Dr. Robert Bree Collaborative Annual Report

Working together to improve health care quality, outcomes, and affordability in Washington State

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

November 17, 2026

The Washington State Health Care Authority (HCA) respectfully submits the attached annual report from the Dr. Robert Bree Collaborative.

Dr. Robert Bree Collaborative

In 2011, the legislature created the Dr. Robert Bree Collaborative in honor of the late Dr. Robert Bree, a medical imaging pioneer. The Bree Collaborative's purpose is to engage public and private health care stakeholders to identify specific ways to improve health care quality, outcomes, and affordability in Washington state. These stakeholders are appointed by the Governor and represent public and private health care purchasers (employers and union trusts), health plans, physicians, other health care providers, hospitals, and quality improvement organizations. Each year, the Bree Collaborative forms dedicated expert work groups to develop evidence-based recommendations addressing up to three targeted areas of health care. Prime targets for evaluations and recommendations include health care procedures with:

- Significant variation in delivery practices
- Frequent use but no impact on a person's health
- A patient safety or equity issue

HCA's partnership with the Bree Collaborative

HCA's mission is to improve health across Washington by advancing equitable access to high-quality, whole-person care. In the continuing work to meet the needs of Washingtonians, HCA collaborates with partners dedicated to data-driven, evidence-based solutions to improve health and health systems. The Bree Collaborative brings public and private stakeholders together to consider up to three areas of health care services each year. HCA sponsors the Bree Collaborative and works with members to encourage adoption of the collaborative's recommendations across communities.

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Exceutive Summary

The Health Care Authority (HCA) sponsors the Dr. Robert Bree Collaborative (Collaborative) which is housed under the Foundation for Health Care Quality (the Foundation). The Foundation is a nationally recognized, neutral nonprofit that supports health care quality improvement through collaboration. For nearly 40 years, the Foundation has brought together organizations and interest holders to improve clinical care quality through identifying and aligning around shared priorities.

The Collaborative was created through House Bill 1311 in 2011 as a public-private group that gives Washington state interest holders the opportunity to improve health care quality, patient outcomes, affordability, and equity. Interest holders include:

- Public health care purchasers for Washington
- Private health care purchasers (self-funded employers and union trusts)
- Health plans
- Physicians and other health care providers
- Hospitals
- Quality improvement organizations

The Collaborative drives quality improvement through development of evidence-informed, collective action guidelines to reduce variation in care, minimize waste, and promote health equity across health care services and topics. In 2012, the Collaborative joined the Foundation for Health Care Quality.

This is the 15th annual report submitted by the HCA on behalf of the Collaborative to the Washington State Legislature as directed by House Bill (HB) 1311 (2011). This report describes the efforts of the Collaborative from November 2025 through October 2026 to develop evidence-informed community standards and support their adoption. This year's accomplishments include:

- **Finalized guidelines for:**
  - First Episode Psychosis
  - Blood Pressure Screening and Control
  - Surgical Optimization: Glycemic Control and Anemia
- **Began development of guidelines for:**
  - Lung Cancer Screening
  - Perimenopause and Menopause
- **Began revision of guidelines** for Alzheimer's Disease and Other Dementias.
- **Facilitated implementation of guidelines around the Collaborative's four pillars of transformation:**
  - Equitable care
  - Data usability
  - Whole-person care
  - Accountable financing or value-based care
- **Supported the evaluation of guideline uptake and impact through:**
  - Measures identification
  - Development of evaluation tools
  - Technical assistance for partners seeking to conduct organizational level evaluation

Reports and Guidelines

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

- **First Episode Psychosis:** Adopted November 2025
- **Surgical Optimization: Glycemic Control and Anemia:** Adopted November 2025
- **Blood Pressure Screening and Control:** Adopted January 2026

Three workgroups were active November 2025 - October 2026

Lung Cancer Screening

Lung cancer is the deadliest cancer in the United States, causing more deaths than breast, cervical, and colorectal cancer combined.(1) Annual screening can reduce mortality by around 20-25%, but only 1 in 7 of eligible Washingtonians complete screening.(2,3) The workgroup's aim is to increase uptake and adherence to appropriate lung cancer screening in Washington state through the focusing on:

- Eligibility and engagement
- Stigma, bias, and inclusiveness
- Screening with low-dose computed tomography (CT)
- Results management.

