to develop partnerships in their areas.
- Allow patients across Washington State more easily identify organizations using best practices for our report topics.

## Evaluation webinars

Through 2025, the Bree Collaborative has planned a series of webinars focused on supporting implementing organizations in using the guidelines, implementing and evaluating results. These webinars sought to find community partners that had implemented previous reports and guidelines and used the Bree’s implementation and evaluation tools to support measuring and monitoring their changes.

- In April 2025, **Puget Sound High Value Network** presented their work planning improvement work in Perinatal Behavioral Health using our evaluation score cards.
- In July 2025, **Optum Health** presented their provider-facing opioid dashboards using the Bree Collaborative’s Opioid Prescribing Metrics report and guidelines.
- In November 2025, **Tribal and rural health representatives** will discuss frameworks and strategies for centering community in evaluation work.

See more details in [Appendix D](#).

## Evaluation Forums

In 2025, Bree Collaborative staff provided monthly Evaluation Forum meetings for the purpose of engaging our community in evaluation alignment and support. Forums provide an open space for implementing partners to ask questions about our tools and resources, discuss process and outcomes data, and determine benchmarks, and review other organizational tools and their alignment with Bree Collaborative guidelines and resources. Participants represent a range of organizations including state agencies, delivery systems, health plans, community-based organizations, and local public health departments. Forum topics and dates included:

- **Perinatal Behavioral Health:** May 2025
- **Outpatient Infection Control:** June 2025
- **Extreme Heat and Wildfire Smoke:** July 2025
- **Opioid Use Disorder Treatment:** August 2025
- **Youth Behavioral Health:** September 2025

## Evaluation resources

Bree staff have developed several resources for evaluation planning, execution, analysis, and reporting. This includes the evaluation survey question bank, validated surveys, and the evaluation tool depot.

### Evaluation survey question bank

Staff developed a collaborative question bank to align evaluations of implementation projects. Bree implementation groups and others can draw from or contribute to this bank. 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 have shared this data with the Bree staff. Further outreach to encourage use of the question bank is ongoing.

The survey bank collects complete surveys for organizations to use as part of their evaluation to reduce the burden on organizations planning an evaluation. Our first contributor to the bank was educational service district (ESD) 105, who added their "home-grown" survey to measure improvements in the documentation of Asthma care plans for children in their districts:

- **School Nurse Survey – Asthma Care Plans, ESD105:** The survey will establish a baseline to understand the way in which school nurses decide when to get a care plan for students with Asthma, how they identify students that need a care plan, and what policies or procedures are in place to collect and/or update care plans. [Learn more about the ESD105 survey.](#)

### Evaluation tool depot

Bree Collaborative staff developed an evaluation tool depot—a website—that provides templates and trainings. Trainings cover evaluation planning and tools on evaluation data collection, evaluation data management, logic model, and theory of change.

This webpage is intended to become a comprehensive library of evaluation support tools to encourage organizations participating in other Bree activities, such as the Health Equity Action Collaborative and others to evaluate their implementation projects at the organizational level and share their results with the Bree Collaborative. [Visit the evaluation tool depot.](#)

## Current evaluation projects

Bree Collaborative staff have several ongoing projects that support various aspects of the Evaluation Program.

**Table 5: Current evaluation projects in progress**

Topic	Year	Description
<b>All</b>	2025	Bree Collaborative Reporting Initiative: This initiative aims to measure uptake of the Bree guidelines through a simple reporting process. The data collected from this initiative is being used to develop website dashboards and maps, identify organizations interested in sharing their implementation or evaluation work, and for those interested in participating in formal Bree Collaborative evaluations.
<b>Surgical patient optimization</b>	2025	The subcommittee has identified potential outcome and process measures and began designing the evaluation framework for organizations to use as they implement guidelines.
<b>First episode psychosis</b>	2025	The subcommittee is continuing to identify evaluation measures and metrics, components of the intervention, developing a draft plan, and identifying data collection and evaluation partners. The subcommittee has been developing a theory of change to understand the intended impact of the report and guidelines.
<b>Blood pressure control</b>	2025	The subcommittee is continuing to identify evaluation measures and metrics, components of the intervention, developing a draft plan, and identifying data collection and evaluation partners. The subcommittee has been developing a theory of change to understand the intended impact of the report and guidelines.
<b>Perinatal behavioral health</b>	2024	<p>In January 2024, the Perinatal Behavioral Health group expressed interest in collecting baseline data for the guidelines to measure changes to processes of care. Bree staff designed a difference-in-difference evaluation plan to measure the change in processes and impact of implementation. Bree staff used a combination of process measures collected through a survey and metrics data collected through OB COAP (a different Foundation for Health Care Quality program). The aims of this effort include:</p> <ul style="list-style-type: none"> <li>• To measure the impact of guideline implementation</li> <li>• To determine which activities had the most impact on the outcomes</li> <li>• To understand if or how the use of equity data may have contributed to the outcome</li> <li>• To understand which guideline areas provided the most support for implementation</li> <li>• To understand which barriers and facilitators were most highly correlated with successful implementation</li> </ul>

