



CALIFORNIA ASSOCIATION of  
**PUBLIC HOSPITALS  
AND HEALTH SYSTEMS**



CALIFORNIA HEALTH CARE  
**SAFETY NET INSTITUTE**

# **PRIME REQUIRED PROJECT IMPLEMENTATION WEBINAR**

**Webinar Series 2: Successful Approaches to Disease  
Management and Screening**

**Colorectal Cancer Screening: Operational Practices and  
Resources**

Wednesday, March 1, 2017; 12:00-1:00pm

**Recording Link:**

<https://safetyinstitute.webex.com/safetyinstitute/lssr.php?RCID=68a3c74b72234a359f5cda4679fae21f>

# Agenda

Time	Topic	Lead(s)
12:00-12:05	<b>Opening</b> PHS background on metric	David Lown, MD Chief Medical Officer, SNI
12:05-12:55	Colorectal Cancer Screening: Operational Practices and Resources  Q&A	<ul style="list-style-type: none"><li>▪ Coleen Kivlahan, MD, Executive Medical Director of Primary Care Services, UCSF</li><li>▪ Sara Coleman, PRIME Director, Office of Population Health &amp; Accountable Care, UCSF</li><li>▪ Therese Chan Tack, MD, MPH, Primary Care Physician, China Basin, UCSF</li><li>▪ Rossana Segovia, NP-C Administrative Nurse Manager Primary Care, UCSF</li><li>▪ Mike Potter, MD, Director, San Francisco Bay Area Collaborative Research Network (SFBayCRN); Family Physician, UCSF</li></ul>
12:55-1:00	<b>Resources</b> <b>Closing</b>	David Lown, MD Chief Medical Officer, SNI

# Housekeeping



Please mute locally



At any time, feel free to chat your question & we will read out



Webinar will be recorded

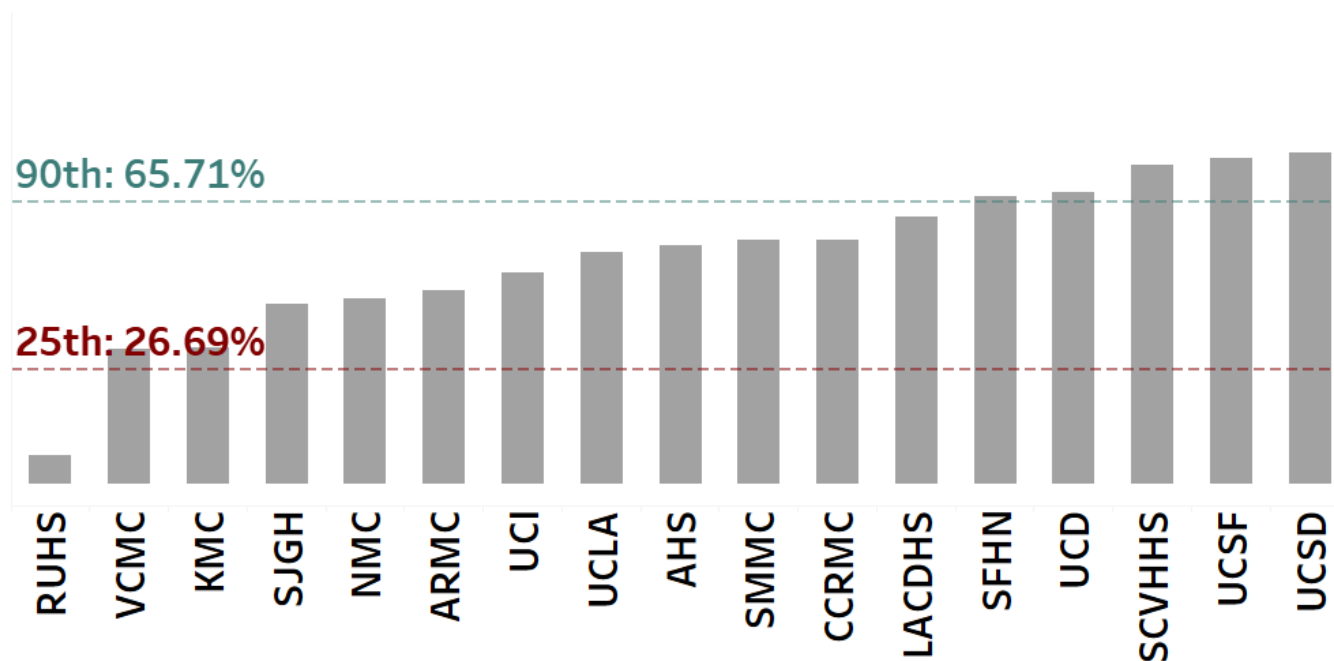


Deck & tools will be saved on [SNI Link](#)