Perimenopause and Menopause

Each year, over 1 million individuals enter menopause, yet more than 1 in 3 with symptoms go without support. (4,5) Symptoms affect daily life, short and long-term health, and workplace productivity. (6) The workgroup's aim is to standardize high quality care and best practices through perimenopause and menopause in Washington state in order to prevent disease, promote wellbeing, reduce cost, and increase productivity through the focusing on:

- Recognition and assessment
- Management
- Workplace supports and quality measurement
- Education.

Alzheimer's Disease and Other Dementias Revision

By 2040, there are expected be over 270,000 people living with dementia in Washington.(7) Individuals living with dementia are hospitalized 2-3 times as often as people of similar ages, and early diagnosis is associated with per-person savings of on average $64,000.(8) The workgroup's aim is to update and standardize evidence-based prevention, early detection, and treatment for those living with and at risk for Alzheimer's Disease and other dementias to prevent and delay progression of these conditions for our community by focusing on

- Cognitive resilience and risk reduction
- Detection and diagnosis
- Ongoing care, support and management.

At the September 2026 retreat, Collaborative members selected new topics for 2027, including:

- Substance use and use disorder
- Opportunistic salpingectomy
- Undernutrition and perioperative risk

Implementation

Since 2012, the Collaborative has built a substantial body of work to advance health care quality, patient outcomes, affordability, and equity in Washington across 40+ health care topics and services. In 2022, the Collaborative received funding to provide targeted implementation support to promote alignment, adoption, and action guidelines across the health care ecosystem.

Health Action Collaborative

The HAC supports individuals, teams, and organizations across Washington in developing and implementing quality improvement projects aligned with any Collaborative guidelines. Through regularly scheduled meetings, participants receive technical assistance, learn practical quality improvement tools, explore population health challenges, and develop project plans tailored to their organizations. The HAC helps break down silos and strengthen connections across the health care ecosystem, fostering collaboration and collective action that drives positive change for Washingtonians.

"The [HAC] 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." - Participant

Webinars and Summits

To support guideline implementation, the Collaborative hosts educational webinars that help clinicians, health plans, purchasers, and other audiences build background knowledge, understand practical implementation strategies, and address emerging health issues affecting Washington residents.

Aligning Strengths

Through 2026, the Collaborative is leveraging its role as a trusted, neutral convener to align partners, strengthen relationships, and build on existing efforts across Washington's health care ecosystem. By fostering collaboration and shared action, Collaborative staff are helping reduce duplication, break down silos, and advance the implementation of evidence-informed solutions that improve health outcomes for Washingtonians.

- **Executive Order 26-01:** The Collaborative was named to collaborate with the Department of Health (DOH) and HCA to create education and accommodation recommendations for menopause in the workplace.
- **Shared messaging:** In partnership with HCA and health plans, the Collaborative is developing standardized educational resources on extreme heat and wildfire smoke for use across Apple Health.

Evaluation and Measurement

Evaluation seeks to understand impact and outcomes related to adoption of reports and guidelines through a variety of methods. The evaluation tool depot provides access to evaluation tools for partner organizations, sharing how they used our guidelines through case studies. Staff produce dashboards and reports to measure progress and support our awards program, recognizing excellence in uptake and implementation of Collaborative reports and guidelines.

Awards

Collaborative awards recognize quality work in adopting and implementing the guidelines among different organizations in the state. The Mountain Climber award is given out by the Foundation for Health Care Quality (FHCQ) for exemplary implementation efforts that focus on the Collaborative's pillars of transformation. In 2026, the FHCQ presented the Mountain Climber award for Excellence in Health Equity to the following organizations:

- **Molina Healthcare for Complex Hospital Patient Discharge**
- **Kittitas Valley Healthcare for Outpatient Infection Control**
- **UnitedHealthcare for Colorectal Cancer Screening**

Read more about their projects

Case Studies

Collaborative staff develop case studies on broad topics of multiple reports or focused on single guidelines within a report to illustrate different implementation projects. Completed case studies include the following:

- Dental Opioid Prescribing: Delta Dental
- Pediatric Asthma and Wildfire Smoke: Confluence Health
- Diabetes Care: Confluence Health
- Heat and Wildfire Smoke**:** Thurston Climate Action Team

Evaluation Tools

Collaborative 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 that serve to align evaluation efforts across partners.