## Case Studies

Bree staff are developing case studies on broad topics of multiple reports or focused on single items within a report to illustrate different implementation projects. They are developed through a standardized method, borrowed from the Guidelines International Network, to support validity and reliability of the information.

**Table 6: Case studies currently in development**

Bree topic	Participating organization	Status
Dental opioid prescribing	Delta Dental	Completed
Opioid metrics use in clinical settings	Optum Care Washington formerly the Everett clinic and the Polyclinic	Completed
Pediatric asthma	Educational Service District 105	In progress
Diabetes care	Confluence Health	In progress
Outpatient infection control	Department of Health	In progress
Extreme heat and wildfire smoke	Thurston County Health Department	In progress
Pediatric asthma and wildfire smoke	Confluence Health	In progress

## Self-report score cards

The Bree Collaborative is continuing to promote self-reporting of implementation using evaluation score cards. The purpose of these score cards is to collect standardized data on the extent to which organizational policies, contracting, programs, and care processes are concordant with the guidelines. Score Cards are available in our [Implementation Guide](#).

## Conclusion

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In conclusion, the Bree Collaborative remains steadfast in its mission to improve health care quality, patient outcomes, affordability, and equity in our state. The Collaborative does this through the development, promotion, implementation, and evaluation of collectively developed, evidence-informed guidelines. By engaging with a diverse array of stakeholders, the Collaborative continues to promote co-operative action that breaks down silos in the health care system using our pillars of transformation (equity, data usability, whole-person care, and accountable financing).

Moving forward, the Bree will continue to facilitate adoption of previous guidelines while seeking further opportunities to expand adoption and integration of guidelines across the state. We look forward to the ongoing support and participation of our members and stakeholders in achieving our shared goal of high quality, affordable health care for all people in Washington.

## Appendix A: Collaborative background

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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 Washington State Hospital Association (WSHA), 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 Christine 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 HCA. From March 2015 to November 2023, Dr. Hugh Straley served as chair of the Collaborative. Dr. Straley is board certified in both internal medicine and medical oncology and 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. As of November 1, 2023, Governor Inslee appointed Dr. Emily Transue as the third Collaborative Chair. Dr. Transue, Chief Clinical Officer of Comagine Health, previously served as Medical Director at HCA, and continues to teach as a Clinical Associate Professor at the UW School of Medicine.

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. Agendas and materials for all Collaborative meetings are available on the Collaborative's [website](#).

At the November 2012 meeting, the Collaborative adopted bylaws setting policies and procedures governing the Collaborative beyond the mandates established by the legislation (HB 1311). The Collaborative revised bylaws in September 2014. [Review current bylaws](#).

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 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. The Collaborative must add members or establish clinical committees, as needed, 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 review.

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)
- Complex patient discharge (2023-2024)
- Cervical cancer screening (2021)
- Diabetes care (2023-2024)
- Behavioral health early interventions for youth (2024)
- Behavioral health integration (2016)
- End-of-life care (2014)
- Extreme heat and wildfire smoke (2024)
- 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 re-review (2016, 2024)
- Outpatient infection control (2022)
- Palliative care (2019)
- Pediatric psychotropic use (2016)
- Pediatric asthma (2022)
- Perinatal behavioral health (2023-2024)
- 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

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- Emily Transue, MD, Chief Clinical Office, Comagine Health
- Colleen Daly, PhD, Director of Global Occupational Health, Safety and Research, Microsoft
- Jake Berman, MD, MPH, Medical Director for Population Health Integration, UW Medicine and UWM Primary Care and Population Health
- Colin Fields, MD, AAHIVS, Medical Director, Government Relations & Public Policy, Kaiser Permanente
- Gary Franklin, MD, MPH, Medical Director, Washington State Department of Labor and Industries
- 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
- Kristina Petsas, MD, MBA, MLS, Market Chief Medical Officer, Employer & Individual, UnitedHealthcare
- Greg Marchand, Director, Benefits, Policy, and Strategy, The Boeing Company
- 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
- Susanne Quistgaard, MD, Medical Director, Provider Strategies, Premera Blue Cross
- Judy Zerzan-Thul, MD, MPH, Chief Medical Officer, Washington State Health Care Authority