# DY11 PHS Performance Colorectal Cancer Screening

Metric 1.2.3

## Colorectal Cancer Screening **P4P**





University of California  
San Francisco

# PRIME Webinar

## *Colorectal Cancer Screening: UCSF Operational Practices and Resources*

Coleen Kivlahan, MD, Executive Medical Director of UCSF Primary Care Services

Sara Coleman, PRIME Director, UCSF Office of Population Health

Therese Chan Tack, DO UCSF Primary Care Physician

Rossana Segovia, NP-C, Administrative Nurse Manager at UCSF Primary Care

Mike Potter, MD, Director, San Francisco Bay Area Collaborative Research Network (SFBayCRN);

UCSF Family Physician

# Today's Agenda

Topic	Presenter	Time
1. Overview of UCSF's management system that allows rapid dissemination and learning	Coleen Kivlahan	5 mins
2. UCSF PRIME infrastructure	Sara Coleman	10 mins
3. Focused interventions to grow and sustain CRC screening rates	Therese Chan-Tack and Rossana Segovia	15 mins
4. FIT/Flu and national update on CRC screening	Michael Potter	10 mins
5. Q&A	All	20 mins

# Prevalence and Importance

- Colorectal cancer is the third most commonly diagnosed cancer and the cause of cancer death in both men and women in the US
- CRC mortality and incidence rates have declined in the United States, a large proportion of which is due to screening.
- The opportunity for all of us is to address the disparity in mortality rates of blacks and whites, while both are declining at equal rates, black men still have the highest mortality rate of all Americans (rate ratio of 1.52)
- The UCSF team will describe the management system in primary care clinics that underpins our work to effectively screen our populations.

# Our Management System

- Primary Care strategies and operations meetings monthly for rapid decisions and execution
- Active partnership between clinicians, researchers and population health analysts
- Lean Management System, True North Board rounds with analysts
- In-reach and out-reach efforts
- Use of HM banner updates and redesign
- The central role of data



# UCSF's True North Pillars



## Primary Care Quality Goals

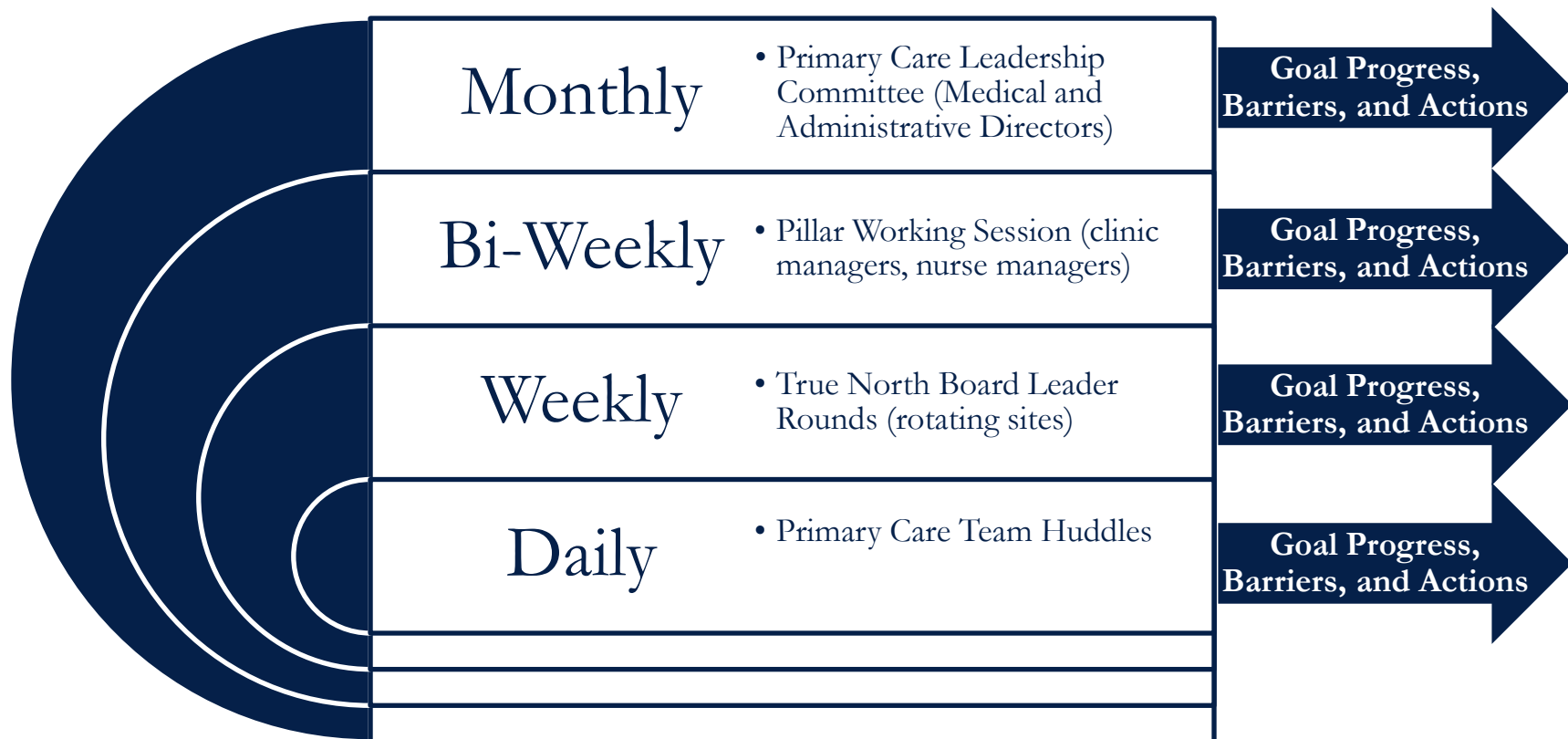
### = PRIME Goals:

- Diabetes HbA1c Control
- Hypertension BP Control
- Timely Cancer Screenings
  - *Breast, Cervical, Colorectal*
- Tobacco Screening and Counseling



Physician and Staff incentives  
tied to performance on  
True North goals

# Creating a Management Structure for Improvement Across UCSF Primary Care



## Impact:

- Active and positive engagement of frontline staff and clinical teams
- Rapid-cycle improvement, problem solving, escalation, dissemination of learning across clinics
- Population Health/PRIME team supports 1) project management of improvement activities, 2) Analytic needs, and 3) EMR enhancements

# Office of Population Health Analytic Tools

## Data to Drive Improvement



High Level Performance  
Reports

PRIME roll-up summaries  
reviewed by executive leadership

Performance by  
Clinic and  
Provider

Reviewed by clinic Medical Directors and  
Administrative/RN Managers, and data  
displayed on clinic True North Boards

Patient Level  
Gaps

Patient-level lists used for outreach by  
medical assistants / panel managers

# Population Health Analytic Support

## Data to Drive Improvement

### 1. Weekly Performance Summaries

	FY17 YTD	PRIME	ACTUAL vs.
METRIC DESCRIPTION	RATE %	TARGET	TARGET
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	20.05%	29.68%	● 9.63%
Controlling Blood Pressure	69.16%	70.32%	● -1.16%
Tobacco Assessment and Counseling	92.43%	88.33%	● 4.10%
Breast Cancer Screening	77.67%	71.41%	● 6.26%
Cervical Cancer Screening	72.21%	72.99%	● -0.78%
Colorectal Cancer Screening	73.66%	65.71%	● 7.95%

