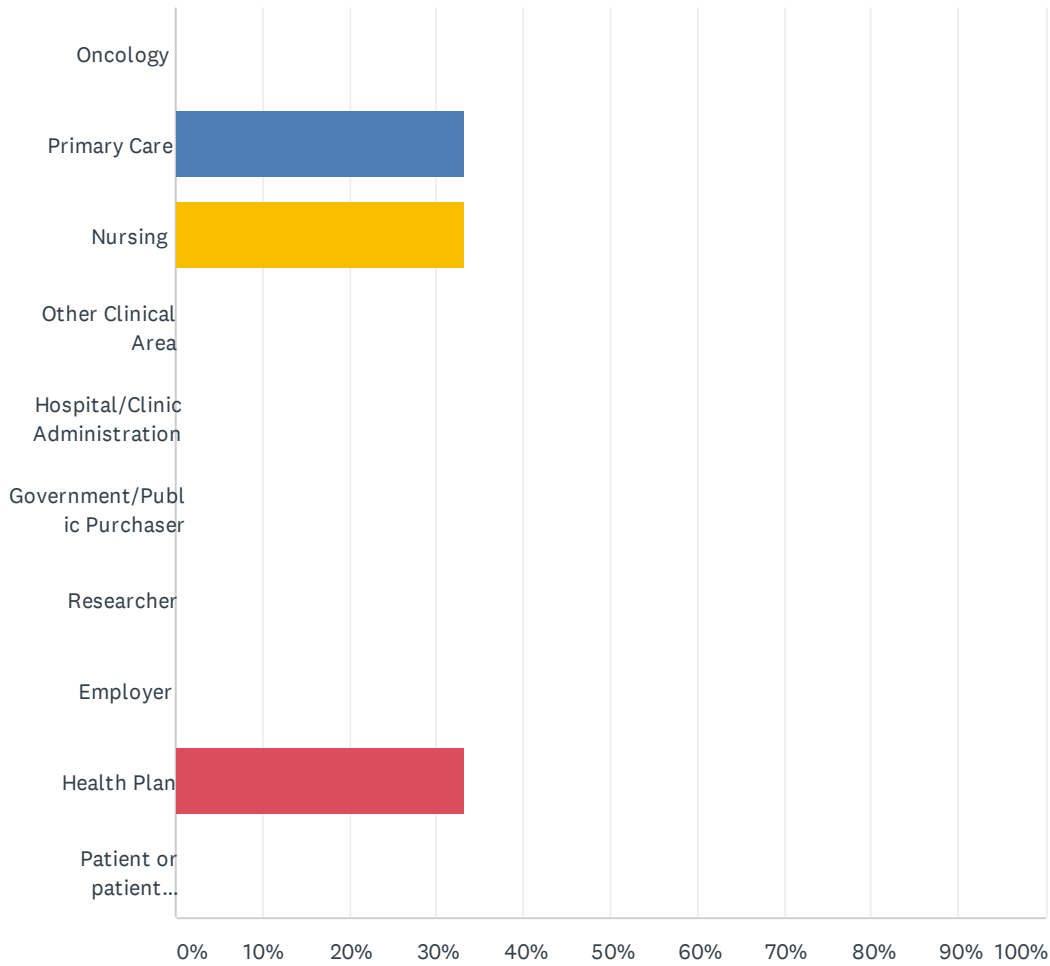


Q1 What sector do you represent? (Choose the option that is the best fit.)

Answered: 3 Skipped: 0



ANSWER CHOICES	RESPONSES	
Oncology	0.00%	0
Primary Care	33.33%	1
Nursing	33.33%	1
Other Clinical Area	0.00%	0
Hospital/Clinic Administration	0.00%	0
Government/Public Purchaser	0.00%	0
Researcher	0.00%	0
Employer	0.00%	0
Health Plan	33.33%	1
Patient or patient advocate	0.00%	0
TOTAL		3

Bree Collaborative Public Comment Reproductive and Sexual Health

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q2 Do you have comments on how the framework of cultural humility, access, and care that is person-centered and appropriate address the community's needs?

Answered: 3 Skipped: 0

#	RESPONSES	DATE
1	This is a very strong section. Well done!	10/19/2020 10:18 AM
2	I agree that these are appropriate for the framework.	10/12/2020 11:49 AM
3	N/A	10/2/2020 3:47 PM

Q3 Do you have comments on our checklists or background for focus area 1: cultural humility?

Answered: 3 Skipped: 0

#	RESPONSES	DATE
1	na	10/19/2020 10:18 AM
2	No concerns.	10/12/2020 11:49 AM
3	N/A	10/2/2020 3:47 PM

Q4 Do you have comments on our checklists or background for focus area 2: access?

Answered: 3 Skipped: 0

#	RESPONSES	DATE
1	na	10/19/2020 10:18 AM
2	Access should also include case management and community health workers to help patients understand needed care in culturally appropriate communications. It should also involve work with community leaders.	10/12/2020 11:49 AM
3	I am wondering and concerned that abortion services (access, cost and barriers to receiving medically correct information) are not included in this Bree Collaborative Recommendation.	10/2/2020 3:47 PM

Q5 Do you have comments on our checklists or background for focus area 3: person-centered care?