## Appendix C: Workgroup members

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### Surgical Patient Optimization

- Carl Olden, MD (chair), UW Residency Program Manager, Family Medicine Physician, Central Washington Family Medicine
- Nicholas J. Kassebaum, MD, Medical Director, SCOAP/Spine COAP
- Vickie Kolios-Morris, MSHSA, CHPQ, Senior Program Director, SCOAP/Spine COAP
- Cristina Stafie, MD, Medical Director Perioperative and Procedural Services, Kaiser Permanente
- Tiffany Leiva, RN, Proliance
- Eduardo Smith Singares, MD FACS, FCCM, Medical Director for Trauma & Emergency Surgical Services, Kadlec Medical Center
- Rosemary Grant, BSN, RN, CHPQ, CPPS, Director, Clinical Excellence, Washington State Hospital Association
- Nawar Alkhamesi, PhD, MBA, Colorectal Surgeon, Kadlec Medical Center
- Thien Nguyen, MD, OMC Surgery Section Chair, Director of OC Surgical Subspecialties, Overlake Medical Center
- Andrea Allen, RN, MHA, Nurse Consultant, Program Manager, WA Apple Health, Fee For Service, Washington Health Care Authority
- Irl Hirsch, MD, Medical Director, UW Diabetes Institute
- E. Patchen Dellinger, MD, Professor Emeritus, University of Washington, Department of Surgery
- Ty Jones, MD, CPPS, CHPW, CAQSM, Medical Director, Patient Safety and Healthcare Quality Leader, Regence
- Robert Rush, MD, Chief Medical Officer Surgical Services, PeaceHealth Saint Joseph
- Joe Frankhouse, MD, FACS, Colorectal Surgeon, Legacy Health
- Scott Helton, MD, FACS Director of Liver, Biliary, Pancreas Surgery Center of Excellence, Virginia Mason Medical Center
- Janice Tufte, Patient Partner, Muslim Resource Center
- Edie Shen, MD, Perioperative Internist, Harborview Medical Center
- Judy Chen, MD, UW Medical Center
- Tony Roche, MD, Anesthesiologist, Harborview Medical Center

### First episode psychosis

- Darcy Jaffe, ARNP (Chair), Senior Vice President Quality and Safety, Washington State Hospital Association
- Rebecca (Becky) Daughtry, LICSW, CMHS, First Episode Psychosis Program and Policy Manager, Washington Health Care Authority
- Anne Marie Patterson, NP, Family Psychiatric Nurse Practitioner, Behavioral Health Resources, Thurston, Mason & Grays Harbor
- Rebekah Woods, BS, MSChildren and Youth Crisis Services Program Manager, King County Behavioral Health and Recovery Division
- Brian Allender, MD, Chief Medical Officer, King County Behavioral Health and Recovery Division
- Lauren Farmer, Director of Children, Youth, and Family Services, Behavioral Health Resources
- Libby Hein, LMHC, Director of Behavioral Health, Molina

