

The Bree Collaborative
Cervical Cancer Screening Charter and Roster

Problem Statement

While deaths from cervical cancer have decreased significantly since the introduction of the Pap test in the middle of the last century, percent of people with up to date screening remain at about 50-66% depending on age group.^{1,2} The US Preventive Services Task Force recommends that those with cervical tissue be screened for cervical cancer every three or five years (depending on the modality) between the ages of 21 and 65.³ Appropriate, up to date, screening rates also vary based on race, region, and income resulting in disparities in incidence and mortality.⁴

Aim

To increase the appropriate cervical cancer screening process in Washington State to decrease incidence of and mortality from cervical cancer.

Purpose

To propose evidence-based recommendations to the full Bree Collaborative on:

- Mechanisms to increase appropriate use of screening including work-up after a positive screen (e.g., last mile of screening)
- Appropriate education and engagement of consumers based on individual risk factors and experience (e.g., those who were assigned female at birth and have transitioned to gender queer or male, age, HPV vaccination status, past trauma especially of a sexual nature)
- Appropriate cervical cancer screening modalities
- Addressing disparities in screening, follow-up, and outcomes (e.g., geographic, by race, by payer)

Duties & Functions

The workgroup will:

- Research evidence-based and expert-opinion informed guidelines and best practices (emerging and established).
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately ten-twelve months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies including metrics or a process for measurement.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative or the workgroup chair. The chair of the workgroup will be appointed by the chair of the Bree Collaborative. The Bree Collaborative director and program assistant will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. The director will conduct meetings along with the chair, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the workgroup chair.

Name	Title	Organization
Chair: Laura Kate Zaichkin, MPH	Director of Health Plan Performance and Strategy	SEIU 775 Benefits Group
Virginia Arnold, DNP ARNP	Provider	Neighborcare Health at Pike Place Market
Diana Buist, PhD, MPH	Senior Investigator and Director of Research and Strategic Partnerships	Kaiser Permanente Washington Health Research Institute
LuAnn Chen, MD, MHA, FAAFP	Senior Medical Director	Community Health Plan of Washington
Colleen Haller, MPH	Manager, Care Improvement & Clinical Integration	Community Health Plan of Washington
Jordann Loehr, MD	Obstetrics and Gynecology	Toppenish Medical-Dental Clinic
Constance Mao, MD	Associate Professor Emeritus, Obstetrics and Gynecology	University of Washington School of Medicine

¹ <https://www.cdc.gov/cancer/cervical/statistics/index.htm>

² MacLaughlin K, Jacobson R, Breitkopf C, et al. Trends over time in Pap and Pap—HPV cotesting for cervical cancer screening [published online January 7, 2019]. *J Womens Health*.

³ <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>

⁴ Pratte MA, Griffin A, Ogazi C, et al. Racial/Ethnic Disparities in Cervical Cancer Screening Services Among Contractors of the Connecticut Breast and Cervical Cancer Early Detection Program. *Health Equity*. 2018;2(1):30-36. Published 2018 Apr 1. doi:10.1089/heq.2017.0038