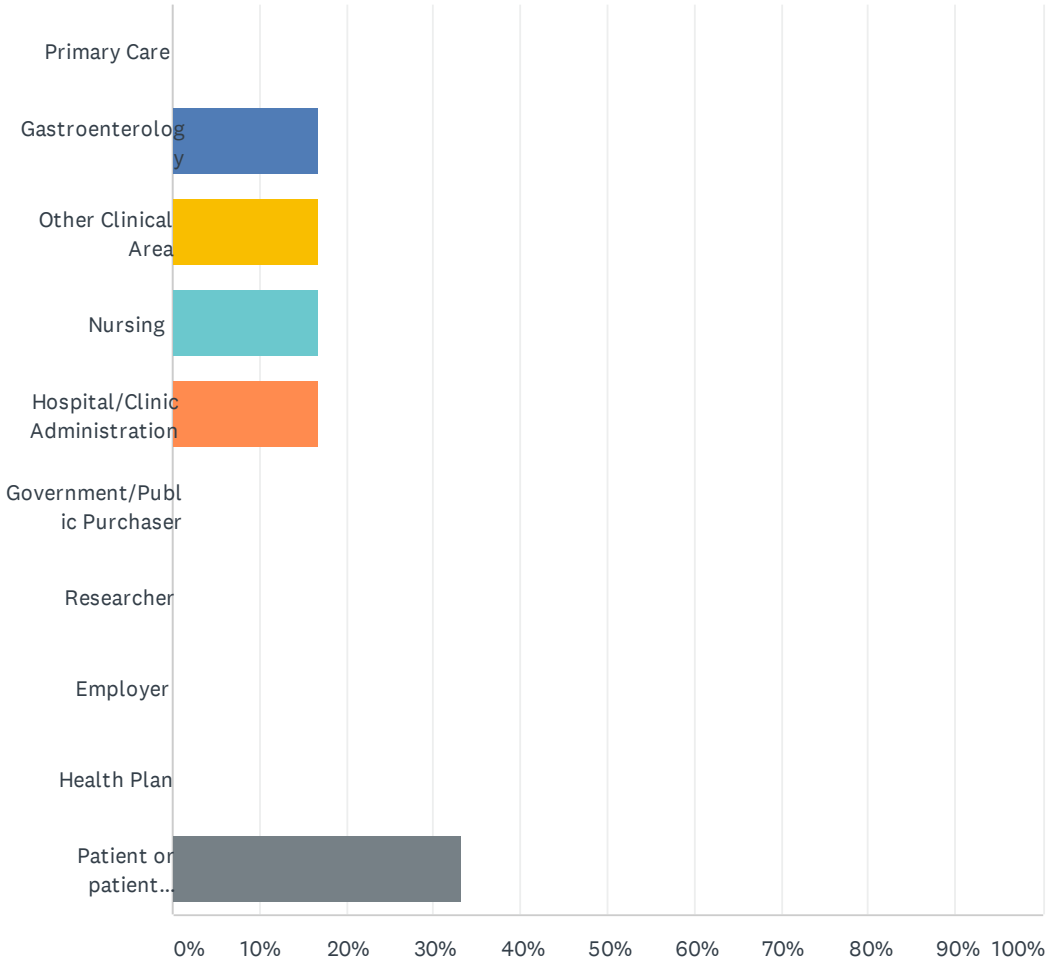
Q1 What sector do you represent? (Choose the option that is the best fit.)

Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Primary Care	0.00%	0
Gastroenterology	16.67%	1
Other Clinical Area	16.67%	1
Nursing	16.67%	1
Hospital/Clinic Administration	16.67%	1
Government/Public Purchaser	0.00%	0
Researcher	0.00%	0
Employer	0.00%	0
Health Plan	0.00%	0
Patient or patient advocate	33.33%	2
TOTAL		6

#	OTHER (PLEASE SPECIFY)	DATE
1	Colon and Rectal surgery	10/21/2020 12:20 PM

Q2 Do you have comments on our action steps or checklists for focus area 1: Tracking?

Answered: 6 Skipped: 0

#	RESPONSES	DATE
1	I think the action steps are appropriate. My concern is related to staffing and time. Encourage potential opportunities to provide supports to practices to take on the increased infrastructure needed both training/education/structures as well as financial opportunities. Time frames were not included. I anticipate this would be a phased approach and occur after the pandemic has significantly improved.	10/23/2020 4:25 PM
2	No	10/23/2020 11:38 AM
3	Privacy concerns abound in a state-wide database collecting patient demographic and treatment measures without patient de-identifiers. Do patients need to give specific consent for dissemination of their personal health information and demographics to an outside medical entity?	10/21/2020 12:20 PM
4	N/A	10/1/2020 6:07 PM
5	I agree with the action steps for tracking and use of a registry.	10/1/2020 3:48 PM
6	Should potential barriers to screening be tracked?	9/25/2020 9:43 PM

Q3 Do you have comments on our action steps or checklists for focus area 2: Measurement?