- Tobias Dang, MD, Medical Director, Mental Health and Wellness, Psychiatrist, Kaiser Permanente
- Ryan Robertson, CHPQ Director, Clinical Excellence, Washington State Hospital Association
- Stephanie Giannandrea, MD, Psychiatrist, Confluence
- Mary Ameh, ARNP, Psychiatric Nurse Practitioner, Kadlec Regional Medical Center
- Syed Hashmi, MD, Internal Medicine, Psychiatry Kadlec Regional Medical Center
- Dixie Weber, MSN, Public Health Consultant, Department of Health
- Carolyn Brenner, MD, Outpatient Behavioral Health Medical Director, Harborview Medical Center
- Corey Thies, MS, LMHC, SUDP, First Episode Psychosis Manager, Harborview Medical Center
- Christina Warner, MD, Attending Psychiatrist | Psychiatry and Behavioral Medicine, Seattle Children's Hospital
- Tawnya Christiansen, MD, Behavioral Health Medical Director, Community Health Plan of Washington
- Marie Monroe-Davita, PhD, Director | Associate Professor, Washington State Center of Excellence in Early Psychosis | UW School of Medicine
- Cammie Perretta, MSW, LICSW, New Journey's Program Director Trainer, Washington State Center of Excellence in Early Psychosis
- Sarah Kopelovich, PhD, Assistant Professor, Washington State Center of Excellence in Early Psychosis | UW School of Medicine
- Delika Steele, Health Policy Analyst, Washington Office of the Insurance Commissioner
- Chris DeCou, PhD, Director of Global Behavioral Health, Amazon
- Chivonne Mraz, LCSW, Manager of Behavioral Health, Regence Blue Shield
- Lucinda Sanchez, LICSW, New Journeys Program Manager, Comprehensive Healthcare
- Oladunni Oluwoye, PhD, Associate Professor, Washington State University
- Gregory Jones, DNP, PMHNP-BC, CPC, Administrator & Clinical Supervisor of Peer Service, Lucid Living
- Sunny Lovin, Director of Outpatient Behavioral Health, Harborview Medical Center

## Blood pressure control

- Norris Kamo, MD (Chair) Section Head, Adult Family Medicine, Virginia Mason University Village Clinic
- Al Tsai, MD, Vice President, Community Impact, Puget Sound American Heart Association
- Jake Berman, MD (vice-chair), Director of Population Health Integration, UW Medicine
- Mia Wise, MD, Chief Medical Officer, Kinwell Health
- Albert Tsai, MD Vice President, Community Impact, Puget Sound American Heart Association
- Nicholas Koenig, MD, Cardiovascular Quality Improvement Program Medical Director, Kaiser Permanente
- Elizabeth C Slye, RN, Registered Nurse, Kaiser Permanente
- Kimberly Parrish, MHA, RN, Director, Clinical Excellence – Hospital Access, Washington State Hospital Association
- Josephine Young, MD, Medical Director, Commercial Markets, Premiera Blue Cross
- Laura Hanson, PharmD, Ambulatory Pharmacy Manager, Virginia Mason
- Nicole Treanor, MS, RD, CDCES, Registered Dietician, Virginia Mason
- Jordan Despain, MD, Family Medicine Physician, Confluence
- Kristina Petsas, MD, Market Chief Medical Officer, PNW, AK and HI, United Healthcare

- Theresa Kreiser, MS, Senior Improvement Advisor, Comagine Health
- Katrina Gangsaas, Community Health Supervisor, YMCA
- Mary Beth McAteer, MLIS, Librarian, Virginia Mason
- Molly Parker, MD, MPH, Chief Medical Officer of Population Health, Jefferson Healthcare
- Jessica Beach, MPH, MPA, Health Equity Director, Molina
- Leo Morales, MD, Assistant Dean for Healthcare Equity and Quality | Co-director Latino Center for Health, UW Medicine
- Chris Longnecker, PhD, Associate Professor, Global Health | Director, Global Cardiovascular Health Program, UW Medicine
- Jonathan Liu, MD, Principal, Health Strategy, Amazon (Global Benefits)
- Jason Tzau, PharmD, Sr Mgr., US Health Plan, Amazon (Global Benefits)
- Asher Strauss, PsyD, Director of Behavioral Health, Kinwell
- Tracy Wellington, RN, Senior Director of Clinical Excellence and Rural Programs, Washinton State Hospital Association
- Tonja Nichols, RN, Clinical Nurse Specialist, Washington Health Care Authority
- Karla Cowan, MSN, RN, Occupational Nurse Consultant, Washington Health Care Authority
- LuAnn Chen, MD, MHA, FAAFP, Senior Medical Director, Community Health Plan of Washington
- Sara Warner, MPH, Manager, Community Support Services, Community Health Plan of Washington
- Kristina Petsas, MD, MBA, MLS, Market Chief Medical Officer, Employer & Individual, UnitedHealthcare