Answered: 3 Skipped: 0

#	RESPONSES	DATE
1	na	10/19/2020 10:18 AM
2	No concerns.	10/12/2020 11:49 AM
3	N/A	10/2/2020 3:47 PM

Q6 Do you have comments on our checklists or background for focus area 4: appropriate care?

Answered: 3 Skipped: 0

#	RESPONSES	DATE
1	If I understand the document in the section Family Planning, the pregnancy intention question has been replaced w a parenting intention question. I found this a bit confusing and I'm not sure it has to be either/or. I would recommend a both/and approach.	10/19/2020 10:18 AM
2	No concerns.	10/12/2020 11:49 AM
3	No discussion or evaluation of AB care covered/included as part of comprehensive reproductive health care.	10/2/2020 3:47 PM

Q7 Are there any errors in the report or anything our report is missing?

Answered: 3 Skipped: 0

#	RESPONSES	DATE
1	Not that I can determine. Seems very comprehensive.	10/19/2020 10:18 AM
2	I am concerned that screening for intimate partner violence is not endorsed despite the USPSTF recommendations. I agree that this information should be sought in other ways but feel that screening is very important. Patients sometimes bring up IPV in screening but not otherwise and the clinician may be unlikely to suspect it due to biases. CHPW does screen for IPV and addresses any positive responses promptly. I think that this is a service to our members.	10/12/2020 11:49 AM
3	As above in #6.	10/2/2020 3:47 PM

Q8 How can our report better address health disparities?

Answered: 3 Skipped: 0

#	RESPONSES	DATE
1	You have addressed these admirably.	10/19/2020 10:18 AM
2	Groups that are more impacted by disparities should answer this question.	10/12/2020 11:49 AM
3	AB care has huge disparities because of many metrics from public misinformation, lack of insurance coverage, lack of available providers and clinical sites as well as social/psychological barriers.	10/2/2020 3:47 PM

Q9 Do you have any general comments?

Answered: 2 Skipped: 1

#	RESPONSES	DATE
1	The guideline will be helpful to providers.	10/12/2020 11:49 AM
2	Please send feedback re: my comments.	10/2/2020 3:47 PM

Public Charge (Q4 - Focus Area 2: Access)

Thank you for explicitly addressing the impact of the Public Charge rule on immigrants' ability to access needed health care services. We appreciate this addition and support the current recommendations to understand the barriers to care this policy creates and advocate for more inclusive coverage. In addition to these recommendations, we also believe that health care providers and systems in our state can make immediate, concrete changes that will improve access to care for immigrant populations, and suggest that these recommendations address immediate steps to improve immigrant access to care instead of focusing solely on creating long-term system change.

One particularly important piece of this is addressing immigrant fears about accessing health care services. Given recent changes to the Public Charge rule and ongoing federal attacks on immigrants' health care rights, many immigrants may not have accurate information about their ability to safely access care and may unnecessarily avoid seeking needed care due to concerns about adversely impacting their immigration status or a family member's status. Trusted health care providers can play an important role in addressing these concerns and increasing access to care by ensuring that patients have the accurate information they need to make informed decisions about whether and how to access health care services. This may include providing patients with accurate information about their eligibility for health coverage, providing patients with information about community resources and organizations that may be able to help them navigate the health care system, and ensuring that all staff that interact with patients are trained on best practices for addressing immigrants' concerns and connecting them to appropriate resources. State agencies can also play an important role by removing barriers in state programs for which undocumented communities are eligible, such as collecting only the minimum amount of information necessary to process an individual's application for public assistance programs and avoiding questions about immigration status whenever possible.

The National Immigration Law Center (NILC) has more resources and specific recommendations for health care providers: <https://www.nilc.org/issues/immigration-enforcement/healthcare-provider-and-patients-rights-imm-enf/>

MCO VBP arrangements (Q9 - general feedback)

Page 13 of the report currently recommends that health plans "develop value-based contracts with providers around reproductive and sexual health services including perinatal bundled payments." We recommend that this specify that plans should develop value-based contracts with *sexual and reproductive health* providers, who are uniquely qualified to provide high-quality, high-value sexual and reproductive health services.

NQF PCCC metric (Q8 - how this report can better address health disparities) (the "Measurement" section was left out of the survey)

We appreciate the inclusion of metrics related to access to sexual and reproductive health care and the addition of a measure aimed at evaluating patient experiences in addition to patient outcomes. We also appreciate the focus on standardized and widely accepted NQF measures, which will help align data collection across entities. Keeping this focus in mind, we suggest replacing the Wake Forest Physician Trust Scale with NQF's new Patient Centered Contraceptive Care measure, which measures the patient's experience of receiving contraceptive care. Unlike the Wake Forest Physician Trust Scale, this measure is specific to the provision of contraception, which is a uniquely sensitive and personal form of health care for

many patients. This specific focus on contraceptive care is particularly important when considering the target populations of these recommendations. Women of color have a long history of being coerced into using contraception, being pushed towards contraceptive methods that are more effective at preventing pregnancy, being forcibly sterilized, and otherwise being denied full reproductive autonomy. Implementing a patient experience measure specific to contraceptive care will help reduce racial and other disparities in contraceptive care access by not only measuring if people are accessing contraception, but in assessing what their experience in accessing contraception was.

This measure is expected to be approved soon and is already being piloted by sexual and reproductive health care providers in Washington and other states.