

Overview of the Bree Collaborative: Developing Evidence-Based Standards and Policy

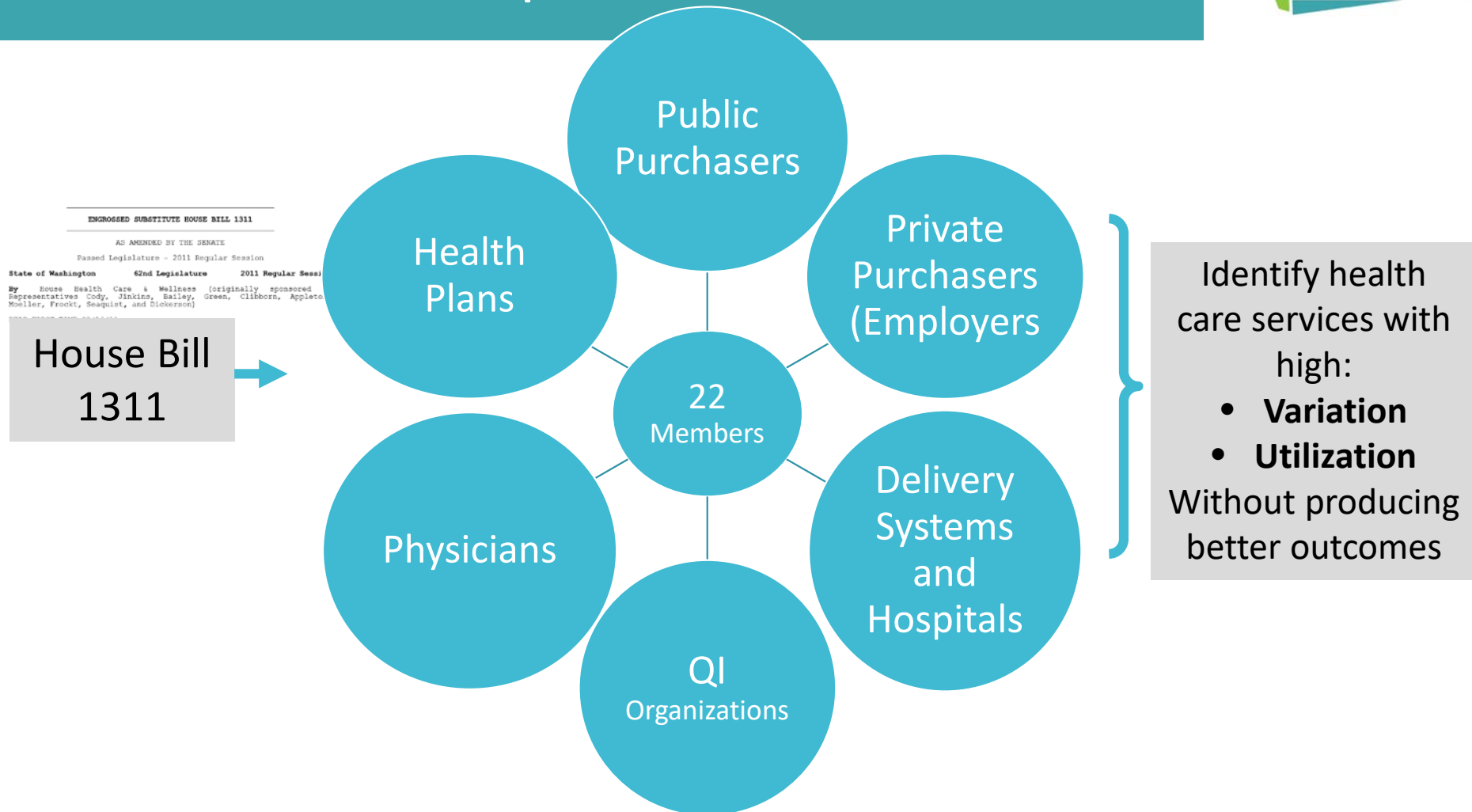
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Background

Members and Topic Selection



Developing Recommendations



Reimbursement Models

Transparency/Tracking

Centers of Excellence

Shared Decision Making

Existing Guidelines

Published Evidence

Programs and Policies

**Clinical
Committee**

Meeting Monthly
for 9-12 Months

**Public
Comment**

Recommendations
to improve health
care quality,
outcomes, and
affordability

WA State Agencies

Broader Health Care Community

Developing the Guidelines Reproducible Process



- Identify problem(s)
- Develop framework
 - Clear, based in evidence
- Inclusions v exclusions
- Guideline has to be attractive to clinicians, payers, and patients
- Collaboration always means compromise