Ongoing Evaluations (2026-2027)

Collaborative staff are currently conducting evaluations through partnerships with Washington organizations, utilizing existing data sources, and using a variety of methods to triangulate the data and understand the complete picture of uptake, outcomes, and impact.

- **Risk of Violence Towards Others (2019)**
  - Audiences include: behavioral health providers, legislature, state agencies, and others as identified
- **End-of-Life Care (2014)**
  - Audiences include: hospitals and health systems, skilled nursing facilities, health plans, and others as identified
  - Impact: service trend analysis

Conclusion

TThe Collaborative remains a valuable part of the health care ecosystem in Washington. It provides a unique neutral forum where interest holders can align around our shared goal of delivering high-quality, affordable health care for everyone in Washington. As the health care landscape and policy environment continue to evolve, communication and collaboration to maintain access to high-quality care have never been more important. The Collaborative remains steadfast in our mission to foster co-operative action that breaks down silos in the health care system guided by our pillars of transformation.

Moving forward, the Collaborative will continue to facilitate adoption of published guidelines while identifying further opportunities to accelerate their adoption and integration across the state. We look forward to the ongoing support and participation of our members and partners in turning evidence into action – driving measurable improvements in health, strengthening our health care system, and ensuring better care for every Washingtonian.

Acknolwedgements: Our deepest gratitude to the Robert Bree Collaborative Chair, Dr. Emily Transue, Chief Clinical Officer of Comagine Health, our Bree Collaborative members, and all workgroup members who made this work possible.

References

1. National Cancer Institute. (2025, April). Mortality. Cancer Trends Progress Report. U.S. Department of Health and Human Services, National Institutes of Health. https://progressreport.cancer.gov/end/mortality
2. National Lung Screening Trial Research Team; Aberle DR, Adams AM, Berg CD, Black WC, Clapp JD, Fagerstrom RM, Gareen IF, Gatsonis C, Marcus PM, Sicks JD. Reduced lung-cancer mortality with low-dose computed tomographic screening. N Engl J Med. 2011 Aug 4;365(5):395-409. doi: 10.1056/NEJMoa1102873. Epub 2011 Jun 29. PMID: 21714641; PMCID: PMC4356534.
3. American Lung Association (n.d.). Washington. State of Lung Cancer. Retrieved August 22, 2024, from https://www.lung.org/research/state-of-lung-cancer/states/washington
4. Society for Women's Health Research. (2024, February). Menopause fact sheet [PDF]. Retrieved July 7, 2025, from https://swhr.org/wp-content/uploads/2024/03/swhr_factsheet_menopause_rev_0222-1.pdf
5. Dwyer, E. R., Maki, P. M., Katz, R., Mallampalli, M. P., & Reed, S. D. (2025). Menopause symptom burden and management across rural, suburban, and urban settings in a U.S. population. Menopause, 32(1), 23–30.
6. McKinsey Health Institute. (2024, January 17). Closing the women's health gap: A $1 trillion opportunity to improve lives and economies. McKinsey & Company. https://www.mckinsey.com/mhi/our-insights/closing-the-womens-health-gap-a-1-trillion-dollar-opportunity-to-improve-lives-and-economies
7. Washington State Department of Social and Health Services. (2023). Washington State Plan to Address Alzheimer's Disease and Other Dementias 2023-2028. https://www.dshs.wa.gov/sites/default/files/ALTSA/stakeholders/documents/AD/Washington%20State%20Plan%20to%20Address%20Alzheimer%E2%80%99s%20Disease%20and%20Other%20Dementias%202023-28.pdf
8. Lastuka A, Breshock MR, Taylor KV, Dieleman JL. The costs of dementia care by US state: Medical spending and the cost of unpaid caregiving. Journal of Alzheimer's Disease. 2025;105(1):186-196. doi:10.1177/13872877251326231