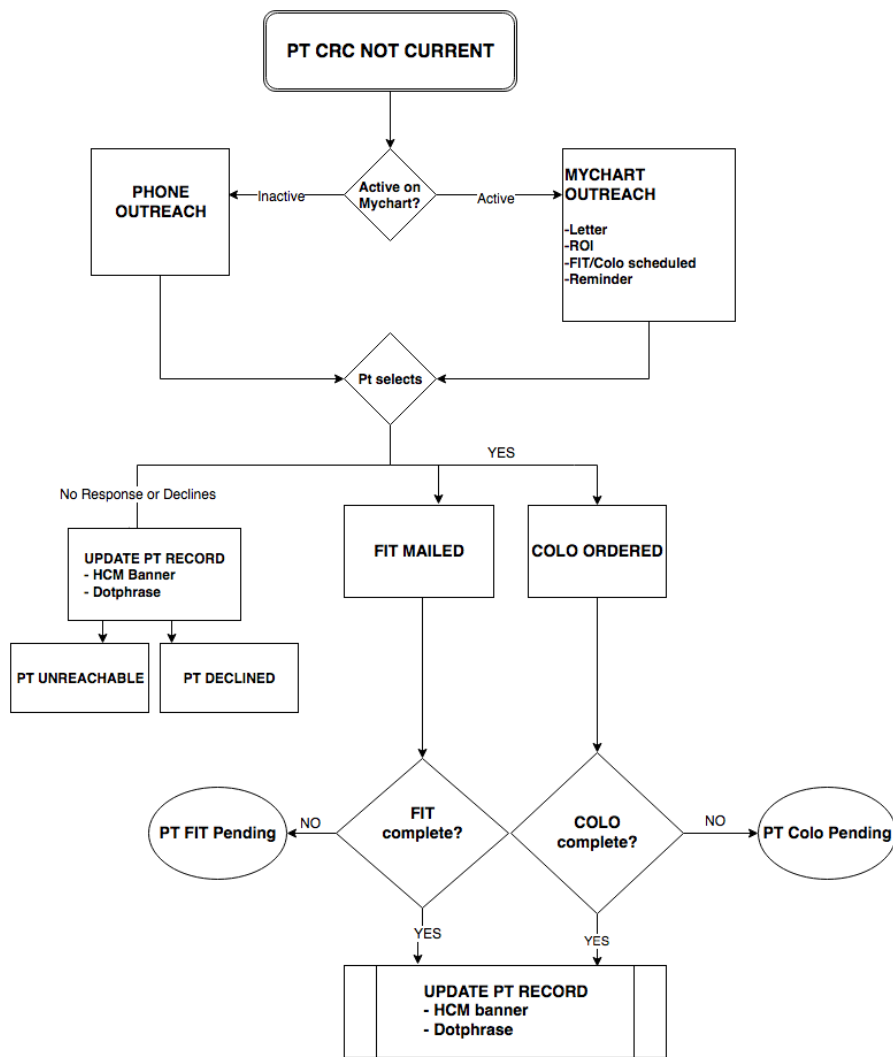
### 2. Clinic Level Summaries

	BCS SCREENING		CCS SCREENING		CRC SCREENING	
	CURRENT RATE	TARGET VARIANCE	CURRENT RATE	TARGET VARIANCE	CURRENT RATE	TARGET VARIANCE
CLINIC 1	81.42%	● 10.0%	70.89%	● -2.2%	77.81%	● -1.4%
CLINIC 2	78.90%	● 7.5%	79.76%	● 6.7%	78.81%	● -0.4%
CLINIC 3	69.99%	● -1.4%	66.74%	● -6.4%	63.17%	● -16.0%
CLINIC 4	77.79%	● 6.4%	71.58%	● -1.5%	67.16%	● -12.0%
CLINIC 5	64.29%	● -7.1%	81.25%	● 8.2%	48.19%	● -31.0%

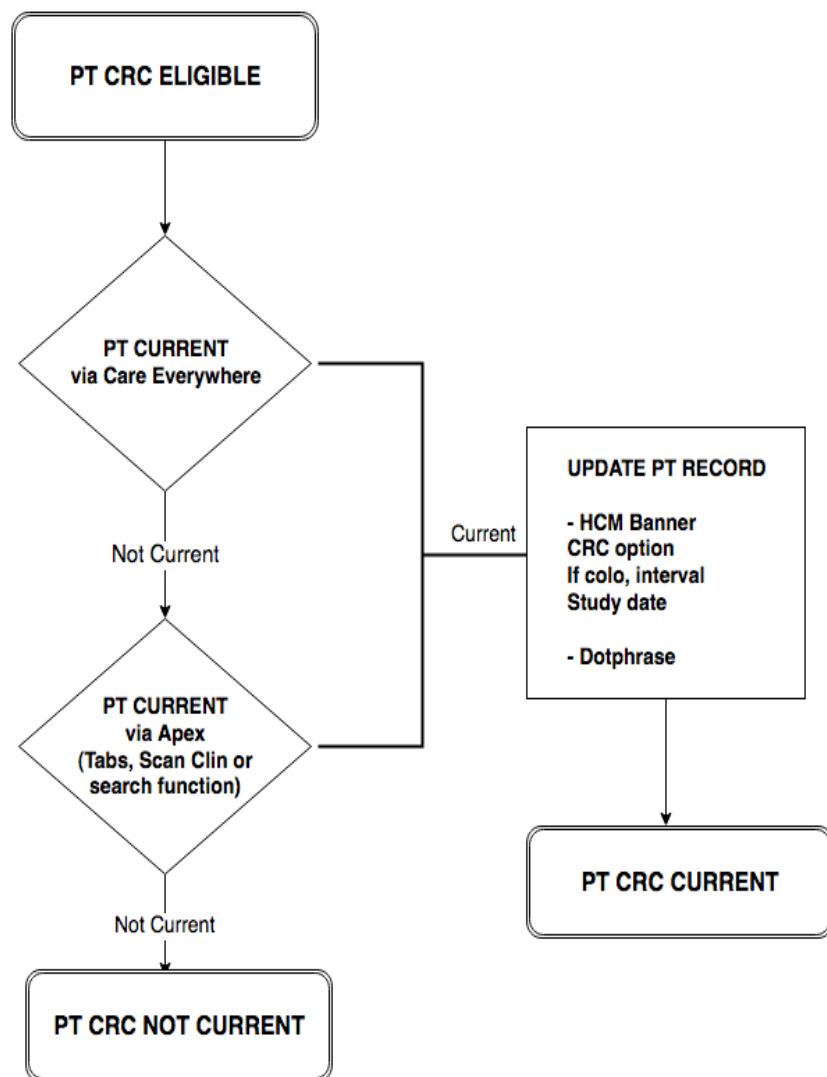
### 3. Patient and Provider Level Action Reports