23 sets of recommendations + 5 being finalized



- **Pain (Chronic and Acute)**

- *Collaborative care for chronic pain (2018)*
- *Low back pain management (2013)*
- *Opioid prescribing metrics (2017)*
- *Opioid prescribing for postoperative pain (2018)*
- *Opioid prescribing in dentistry (2017)*
- *Long-term opioid prescribing management (2019)*

- **Behavioral Health**

- *Integrating behavioral health into primary care (2016)*
- *Addiction and substance use disorder screening and intervention (2014)*
- *Suicide care (2018)*
- *Treatment for opioid use disorder (2016)*
- *Prescribing antipsychotics to children and adolescents (2016)*
- *Risk of Violence to Others (2019)*

- **Oncology**

- *Oncology care (2015)*
- *Prostate cancer screening (2015)*

- **Procedural (surgical)**

- *Bundled payment models and warranties:*
 - *Total knee and total hip replacement (2013, re-review 2017)*
 - *Lumbar fusion (2014, re-review 2018)*
 - *Coronary artery bypass surgery (2015)*
 - *Bariatric surgery (2016)*
- *Hysterectomy (2017)*
- *Data collection on appropriate cardiac surgery (2013)*

- **Obstetrics**

- *Obstetric care (2012)*
- *Maternity Bundle (2019)*

- **Aging**

- *Advance care planning for the end-of-life (2014)*
- *Alzheimer's disease and other dementias (2017)*

- *Palliative Care (2019)*

- *Hospital readmissions (2014)*

- *LGBTQ health care (2018)*

- *Shared Decision Making (2019)*

Key Points

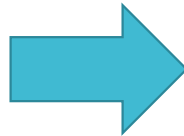


- Bottom-up approach
- Iterative process – identifying gaps in expertise – new members
- Patient and community voice
- Standardization v individualized medicine
- Involve **primary care**
- Guideline development v implementation

Shared Decision Making



- Definition and benefit
- Ten priority clinical areas
- Framework
- Documentation, coding, reimbursement



- State-wide movement
- Stages of change framework
 - Precontemplation
 - Contemplation
 - Preparation
 - Action
 - Maintenance

Palliative Care



- Definition = National Consensus Project
 - Primary and specialty palliative care
- Spreading awareness
- Clinical best practice
 - Responsive to local cultural needs
 - Includes advance care planning
 - Incorporates goals of care conversations into the medical record and plan of care
- Benefit structure = per member per month (PMPM)

Risk of Violence to Others



- Identification of increased risk for violence
- Further assessment of violence risk
- Violence risk management
- Protection of third parties

Maternity Bundle



Single Payment

- + Shared decision making
- + Cardiovascular screening
- + Behavioral health screening and access to treatment

Opioid Prescribing: Long-Term



- Help primary care and other providers support patients in managing chronic pain
- Follow National Pain Strategy, HHS Guidelines, WAC
 - Patient-centered, individual
 - Comprehensive, meeting biopsychosocial needs
 - Multimodal, integrated
- Goals = clinically meaningful improvement in function, improved quality of life, greater patient functional independence rather than on pain relief
- Priority = safety and avoidance of serious adverse outcomes