Answered: 6 Skipped: 0

#	RESPONSES	DATE
1	Support the action steps for measurement. I think these pieces are crucial to drive improvement.	10/23/2020 4:25 PM
2	No	10/23/2020 11:38 AM
3	no	10/21/2020 12:20 PM
4	N/A	10/1/2020 6:07 PM
5	I agree that this is appropriate.	10/1/2020 3:48 PM
6	No	9/25/2020 9:43 PM

Q4 Do you have comments on our action steps or checklists for focus area 3: Person-Centered Care?

Answered: 6 Skipped: 0

#	RESPONSES	DATE
1	Fully support shared decision making processes. Support for shared decision making tools or training may be needed. Although sedation may increase cost, I believe this needs to be offered to patients and included as noted in the shared decision making	10/23/2020 4:25 PM
2	Yes. Risk factors must be discussed between physician and patient in order for patient to make informed choice about timing of screening (at what age), and modality (home fecal test vs sigmoidoscopy or colonoscopy). Patients often lack knowledge of what the actual risk factors are, or what the family history is. Specific discussion with physician about all risk factors is necessary.	10/23/2020 11:38 AM
3	no	10/21/2020 12:20 PM
4	As in #7. Need social work and collaboration with the health care provider and site to address the specific needs of those patients experiencing homelessness.	10/1/2020 6:07 PM
5	It would be appropriate for health plans to keep track of the type of screening that the member has chosen with the guidance of their provider. Providers would need to discuss sedation options for colonoscopy.	10/1/2020 3:48 PM
6	no	9/25/2020 9:43 PM

Q5 Do you have comments on our action steps or checklists for focus area 4: Payment ?

Answered: 6 Skipped: 0

#	RESPONSES	DATE
1	Fully support action steps for payment. I have seen cost be a significant factor in patients choice for screening method. Would recommend assuring that if a patient is interested in sedation that this cost is not transferred to the patient and is included in benefits. Related to provider performance, I recommend that all insurances or value based contracts use the same methodology for the metric.	10/23/2020 4:25 PM
2	Yes. After positive home fecal test, patient should not have to pay for colonoscopy.	10/23/2020 11:38 AM
3	no	10/21/2020 12:20 PM
4	N/A	10/1/2020 6:07 PM
5	It would be best if colorectal cancer screening were included as a VBP measure to promote alignment among the MCOs and to prevent having an unrealistic number of measures for providers. It is a good idea to require coverage of additional procedures performed during a screening colonoscopy or as a result of positive FIT testing without a copay.	10/1/2020 3:48 PM
6	no	9/25/2020 9:43 PM

Q6 Are there any errors in the report or anything our report is missing?

Answered: 4 Skipped: 2

#	RESPONSES	DATE
1	Appendix D: related to who is considered high risk and needs 5 year screening. would recommend relooking at this and also look at other society guidelines. and come to a consensus.	10/23/2020 4:25 PM
2	Yes. (1) The report fails to make explicit that the physician and patient discuss patient's risk factors. It is not sufficient to say "patient should be aware of risk factors" and to say "doctor should be aware of risk factors". The two must connect, (2) there is no discussion of feasibility of sigmoidoscopy is considered as screening/preventative modality. Sigmoidoscopy requires minimal preparation by the patient, often requires no sedation (or much less than with colonoscopy) and therefore less risk to patient from adverse reaction to sedation, and less time commitment by patient (i.e., patient can take a half day off of work instead of an entire day, and does not need to have a driver to and from procedure - these are hurdles for many patients). It was quite surprising that there was no discussion of sigmoidoscopy as an alternative (except in passing, and (3) there is no discussion of the rates of false negatives of home fecal tests, e.g., FIT test. There is little point in taking a test that is inaccurate. Physicians and patients must know rates of false negatives. There are known incidences of patients with multiple false negatives from home fecal test; such patients then fail to take a timely colonoscopy which would catch actual disease before it progresses further.	10/23/2020 11:38 AM
3	Not an error, but an addition. I think that it is important to tease out the specific data for the Black community.According to the American Cancer Society, colorectal cancer (CRC) is the third most common cancer among African Americans – with close to 20,000 Black people diagnosed in 2019 alone. CRC also killed approximately 7,100 Blacks in 2019, representing 10% of all deaths among the population. (ACA). “African-Americans are more likely to get colon cancer, they’re more likely to have an advanced stage of disease when they’re diagnosed with colon cancer, they’re more likely to die from colon cancer and they have shorter survival after diagnosis with colon cancer,” stated Dr. Fola May, assistant professor of medicine at UCLA and a researcher at Cedars-Sinai Medical Center	10/1/2020 6:07 PM
4	Page 2 earlier screening is recommended for those at increased risk, such as family history of colorectal cancer. I recommend changing this to “such as inflammatory bowel disease, or family history of adenomatous polyp or colorectal cancer”. In these patients screening should be by colonoscopy and FIT testing is not appropriate. CT colonography every five years is mentioned on page 3 and again on page 11. This could be confusing to providers since the HTA on Virtual Colonoscopy or CT Colonography, which states that this screening modality is not covered, is not cited until page 18.	10/1/2020 3:48 PM

Q7 How can our report better address health disparities?