Current: Population Health Excel Reports and Epic MyReports  
 Future: **Healthy Planet** (embedded within Epic EMR)

# CRC Workflow – Pre-assessment



# CRC Workflow – Pre-assessment



# CRC Workflow

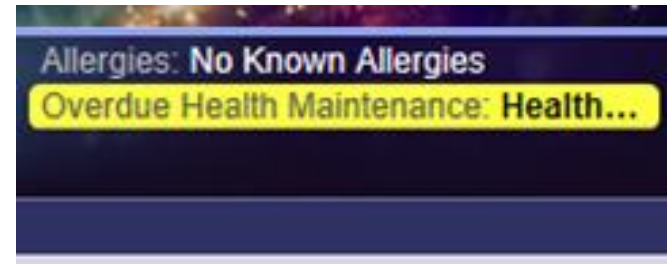
## Defining Tasks and Owners

FROM	TO	SUGGESTED OWNERS
CRC ELIGIBLE	PT CURRENT PT NOT CURRENT	NP, PCP
PT CRC NOT CURRENT	MYCHART DONE PHONE DONE	PM, NP, PCP RN, PM, MA
PT MYCHART DONE OR PT PHONE DONE	FIT SENT COLO ORDERED PT DECLINED PT UNREACHABLE	PM, MA NP, PCP RN, PM > MA RN, PM >MA
PT FIT SENT	PT FIT COMPLETE PT FIT PENDING	NP, PCP PM, MA
PT COLO ORDERED	PT COLO COMPLETE PT COLO PENDING	NP, PCP PM, MA

# CRC Interventions: Inreach

## Key Role of Medical Assistants

- Patient Care Gaps reviewed at Daily Huddles with PCP
- Health Maintenance banner prompts MA action during rooming process
  - Pend orders for pending screenings
  - Updates info on screenings received elsewhere
  - Specific ROI requests
- FIT kits given to patient upon check-out as appropriate





# CRC Interventions: Outside Records

## Streamlining a process for obtaining outside screening results

- Systematic Care everywhere and within Apex review

The screenshot displays the Epic Medical History interface. On the left is a dark sidebar with navigation icons and labels: Chart Review, Care Everywhere..., Review Flows..., Results Review, History, Problem List, Medications, Demographics, Request Outsi..., Patient Messa..., Patient Station, and Health Mainten... The main content area has a header with 'Epic Organizations' and 'Medical History'. Below this is a summary bar for 'Screening For Colon Cancer' dated '3/14/09' with the result 'normal, repeat 5 years'. A green bar indicates 'SURGICAL PATHOLOGY' with a date of '1/20/2012' and a case label 'CASE: CPP-1...'. Another green bar indicates 'STOOL -'. Below this is a table of stool test results.

Component Name	4/12/2016	3/15/2015	2/18/2011	11/26/2008
Occult blood, stool, immunoassay	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE

# CRC Interventions: Outside Records

## Streamlining a process for obtaining outside screening results

- Specific ROI – pre-filled for FIT, Colonoscopy, Sigmoidoscopy only

Inreach – the form is completed at the next clinic visit

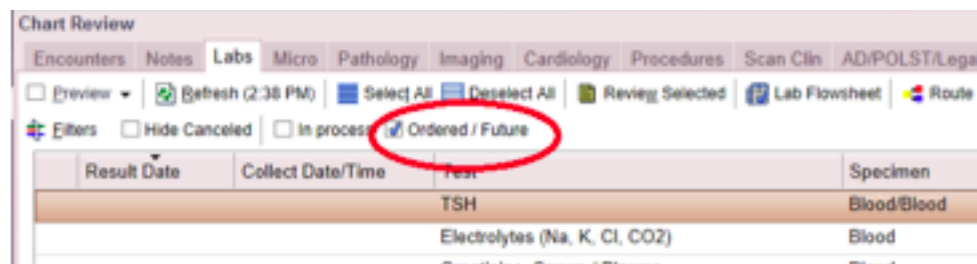
Mychart – a tailored message with url to UCSF ROI included