Implementation Funding

ESHB 1109



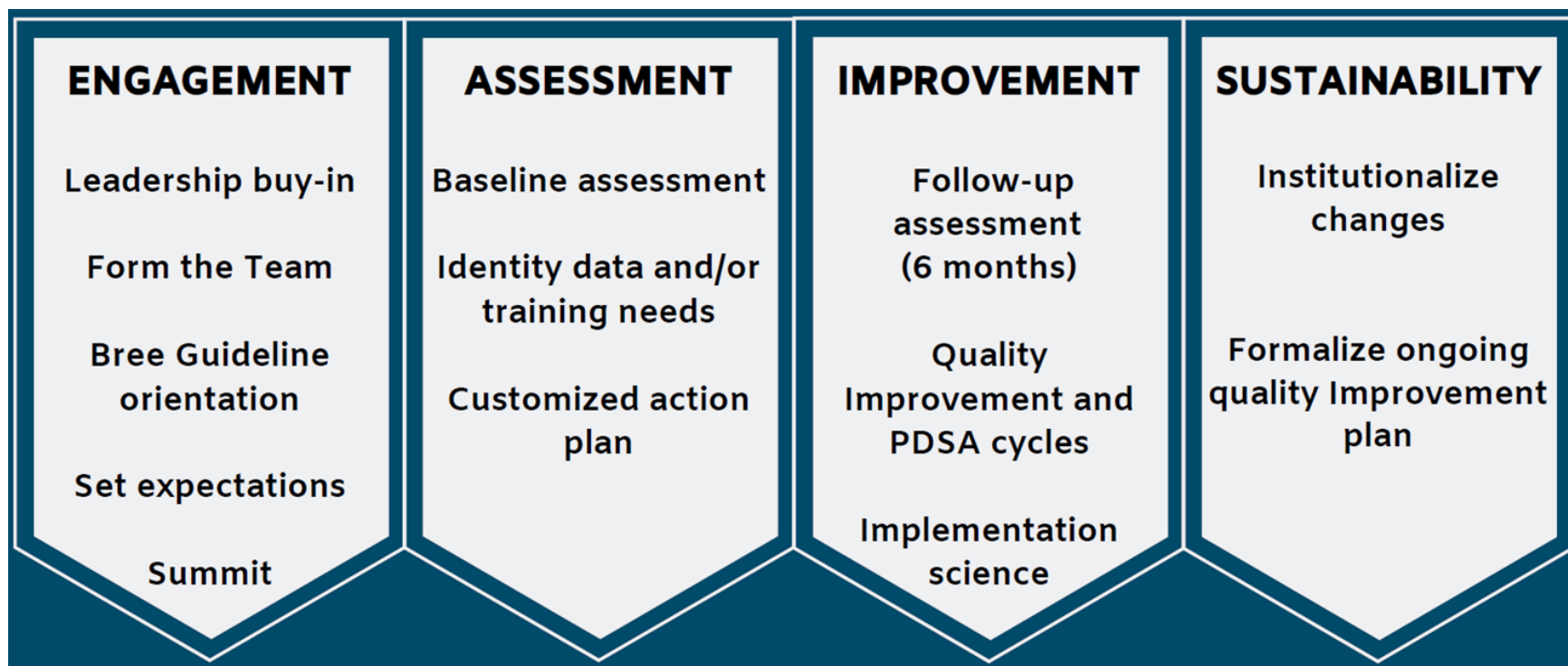
*(31) \$300,000 of the general fund—state appropriation for fiscal year 2020 and \$300,000 of the general fund—state appropriation for fiscal year 2021 are provided solely for the Bree collaborative to support **collaborative learning and targeted technical assistance** for quality improvement initiatives. The collaborative must use these amounts to hire **one full-time staff person** to promote the adoption of Bree collaborative recommendations and to **hold two conferences focused on the sharing of best implementation practices**.*

Technical Assistance Plan



- **Primary Care Practice Behavioral Health Integration Initiative Pilot Group**
 - Target: Primary care practices
 - Goal: Integration of behavioral health into primary care
 - Intensity: High
- **Behavioral Health Integration Learning Community**
 - Target: Primary care practices
 - Goal: Integration of behavioral health into primary care
 - Intensity: Low
- **Health Plan Engagement**
 - Target: Medicaid Managed Care Plans, Commercial Health Plans
 - Goal: Integration of behavioral health into primary care, value-based purchasing
 - Intensity: Medium
- **Assessment: Delivery Systems and Health Plans**
 - Target: Hospitals, primary care practices, behavioral health, health plans
 - Goal: All Bree Collaborative topics
 - Intensity: Low
- **Value-Based Payment**
 - Target: Hospitals and ambulatory surgical centers
 - Goal: Use of bundled payment models
 - Intensity: Medium

Primary Care Practice Behavioral Health Integration Initiative Pilot Group



- Customized 1:1 technical assistance
- \$500 incentive payment per assessment
- + Learning Community – broader
- Monthly webinars

2020 Topics



- **Chemotherapy**

- Chair: Dr. Hugh Straley, Bree Collaborative

- **Colorectal Cancer**

- Chair: Dr. Rick Ludwig, Providence Health and Services

- **Primary Care**

- Chair: Dr. Judy Zerzan, Health Care Authority

- **Reproductive Health**

- Chair: Dr. Charissa Fotinos, Health Care Authority

Contact Us



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