Bree Collaborative | Cervical Cancer Screening Workgroup
January 6th, 2021 | 8:00 – 9:00 a.m.
Virtual

MEMBERS PRESENT

Laura Kate Zaichkin, MPH, Director of Health Plan Performance and Strategy, SEIU 775 Benefits Group
Diana Buist, PhD, MPH, Senior Investigator, Director of Research and Strategic Partnerships, Kaiser Research Institute
Colleen Haller, MPH, Manager, Care Improvement & Clinical Integration, Community Health Plan of Washington

STAFF AND MEMBERS OF THE PUBLIC

Ginny Weir, MPH, Bree Collaborative
Alex Kushner, Bree Collaborative

BREE COLLABORATIVE OVERVIEW

Laura Kate Zaichkin, MPH, Director of Health Plan Performance and Strategy, SEIU 775 Benefits Group and Ginny Weir, MPH, Bree Collaborative welcomed members to the workgroup and those present introduced themselves and gave a short summary of their background.

- Ms. Zaichkin spoke briefly about what success would look like for this group: reinforcing the USPSTF standards and increasing equity.
- Diana Buist, PhD, MPH, Senior Investigator, Director of Research and Strategic Partnerships, Kaiser Research Institute, said a priority for the group should be offering women ways to obtain screening that are accessible and desirable to them.

Ms. Weir gave a short overview of the Bree Collaborative, covering:

- Roberts Rules of Order
- Why the Bree Collaborative was formed and how it chooses its members and workgroup topics
- How recommendations are developed
- The Open Public Meetings Act and conflict of interest forms
- The proposed plan and timeline for this workgroup
- The Bree's role in the implementation and adoption of its guidelines.

OPEN DISCUSSION: WHO TO ADD AND SCOPE OF WORK

Ms. Weir opened the conversation to discussion and began by asking the group who else needed to be added as members.

- Dr. Buist suggested having patient representation. It would be helpful to have a patient from a rural area to increase state-wide representation at the group. It would also be helpful to have someone in the group who has been through screening while being uninsured or under-insured.
    - Neighborhood clinics and other local providers should be added to the group.
- Dr. Buist and Colleen Haller, MPH, Manager, Care Improvement & Clinical Integration, Community Health Plan of Washington, will both forward contacts to Ms. Weir. Ms. Haller will also forward an invitation to the workgroup to her relevant networks.
- Ms. Zaichkin will reach out to contacts at the Community Health Board Coalition to see if there are members of various health boards that would want to join.
- Ms. Weir shared the charter from last year's Colorectal Cancer Screening Bree workgroup as an example for this group.

Action Item: Ms. Weir will send out a modified version of this charter (adjusting it to focus on cervical cancer) for group members to edit and add language to for the next meeting.

- The group began editing the charter and discussing how cervical cancer screening will be different from colorectal screening.
    - Like the colorectal group did, this workgroup should think about the entire continuum of screening and follow up.
    - Dr. Buist pointed out that the Aim statement for this group should not only be about increasing screening; it should instead be about increasing access to and compliance with the entire process of screening and follow up. For example, screening itself is often covered but the diagnostic process is not for the underinsured.
- Another priority should be taking patient preference for screening into account. In colonoscopy, patients make a choice between colonoscopy and FIT tests; with cervical screening, patients do not know exactly which type of test they are signing up for.
- The group discussed some of the reasons that people do not comply with screening, including patients who have been vaccinated for HPV not knowing that they should still screen and older patients who have cervixes and are monogamous also thinking that they no longer need to screen.
- The other main difference between cervical cancer screening and colorectal cancer screening is that cervical cancer screens, unlike colorectal screens, are not diagnostic. Abnormalities require additional follow up.
- The group discussed education around HPV vaccination. Those who have been vaccinated need to know that they are still at risk of cervical cancer.
- The group thought about the different populations that might need to be covered in the recommendations: younger patients, older patients, female-to-male transgender patients, those who have experienced trauma, and various races/ethnicities. What are the different needs of these populations?

GOOD OF THE ORDER

Ms. Zaichkin and Ms. Weir thanked all for attending and adjourned the meeting.

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