UCSF Medical Center UCSF Benioff Children's Hospital		DATE: _____ PATIENT NAME: _____ BIRTHDATE: _____	ID VERIFICATION (TYPE): _____ ID VERIFIED BY: _____
<b>AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION</b>			
<b>I authorize</b> _____ <small>(Name of person or facility which has information - example: UCSF/M. Zori)</small> to release health information to: UCSF PRIMARY CARE Name of person or facility to receive health information (full address) UCSF PRIMARY CARE Street address: _____ City, State, Zip Code SAN FRANCISCO, CA		<b>The purpose of this release is for (check one or more):</b> <input checked="" type="checkbox"/> Continuity of care or discharge planning <input type="checkbox"/> Billing and payment of bill <input type="checkbox"/> At the request of the patient/patient representative <input type="checkbox"/> Other (state reason) _____	
<b>Please specify the health information you authorize to be released:</b> Type(s) of health information: <u>FIT, COLONOSCOPY, SIGMOIDOSCOPY</u> Date(s) of treatment: (DATE/YEAR) <u>TO CURRENT</u>			
<b>The following information will not be released unless you specifically authorize it by marking the relevant box(es) below:</b> <input type="checkbox"/> Information pertaining to drug and alcohol abuse, diagnosis or treatment (42 C.F.R. §§2.34 and 2.35). <input type="checkbox"/> Information pertaining to mental health diagnosis or treatment (Welfare and Institutions Code §§5328, et seq.) <input type="checkbox"/> Release of HIV/AIDS test results (Health and Safety Code §120980(g)). <input type="checkbox"/> Release of genetic testing information (Health and Safety Code §124980(j)).			
<b>EXPIRATION OF AUTHORIZATION</b> Unless otherwise revoked, this Authorization expires _____ (insert applicable date or event). If no date is indicated, the Authorization will expire 12 months after the date of my signing this form.			
Print Name _____		Signature (Patient, Parent, Guardian) _____	
Date _____	Time _____	Relationship to Patient (Parent, Guardian, Conservator, Patient Representative) _____	
Requested format: <input checked="" type="checkbox"/> Paper <input checked="" type="checkbox"/> CD			
<b>AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION</b>			

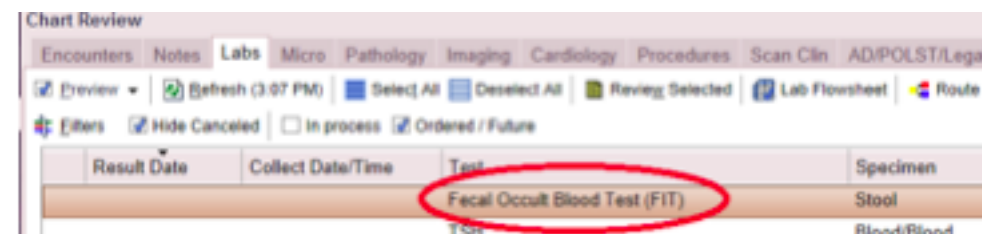
# CRC Interventions: Outreach

## Panel Manager

- Check under labs for existing order
- Existing order – print requisition, provide FIT kit. Ensure existing order does not expire within 3 months.



Result Date	Collect Date/Time	Test	Specimen
		TSH	Blood/Blood
		Electrolytes (Na, K, Cl, CO2)	Blood
		Creatinine, Serum / Plasma	Blood



Result Date	Collect Date/Time	Test	Specimen
		Fecal Occult Blood Test (FIT)	Stool
		TSH	Blood/Blood

# CRC Interventions: Outreach

## Panel Manager

- No order – “orders only” encounter, pend, associated diagnosis code, per protocol cosign

Date: 9/21/2016

Type: Orders Only

Provider: HAUER, KAREN E. PCP

Dpartment: GEN MED MZ 1545 2

Accept Cancel

Providers

Order mode: Per Protocol - Cosign Required

Medications & Orders

+ Create Medication List Comments

Search for new order

+ New Order

+ Patient-Reported Medications

Review open orders

Name

Medications

Mark All Taking

Pharmacy: WALGREENS

Associate

Providers

Close F9

Follow-up/Route

No follow-up instructions entered

Sign Visit

Sign Visit

Preference List Browser - Chew, Sherilyn

FOBT

During visit

Orders

Health Maintenance (Orders)

