
Bree Collaborative | Colorectal Cancer Guideline Implementation Workgroup

August 14, 2020 | 10:30 – 12:00

Held Remotely

MEMBERS PRESENT

Rick Ludwig, MD, (Chair), Bree Collaborative,
Providence Washington

Bev Green, MD, Kaiser Permanente Health
Research Institute

Rachel Issaka, MD, MAS, Fred Hutch

Julie Stofel, Patient and Family Advocate
Patricia Auerbach, MD, UnitedHealthcare

Casey Eastman, MPH, Washington
State Department of Health

Jason Dominiz, MD, Veterans Administration

STAFF AND MEMBERS OF THE PUBLIC

Ginny Weir, MPH, Bree Collaborative

Alex Kushner, Bree Collaborative

Vickie A. Kolios-Morris, MSHSA, CPHQ,
SCOAP and Spine COAP

BREE COLLABORATIVE OVERVIEW

Rick Ludwig, MD, Bree Collaborative, Providence Washington, and Ginny Weir, MPH, Bree Collaborative welcomed members to the workgroup and those present introduced themselves.

Motion: Approval of June 10th Minutes with one change suggested by a member.

Outcome: Passed with unanimous support.

GENERAL DISCUSSION

Ms. Weir began by reviewing the upcoming schedule for the workgroup's recommendations: next month they will be presented to the Bree Collaborative and then sent out for public comment upon approval. The group spent its time today discussing the "recommendation Framework" and "Stakeholder Checklists" sections of the recommendations.

- Ms. Weir asked for comments on the 4 focus areas chart. Group decided to move the "develop a cost calculation worksheet" bullet point into the Payment section.
- Members discussed who would be able to develop a cost calculation worksheet.
 - Casey Eastman, MPH, Washington State Department of Health said that, in order for the Department of Health to help, they would need assistance from a health economist.
 - Bev Green, MD, Kaiser Permanente Health Research Institute, said she thought this would be a valuable tool for this group to provide.
 - Dr. Green and Rachel Issaka, MD, MAS, Fred Hutch are going to think more about this.
- Julie Stofel, Patient and Family Advocate asked that a link to the United States Preventive Service Task Force (USPSTF) be added to the document. This led to a wider discussion about whether to reference the USPSTF at all—members worried that would be too prescriptive.
 - The group looked at the language from USPSTF and found that it did not assign a grade to potential screening strategies, it just listed them.
 - The group decided to remove the bullet referencing USPSTF and replace it with two new bullets.
 - Added "Waive member cost share for colonoscopy to evaluate an abnormal colorectal cancer screening test (i.e., sigmoidoscopy, stool, blood, and imaging screening test), whether or not polypectomy or biopsy is performed"
 - Added "Waive the member cost share for screening colonoscopy if a polyp is identified and removed in the procedure"
 - The group worked on the above language to make it clear what should be covered.

- Group members asked about the second-to-last bullet of the Payment section, which concerned those at high risk for colorectal cancer and their coverage. One member pointed out that this workgroup’s recommendations are meant to focus on patients at average risk for colorectal cancer.
 - Group agreed to remove this bullet.
- The group returned to the Measurement section of the table and changed the first bullet to clarify that self-reported race and ethnicity data is collected to assess disparities.
- Dr. Green asked for a quality measure of follow up after a positive or abnormal fecal test. The recommendations already contained such language, but “positive” fecal test was changed to “abnormal” fecal test in the language for this measure, found on page 12.
 - The group also mentioned making another audit measure for the health plans to see if there was follow up within a year after an abnormal fecal test (more adverse outcomes after a year).
- Moving on to the Stakeholder Checklists section of the recommendations, the group discussed the recommendations for delivery organizations.
 - In the first bullet, “breast and cervical cancers” were removed because they do not apply to this age group.
 - Added parenthesis “(can include other cancer screening)”.
 - Changed the second sub-bullet here to “Modality selected for screening”.
 - Added a bullet for “Sex at birth”.
 - Group discussed whether to add “gender” to the registry. There is no published data yet for how gender affects risk in this regard.
 - Decided to add “gender (if available)”
 - Added another sub-bullet, “follow-up for abnormal test”.
 - The group discussed this language—members were concerned about holding the PCP accountable to report the results from a patient who is referred out for a colonoscopy.
 - The group agreed that they wanted to encourage the registry to include whatever follow up steps are taken in general and changed the bullet to “Follow-up steps”.
- Ms. Stofel commented on the Patient and Family section of the recommendation. There is language pointing patients and family to risk assessment via information from the American Cancer society website. This puts too much emphasis on the patient to research, so Ms. Stofel abstracted the information on this website and created a list that she is going to send the group for review and inclusion in the recommendations.

Action Item: Ms. Weir to add language from Ms. Stofel and send the recommendations around to workgroup members for review and edits.

GOOD OF THE ORDER

Dr. Ludwig thanked all for attending and adjourned the meeting.