
Bree Collaborative | Colorectal Cancer Guideline Implementation Workgroup

June 12th, 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

Julie Stofel, Patient and Family Advocate

Patricia Auerbach, MD, UnitedHealthcare

Tammy Wild, MPH, RDN, LD, NSCA-CPT,
American Cancer Society

Rachel Issaka, MD, MAS, Fred Hutch
Casey Eastman, MPH, Washington

State Department of Health

Val Simianu, MD, MPH, Virginia Mason

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

Natalie Bell, Kaiser Permanente Washington

Jean Gowen, Medicaid

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. Ms. Weir also took a moment to reflect on the black lives matter movement and asked the group to think about how its work can help eliminate health inequities.

Motion: Approval of May 8th Minutes with one change suggested by a member.

Outcome: Passed with unanimous support.

GENERAL DISCUSSION

- Dr. Ludwig began with a patient story relating to colorectal screening. The story was about a patient who had a positive FIT test but was not motivated to follow up with a colonoscopy. The patient eventually changed his mind after getting a dog and being asked by his provider who would take care of the dog if he got colon cancer. After agreeing to be tested, cancer was found and safely removed. Persistence and cleverness are required for colon cancer screening.
- Ms. Weir asked the group to discuss the articles that were assigned between meetings.
- The group discussed the article on standardized workflows to improve colonoscopy follow up after abnormal fecal tests.
 - The difficulty with follow up is the resources and commitment required to do the work.
 - Resource challenge right now is worse due to COVID.
 - Casey Eastman, MPH, Washington State Department of Health, discussed the mechanisms for reimbursement for standardized workflows. Standardized workflow grants exist, but are not sustainable.
 - Conversations are happening about doing cost evaluations for mail FIT in order to take that information into payer negotiations.
 - Oregon used this model for its immunization programs that were losing money.
 - Demonstration of a clear return on investment is important for this route.
- Bev Green, MD, Kaiser Permanente Health Research Institute pointed out that FIT is an appealing option right now because it does not involve going into a clinic during COVID and also stops preventable deaths.

- COVID presents a huge opportunity to push FIT testing as there are not many cancer screenings that can be done from home.
- The group liked the idea of recommending the development of a cost calculation worksheet. This group could also come up with a mechanism to empower clinics to use such a worksheet or do cost analysis themselves.
- Dr. Green mentioned the importance of recommending that Medicaid match Medicare incentives using measurement.
 - This has been done in Oregon Medicaid.
 - The group also liked Oregon's legislation to cover copays for colonoscopies after positive FIT tests or where polyps are found.
- Ms. Weir asked the group what it could recommend in lieu of a state-run registry—this would be too big of an ask during COVID. What could the group recommend for resource-poor delivery sites to encourage positive change?
- Dr. Green brought up the importance of motivational interviewing. Doctors have limited time in screening appointments and she has found that nurses are better to train in motivational interviewing.
 - There is, however, a lack of literature on motivational interviewing best practices in this arena, but the data does suggest that it is effective, along with registries.
- Dr. Ludwig asked Dr. Green what made registries effective in the literature.
 - When a registry was monitored and policed it was effective. Without monitoring, it was not effective.
 - Dr. Green would love to see health plans involved in this, especially because there is clear ROI for getting patients to follow up on FIT.
 - Patricia Auerbach, MD, UnitedHealthcare said that United has had success in doing this.
- Ms. Weir asked what would need to happen to build partnerships between delivery systems and health plans.
 - Parties need to be brought together to find out where there is room for flexibility. HCA could be a good body to do this work.
 - Dr. Ludwig brought up the problem of differences across payors; doctors often do not know these differences or think about them. Would be great to get payors to all have incentives for colorectal cancer screening and have them be similar so it is easy for providers to follow along.
 - The Bree could convene such a conversation with both parties at the same table.
 - If a proposal were created out of this work, it could be bundled with other types of cancer screening.
 - Dr. Green recommended, as part of this theoretical conversation, thinking about bundling in other episodic medical events, such as flu shots or other immunizations.
- The group pivoted to anesthesia. Most patients think that anesthesia is required for colonoscopies, but it is not. However, there could be a kickback from gastroenterologists if the group recommends not using sedation (or at least discussing that option with the patient); this is because uncomfortable patients may make the procedure harder to perform.
 - This is a patient choice issue—patients are not getting full information about their options. The group decided to wait until one of its members who is a GI is present to finish this discussion.

Action Item: Ms. Weir to have a discussion with Dr. Auerbach about coordinating health plan discussions. Ms. Weir asked members to submit comments on the draft recommendations before next meeting.

- Ms. Weir recommended bringing in other entities in the state that already have registries and collect data (such as One HealthPort).
- Jean Gowen from Medicaid recommended multiple people who could be helpful for the group to talk to, including Judy Zerzan.

GOOD OF THE ORDER

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

DRAFT