## Appendix D: Webinars and summits

Month Year	Title	Speakers
November 2024	Social Need and Health Equity Summit	<ul style="list-style-type: none"> <li>• Health Justice Speaker: Edwin Lindo, JD- Associate Teaching Professor, UW</li> <li>• Social Need Screening &amp; Interventions Panel-Speakers: <ul style="list-style-type: none"> <li>○ Dr. Molly Parker, MD, MPH-Jefferson Health Care;</li> <li>○ Dicken Leung-Patient Navigator Supervisor, International Community Health Services</li> </ul> </li> <li>• An ACH Connection Pathway: Connecting clients from the hospital to the community Panel by Peace Health, SWACH and WAGAP -Speakers: <ul style="list-style-type: none"> <li>○ Brooke Malloy, MSW, MPA, LSWAIC-Program Manager, Social Care Integration, Peace Health;</li> <li>○ Michelle Ahmed-Director of HealthConnect Hub, Southwest ACH (SWACH);</li> <li>○ Abby Brandt Whalin-Pathways Department Director, WAGAP</li> </ul> </li> <li>• Strengthening SOGI data collection to improve client outcomes Panel by MultiCare, UnitedHealthcare Group and WSHA-Speakers: <ul style="list-style-type: none"> <li>○ Mary Quinlan Fabrizio, MS- Assistant Vice President, MultiCare Center for Health Equity &amp; Wellness, MultiCare Health System;</li> <li>○ Dr. Kristina Petsas, MD MBA MLS- Market Chief Medical Officer (WA, OR, MT, AK and HI), UnitedHealthcare;</li> <li>○ Abigail Berube, MPH, CPHQ-Director, Clinical Excellence, Washington State Hospital Association</li> </ul> </li> <li>• Care Coordination Updates-Speaker: Michael Garrett MS, CCM, CVE-Independent Health Equity and Clinical Consultant</li> </ul>
January 2025	Bree Report Spotlight: Treatment for Opioid Use Disorder Revision	<ul style="list-style-type: none"> <li>• Charissa Fotinos, MD, MSc, State Medicaid and Behavioral Health Medical Director, Health Care Authority (workgroup chair)</li> <li>• Tom Hutch, MD, FASAM, Medical Director, We Care Daily Clinics</li> </ul>

Month Year	Title	Speakers
January 2025	Catalyst for Change: Whole Person Care for Infants to Adolescents – Building a Foundation for Lifelong Health	<ul style="list-style-type: none"> <li>• Libby Health, LMHC, Director of Behavioral Health, Molina</li> <li>• Andrea Donalty, MD, FAACP, Medical Director Primary Care Network, Mary Bridge Children's</li> <li>• Maricruz Sanchez, Interim Director, Coordinated Access, Within Reach</li> </ul>
February 2025	Bree Report Spotlight: Extreme Heat and Wildfire Smoke	<ul style="list-style-type: none"> <li>• Christopher Chen, MD, MBA, Medical Director, Medicaid, Health Care Authority</li> <li>• Stefan Wheat, MD, Emergency Medicine Physician, University of Washington</li> <li>• Sara Warner, MPH, Community Support Services Manager, Community Health Plan of Washington</li> <li>• Onora Lien, Executive Director, Northwest Healthcare Response Network</li> </ul>
February 2025	Bree Report Spotlight: Behavioral Health Early Intervention for Yough	<ul style="list-style-type: none"> <li>• Terry Lee, MD, Senior Behavioral Health Medical Director, Community Health Plan of Washington</li> <li>• Thatcher Felt, DO, Pediatrician, Yakima Valley Farm Workers Clinic</li> <li>• Delaney Knottnerus, LICSW, MSW, School-based SBIRT Manager, King County</li> </ul>
February 2025	Implementing FAST Strategies for Mild to Moderate Youth Mental Health	<ul style="list-style-type: none"> <li>• Nathaniel John Jungbluth, PhD, Co-director of FAST Programming, Seattle Children's</li> </ul>
March 2025	Supporting Student Success: Exploring the Impact of the Behavioral Health Student Assistance program (SAP)	<ul style="list-style-type: none"> <li>• Erin Wick, MBA, SUDP, Behavioral Health COVID Response State Lead, Executive Director, Integrated Student Support – Intervention, Prevention, Treatment and Wellness, Capital region ESD 113</li> <li>• Eric J. Bruns, PhD, Professor of Psychiatry, UW School of Medicine and Associate Director, UW SMART Center</li> <li>• Adriana Mercado, Regional Behavioral Health Coordinator, ESD 123</li> </ul>
March 2025	Affording Youth Behavioral Health: Opportunities & Challenges in Value-Based Care	<ul style="list-style-type: none"> <li>• Sarah Cusworth Walker, PhD, Director at CoLab for Community and Behavioral Health Policy</li> <li>• Larry Wissow, MD, MPH, Vice Chair for Child and Adolescent Psychiatry, UW</li> <li>• Christine Cole, LICSW, IMHM-C, Infant Mental Health Mentor (Clinical), Infant and Early Childhood Mental Health Clinical Lead &amp; Program Manager</li> <li>• Chelse Didriksen, MSW, Director, Provider Contracting, Regence BlueShield</li> </ul>

