AGENDA

Colorectal Cancer Workgroup
Friday, May 8th, 2020 | 10:30 – 12:00pm

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Meeting ID: 359 817 9708
https://zoom.us/j/3598179708

Time	Topic	Facilitator
10:30 – 10:35	Welcome, Introductions **Action Item:** Adopt 4/10/20 Minutes **Materials:** 4/10/20 Minutes	Wm. Richard Ludwig, MD Chief Executive Officer, Pacific Medical Centers
10:35 – 11:55	**Discussion:** Draft Recommendations • Short-term vs. Long-term recommendations • Responsible entity for tracking—delivery site ○ Long-term = state registry • Consensus on Medicaid matching Medicare? (Metrics to measure success) • Equity - Interventions targeting specific populations with low screening rates (e.g., low income, uninsured, African American, Asian, Native American, Hispanic) **Materials:** • Draft Recommendations • Washington Health Alliance Community Checkup Spotlight: Colorectal Cancer Screening • Healthwise Colorectal Cancer Patient Decision Aid: Which Screening Test Should I Have	Ginny Weir, MPH Director, Bree Collaborative
11:55 – 12:00	Public Comments Closing	Wm. Richard Ludwig, MD Chief Executive Officer, Pacific Medical Centers

Next Meeting: Friday, June 12th, 2020 | 10:30 – 12:00pm

Recurring themes from last meeting for possible discussion points above:

- Increased incentives—Medicaid to match Medicare. Can group make best practices for mail FIT programs? Probably need to decide who owns it first… so final consensus on who should own mail FIT could be a good topic of discussion. Are there studies that the group can cite?
- Group does have consensus on the importance of follow-up colonoscopy after positive FIT—begin crafting language?
- Also consensus on Medicaid matching Medicare on measurement—craft language (does it also make sense to recommend gathering data on race, homelessness, and other social determinants, or is that too big an ask)?
- Given that a state registry is highly unlikely Post-COVID, what is the next best accountable entity for owning the screening process?

Equity: As a state, Washington also lacks data on race, homelessness, and other factors that could affect CRC risk. Any recommendations to make in this regard, given higher risk of certain populations for CRC mortality.

Can the group decide on who the accountable entity is for making sure that a patient is getting screened?

- Ms. Weir brought up the Oregon legislation that would require follow up colonoscopies after a positive FIT test to have a $0 copay. Ms. Weir is going to contact our Governor's policy adviser about this.

  - This could be a performance measure for positive FITs that goes with such programs. Mailed FIT does not matter if there is no follow up.

- Dr. Issaka added that if the recommendations emphasize mail FIT, they need to clear that positive FIT patients must be able to get a follow up colonoscopy and that clinics have a clear plan for how this will happen.

Ms. Weir asked what the group would recommend for health plans if state-ownership is not a possibility.

- Plans with Medicare (and metrics) are doing well—so metrics help. Medicaid plans want to improve screening, but they have to put QI resources on issues that they are required to measure.
- A member suggested looking for more research on the cost benefits or cost neutrality of a FIT program to help incentivize plans to invest.

- Dr. Green brought up the importance of having a program in place for the uninsured since they currently have the worst screening rates.

Dr. Ludwig discussed the need for a place where racial/ethnic data gets reported. The group may want to develop best practice recommendations about the collection of such data.

Immediate changes that are possible: change metrics, change copay
Vs. Registry
Tiered plan: probability of things happening
Bundle for all cancer screenings
Have cancer screening owned by local public health

Delivery system (polyclinic) – owns process; hold claims data and pay for things right now.