The Bree Collaborative
Colorectal Cancer Screening Charter and Roster - DRAFT

Problem Statement

Colorectal cancer is the fourth most common cancer diagnosed in the United States with about 4.2% of men and women being diagnosed at some point in their lifetime.¹ Currently, the US Preventive Services Task Force recommends to start screening for colorectal cancer at age 50, with some risk factors such as a family history indicating earlier screening.² In Washington State of adults aged 50-75, only 63% with commercial insurance and 43% with Medicaid received screening, with variation by county.³

Aim

To increase appropriate colorectal cancer screening in Washington State.

Purpose

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

- Mechanisms to increase appropriate use of colorectal cancer screening
- Endorsement of existing guidelines by age and other relevant factors to begin and end screening
- Appropriate colorectal cancer screening modalities
- Use of appropriate anesthesia during screening
- Best practices for surveillance after identification of a polyp
- Addressing disparities in colorectal cancer screening rates (e.g., geographic, by race, by payer)
- Metrics to incentivize appropriate colorectal cancer screening
- Addressing barriers to integrating recommendations into current care systems
- Identifying other areas of focus or modifying areas, as needed.

Duties & Functions

The Colorectal Cancer Screening 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.
- 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Rick Ludwig, MD</td>
<td>Chief Executive Officer</td>
<td>Pacific Medical Centers</td>
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<tr>
<td>Patricia Auerbach, MD, MBA</td>
<td>Chief Medical Officer, Washington, Oregon, and Idaho, Employer &amp; Individual, Medicare &amp; Retirement</td>
<td>UnitedHealthcare</td>
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<tr>
<td>Elizabeth Broussard, MD</td>
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<td>Pacific Medical Centers First Hill</td>
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<td>Jason Dominitz, MD, MHS</td>
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<td>Veterans Health Administration</td>
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<td>John Dunn, MD</td>
<td>Medical Director of Prevention, Gastroenterology</td>
<td>Kaiser Permanente Washington</td>
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<td>Casey Eastman, MPH</td>
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<td>Washington State Department of Health</td>
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<td>Bev Green, MD, MPH</td>
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<td>Kaiser Permanente Washington</td>
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<td>University of Washington Medicine</td>
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<td>Rachel Issaka, MD, MAS</td>
<td>Assistant Member, Clinical Research Division, Gastroenterology &amp; Hepatology</td>
<td>Fred Hutch</td>
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<td>Julie Stofel</td>
<td>Patient and Family Advocate</td>
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<td>Tammy Wild, MPH, RDN, LD</td>
<td>State Health Systems Manager</td>
<td>American Cancer Society</td>
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