
Bree Collaborative | Cervical Cancer Screening Workgroup

February 3rd, 2021 | 8:00 – 9:30 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, Director of Quality, Community Health Plan of Washington
Michelle Sullivan, Chief Quality and Compliance Officer, Yakima Neighborhood Health
LuAnn Chen, MD, Family Physician, Senior Medical Director, Community Health Plan of Washington

Beth Kruse, CNM, Public Health Seattle King County
Virginia Arnold, DNP, ARNP, Nurse Practitioner, Pike Place Market Neighborcare
Jordann Loehr, MD, OB/GYN, Yakima Valley Farmworkers Clinic
Rachel Winer, Professor of Epidemiology, University of Washington
Connie Mao, MD, Professor of Obstetrics and Gynecology, University of Washington Medical Center
Sophia Shaddy, MD, Pathologist, Cellnetix

STAFF AND MEMBERS OF THE PUBLIC

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

Aruna Kamineni, PhD, MPH, Epidemiologist, Kaiser Permanente Washington

WELCOME

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. For the new members, Ms. Zaichkin gave a brief overview of the Bree Collaborative and of the discussion that the workgroup had last month. She also passed on what the Bree Collaborative members told her at their last meeting: they encouraged this group to focus on equity, quality measures, and the unique challenges of cervical cancer compared to other cancer screenings.

Motion: Approval of January 6th, 2021 minutes

Outcome: Passed with unanimous support

GENERAL DISCUSSION: STARTING A DRAFT OF THE RECOMMENDATIONS

Ms. Weir shared last year's colorectal screening recommendations and explained that the group could start by reacting to and editing against that document. The group started by looking at the framework section.

- The group discussed how close the cervical cancer screening framework would be to the colorectal cancer framework.
 - Ms. Zaichkin clarified that this group would probably not recommend developing a state registry; instead, they could develop tools for tracking. The group could also consider ways to access already existing state data.
 - The group discussed the importance of follow up and how the ASCCP algorithm works. A member said that a registry would be helpful.

- Another member of the group suggested that quality metrics would be more financially feasible than registries.
 - Another member spoke about the importance of reverse registries—a registry of who performs follow up tests and how many they are willing to do.
- One of the big barriers that leads to patients being overdue for screening is that there is a lack of personnel to do dedicated follow up. The majority of follow up for abnormal pap tests ends up in a provider’s Epic inbox.
- There is a need to invest in some kind of tracking tool. One member suggested that a state registry might not be as cost effective as investing in ways to reach out to those who are under screened to get them seen.
 - A clinical data repository would help those who are underinsured and more vulnerable and who also see different doctors (which makes their data harder to track).
- Vaccination is another way to reduce the need for screening.
- The group discussed outreach. One member said that her clinic does not even get the low hanging fruit—patients who would come in if they had reminders and knew it was safe.
 - Michelle Sullivan, Chief Quality and Compliance Officer, Yakima Neighborhood Health said that, in her experience, outreach like phone calls, mailings, and educational materials did not lead to much improvement.
 - Outreach is important, but there is no best practice for how to get patients to come in.
 - Another barrier to address is the mistrust of vaccines and our health care system in general in some BIPOC communities.
- The group discussed whether HPV vaccination would be in-scope for this workgroup. Members said that it is very important to provide information about HPV to patients. One member said that the recommendations should include language about the importance of preventing HPV.
 - Another member spoke about the importance of also screening for HPV in addition to cervical cancer.
 - There are only a limited number of FDA approved tests for HPV right now.
- Ms. Weir suggested that it might make sense to have different recommendations based on age and exposure to vaccination. It could be helpful to provide standard language for providers to use when talking to patients about their risk and need for screening. Might point to organizations like ACOG who have already worked on this language.
- Another barrier for patients is the stigma around sex and sexually transmitted infections. This can impede both discourse and screening for STIs.
 - A member also linked to the article “Beyond Tuskegee—Vaccine Distrust and Everyday Racism” which discusses barriers to vaccination specific to the Black community.
 - It is important to help patients understand that they are not being tested for an STI but for a risk of cervical cancer (when doing HPV screening).
- Home testing for HPV was discussed, especially as a way to make testing easier and more accessible for women who have experience sexual violence. A self-swab test is around the corner but will likely not be on the market before these recommendations are done. It would still be good to include language about self-test since the recommendations last for years.
- A member encouraged those in the workgroup to respond to the government RFI for the ‘Last Mile’ Initiative.
- Ms. Weir asked about the ideal process for dissemination of a home test. Diana Buist PhD, MPH, Senior Investigator, Director of Research and Strategic Partnerships, Kaiser Research Institute spoke about what she learned from Kaiser Permanente’s home trail:
 - People do not like receiving a kit without warning. Patients should be told before getting a kit.

- They now send a letter a week before the kit, but do not yet have a good idea of how much this will increase compliance.
 - The group could learn from the literature around Fecal Occult Blood Tests here.
- Ms. Zaichkin summarized the discussion: access means both access to an appropriate test and access to a specialist who can provide the necessary follow up. The colorectal recommendations think about screening and prevention across the continuum of care—this could be a useful way to think about the group’s work going forward.
- For the next meeting, the group should think about metrics and measurement. Ms. Weir asked for members involved in ongoing research to keep the group updated on any new findings.

Action Item: Ms. Weir will work on drafting the framework section based on the group’s conversation.

GOOD OF THE ORDER

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

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