Interglobin A1c

Cholesterol, LDL (incl. Tot. and HDL) (4 hour test required)

ALBUMIN (MICROALBUMIN), SP (INCLUDES CREATININE)

Fecal Occult Blood Test (FIT)

Diabetes foot exam (H&M order only)

POCT urine, urine dipstick

Diabetes foot exam (H&M order only)

POCT urine, urine dipstick

Fecal Occult Blood Test (FIT)

Unassigned Orders new orders, reorders, and modifications

After visit Procedures (1 Order)

Fecal Occult Blood Test (FIT)

Lab Collect, Routine, Expires-9/21/2017

Container details: Stool Sampling Bottle

Resulting Agency - UCSF LAB This preference list

Mark All Taking

Mark as Reviewed

Last Reviewed by Roland Jung

Pharmacy: WALGREENS #02125 - SAN FRANCISCO, CA - 320 BAY ST AT

Associate

Edit Multiple

Providers

Close F9

Chew, Sherilyn

Select All

Clear All

Fecal Occult Blood Test (FIT)

Diagnosis: 298902

Accept

1. Click on "Meds & Orders"

2. Click on "New Order"

3. Select "Fecal Occult Blood Test"

4. Click Accept

# CRC Outreach

## Tracking outreach – Panel Manager

Week	Total Pts	MyChart	Letter	Phone call 1	Phone call 2	Completed	Refused	Not a candidate
1	112	21	68	15	1	4	2	1
2								
3								
4								

- Weekly progress report
- Displayed on True North board

# CRC Interventions: Future

## Tracking – Provider/Clinic level and to completion

- Current: Office of Population Health  
Self-directed review via PopDash
- Future: Embedded dashboard on providers' EMR homepage.  
Timely intervals to track time to schedule colonoscopy, complete FIT

## Task owners and Training

- Current: More clinical team member skew
- Future: Provide all team members with capability to pend/sign orders

# CRC Interventions: Future

## Inreach

- Current: At clinic visit discussion/orders with MA during intake
- Future: Addition of kiosk, videos, ipad at which patients can learn about USPSTF preventive care measures.

## Outreach

- Current: Mychart, Telephone; Other sites/institutions include flyers, automated calls.
- Future: Online order/scheduling capabilities\*, coordinated visits/presentations with community events/health fairs; FIT drop off (monthly), FIT-Flu clinic (seasonal)

# PRIME Innovation in Progress

## Leveraging Automated Voice Technology to Engage Patients

“We’ve noticed that you are overdue for one or more cancer screenings. Routine screenings are essential for early detection of cancer which can save lives. A UCSF staff member would like to call you to help you schedule your screening.

What time of day would you like our staff to call you to help schedule your screening?”

Patient selects morning, afternoon, or evening



*Panel Manager calls patient*

Patient indicates they are no longer a patient at UCSF



*Panel Manager updates PCP field*

Patient indicates they prefer not to schedule a health screening at this time

Allows Panel Managers to efficiently schedule screening appointments for patients who are ***ready to engage***



# Voice Calls Pilot: Panel Management Dashboard

Care Gap Outreach

195

Patient

Issue

Program

Unit

Date

Search:

Issue: Care Gaps

Name	Time Open	Status	Cervical Cancer Gap	Colorectal Cancer Gap	Breast Cancer Gap	Diabetes Registry	Scheduling Help	Call Status	Order Pending
		Attempted	No	Yes	Yes	No	Morning	-	Order Pending
		Attempted	Yes	Yes	Yes	No	Evening	-	-
		Attempted	No	Yes	No	No	Evening	-	-
		Attempted	No	Yes	Yes	No	Evening	-	-
		Attempted	No	No	Yes	No	Morning	-	Order Pending
		Attempted	No	No	Yes	No	Afternoon	-	Order Pending
		Attempted	No	Yes	No	No	Evening	-	-
		Attempted	No	No	Yes	Yes	Evening	-	-
		Attempted	Yes	Yes	No	No	Morning	No Answer 1st Attempt (Left Voicemail)	Order Pending
		Attempted	No	No	Yes	No	Evening	No Answer 1st Attempt (Left Voicemail)	-

« First

←

1

2

3

4

5

6

7

8

...