Month Year	Title	Speakers
March 2025	Mental Health Impacts of Extreme Heat and Wildfire Smoke	<ul style="list-style-type: none"> <li>• McKenna Parnes, PhD, MEd, Acting Assistant Professor, Treuman Katz center for Pediatric Bioethics and Palliative Care, Seattle Children's Research Institute, Department of Pediatrics, UW</li> </ul>
April 2025	Measuring Change: Using Bree Collaborative Tools – Moving from Implementation to Understanding	<ul style="list-style-type: none"> <li>• Nkeiruka Duze, MD, FACP, CPC, CRC, CHCQM-PHYADV, ACPA-C, Concierge Medicine, Executive Health, Medical Director, Business Services &amp; Physician Advisory, Virginia Mason Medical Center, Medical Director, Puget Sound High Value Network</li> <li>• David Mayo, Division Director, Rainier Health Network, Puget Sound High Value Network, Virginia Mason Franciscan Health</li> </ul>
May 2025	Catalyst for Change: A Collaborative Approach to Adult Health – Building a Supportive Healthcare Ecosystem	<ul style="list-style-type: none"> <li>• Joan Altman, JD, MPH, Director of Coverage Strategies and Expansion, WA Health Benefit Exchange</li> <li>• Amanda Hutchinson, Health &amp; Well-being Advisor, City of Seattle</li> <li>• Katie Peterson, MD, MPH, Medical Director of Population Health and Value-based Care, Confluence Health</li> <li>• Judy Zerzan-Thul, MD, MPH, Chief Medical Officer, HCA</li> </ul>
May 2025	Hot topic: AI in Medicine – Current Trends and Future Directions	<ul style="list-style-type: none"> <li>• Raj Sundar, MD, District Medical Director, Kaiser Permanente</li> <li>• Amy Laurent, MSPH, Global Health and Research Manager, Microsoft</li> <li>• Todd Burstain, MD, Chief Clinical Information Officer, UW</li> </ul>
July 2025	Measuring Change: Using Bree Collaborative Guidelines and Metrics to Inform Provider-facing Opioid Prescribing Dashboards	<ul style="list-style-type: none"> <li>• Bethany Henriques, BSN, RN, CCRN (she/her), QI Consultant, Quality and Patient Safety   Optum WA</li> </ul>

Month Year	Title	Speakers
August 2025	Weathering the Heat: Wildfire Smoke & Heat Tools for Healthcare Professionals	<ul style="list-style-type: none"> <li>Carolyn Graham, MPH Student, UW Department of Epidemiology</li> </ul>
September 2025	Catalyst for Change: The Art of Aging Well – Navigating Whole-Person Strategies for Older Adults	<ul style="list-style-type: none"> <li>Ashby Wolfe, MD, MPP, MPH- Regional Chief Medical Officer, Centers for Medicare &amp; Medicaid Services, Department of Health and Human Services</li> <li>Cathleen MacCaul, MPS, Senior Advocacy Director at WA AARP</li> <li>Nancy L. Fisher, MD, RN, MPH-Retired Regional Chief Medical Officer, Centers for Medicare &amp; Medicaid Services</li> <li>Jeremy Chrisman DO, MBA- Chief Transformation Officer, Vancouver clinic</li> <li>Nancy Connolly, MD, MPH-Executive Director for Community Health and Wellbeing for the US Chamber of Connection</li> </ul>
October 2025	Pathways to Connection: Accessing and Treatment for Opioid Use Across Washington	<ul style="list-style-type: none"> <li>Caleb Banta-Green, PhD, MPH, Center for Community-Engaged Drug Education, Epidemiology and Research (CEDEER)</li> <li>Jon Ehrenfeld, MA, Mobile Integrated Health Program Manager</li> <li>Liz Wolkin, MSN, RN, CEN, NPD-BC, CQCT/HCS, Occupational Nurse Consultant, Acute Care SUD Program Manager, Health Care Authority</li> <li>Caleb Holtzer, MD, Family Physician, Providence</li> <li>Everett Maroon, MPH, Blue Mountain Heart 2 Heart</li> </ul>



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