Answered: 4 Skipped: 2

#	RESPONSES	DATE
1	Did not see specific recommendations other than targeted outreach. Wondering if there is more information related to what this outreach might look like. How best to outreach particular racial/ethnic groups.	10/23/2020 4:25 PM
2	See item 6(2) above, regarding flexible sigmoidoscopes.	10/23/2020 11:38 AM
3	In my work in the community of people experiencing homelessness I have seen the huge impact of SDH and disparities leading to a lack of colonoscopy at all points. Many patients skip or miss appointments as they don't have a good means of communication, such as a reliable phone or lack a place to charge their phone and miss scheduling and/or follow up communications. Even the importance of and lack of access to privacy and a toilet during the prep stage is a non-starter for screening. For these and other very low-income clients I saw many other structural disconnects in housing and/or privacy (access to toilet and shower and a safe place to rest after completing procedure), transportation to and from procedure, having a person to accompany you to the procedure (rule). I have had only one client who was helped to stay in a local motel and a social worker arranged to pick him up and bring him back. For this cohort it might be a help for these clients to have on-site access to a room with the essentials and an escort provided by the provider. Use of non-invasive testing is also an option if follow up is done. I am not sure if Medicaid pays for these kits?	10/1/2020 6:07 PM
4	There needs to be better outreach that is culturally and language appropriate, particularly for members at higher risk for colorectal cancer. A barrier that was not mentioned is the requirement for the patient to have a ride home following colonoscopy. Many people do not have anyone who can take time off work to drive them home after the procedure.	10/1/2020 3:48 PM

Q8 Do you have any general comments?

Answered: 5 Skipped: 1

#	RESPONSES	DATE
1	Appreciate the Bree collaborative approach to improving colon cancer screening and colon cancer outcomes by early detection. I think the 4 focus areas will advance this work.	10/23/2020 4:25 PM
2	See previous comments, especially #7.	10/23/2020 11:38 AM
3	glad to discuss my points with anyone!	10/1/2020 6:07 PM
4	The guideline is helpful.	10/1/2020 3:48 PM
5	This is well done	9/25/2020 9:43 PM

Q9 Name:

Answered: 5 Skipped: 1

#	RESPONSES	DATE
1	Kim Herner	10/23/2020 4:25 PM
2	Susan Fuller	10/23/2020 11:39 AM
3	Phillip Dean, M.D.	10/21/2020 12:20 PM
4	Cheryl Berenson	10/1/2020 6:08 PM
5	LuAnn Chen, MD	10/1/2020 3:49 PM

Ginny Weir

From: Susan Fuller <skfuller1@icloud.com>
Sent: Friday, October 23, 2020 12:22 PM
To: Ginny Weir
Subject: COMMENTS Fwd: Bree Collaborative: Public Comment on Colorectal Cancer Screening

Hi Ms. Weir - I read the Bree Collaborative's Colorectal Cancer Screening report and took the survey, but realize there are a couple of comments I inadvertently omitted. Survey Monkey will not let me back in to edit or supplement the response. How do I provide additional comments?

For what it's worth, my additional comments are, basically: Patients and physicians must be more clearly educated that colorectal cancer risk factors include family history of ***polyps*****,** not just family history of cancer diagnosis. People will have more awareness of family history of cancer diagnosis (or lack thereof), but will not know much about whether their relatives had colonoscopies in which polyps were removed. If patients know this is a risk factor, they can inquire of their family members. Otherwise, incorrect assumptions are made, which leads to the patient being in the incorrect risk category (e.g., whether they are actually high risk or not). This is not hypothetical. As a patient and now colorectal cancer survivor, it would have made a very big difference in evaluation of my risk of colorectal cancer to have known to ask my family about their history of (successfully and timely removed) polyps.

Likewise, discussion between patient and physician of other risk factors, such as being of Ashkenazi Jewish descent is important; as a patient and being of Ashkenazi Jewish descent, it was a bit of a surprise seeing that as a factor listed in Appendix D. That risk factor had never been mentioned to me by any healthcare provider; it too would have been helpful in evaluating my risk of colorectal cancer. It is unclear that physicians are aware of this risk and discussing it with their patients.

In short, thorough discussion between physician and patient of all the risks in Appendix D is key.

Please pass along these comments, or let me know how I can edit my response to the survery so as to include them.

Thank you for your courtesies,

Susan Fuller

From: Ginny Weir <gweir@qualityhealth.org>
Sent: Friday, September 25, 2020 11:31 AM
Subject: Bree Collaborative: Public Comment on Colorectal Cancer Screening

Workgroup Members – Our recommendations are ready for public comment – please send this email to any who may be interested.

Your feedback is requested on the Bree Collaborative's draft Colorectal Cancer Screening Report and Recommendations. Our workgroup will review all comments before submitting a final draft for review and approval by the Bree Collaborative. Please read the draft materials then take our survey, here: www.surveymonkey.com/r/bree-colo. We estimate that this survey will take 10-15 minutes to complete. The deadline for feedback is ***5pm Friday, October 23rd.***

Read the Report | Take the Survey