18

19

20

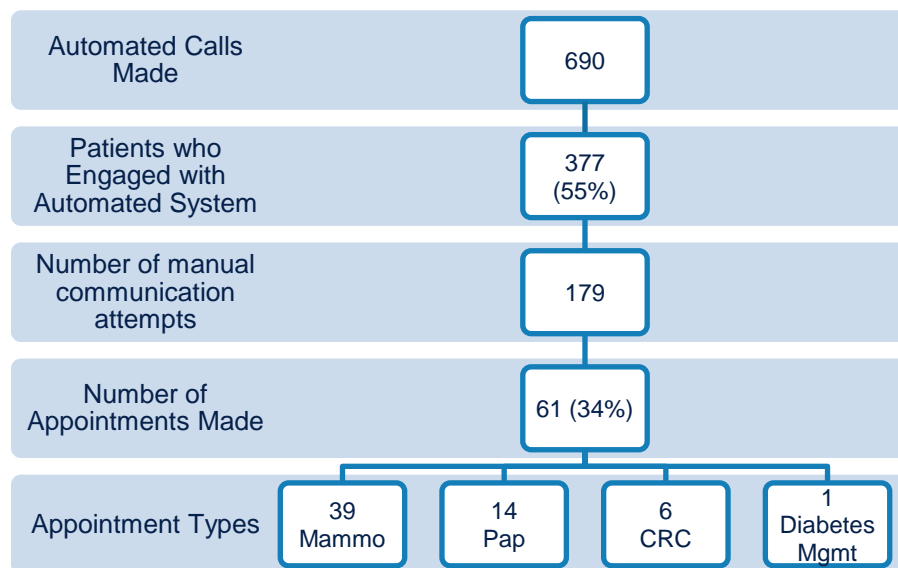
→

Last »

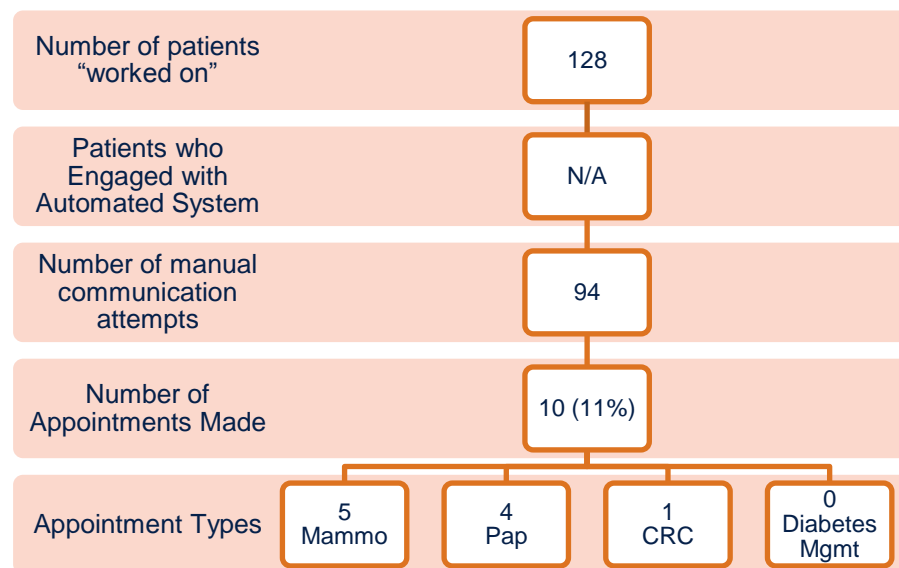
# Manual Outreach vs. Automated Voice Calls

The tables below show the data tracked by traditional manual outreach to patients, and the data from Cipher's Voice calls Pilot from Feb 1<sup>st</sup> – Feb 17<sup>th</sup> (13 business days)

## Automated Outreach



## Manual Outreach



## Next Steps:

- Assess pilot effectiveness: are patients following through with screening after outreach?
- Plan scale-up of pilot platform to other UCSF clinics

# What is 80 by 18?

- *80 by 18 is a public health goal, launched by the National Colorectal Cancer Roundtable (**NCCRT**)*
- *Hundreds of organizations are committed to reducing colorectal cancer as a major public health problem*
- *Working toward the shared goal of reaching **80% screened for colorectal cancer by 2018.***

## Other SNI-Relevant NCCRT Activities

Hospital Systems Project – *Identifying opportunities for hospitals to play a stronger role in supporting higher CRC screening rates (colonoscopy or FIT). Your input is welcome.*

Health Plan Handbook – *To be launched shortly at a webinar later in March – you are welcome to attend.*

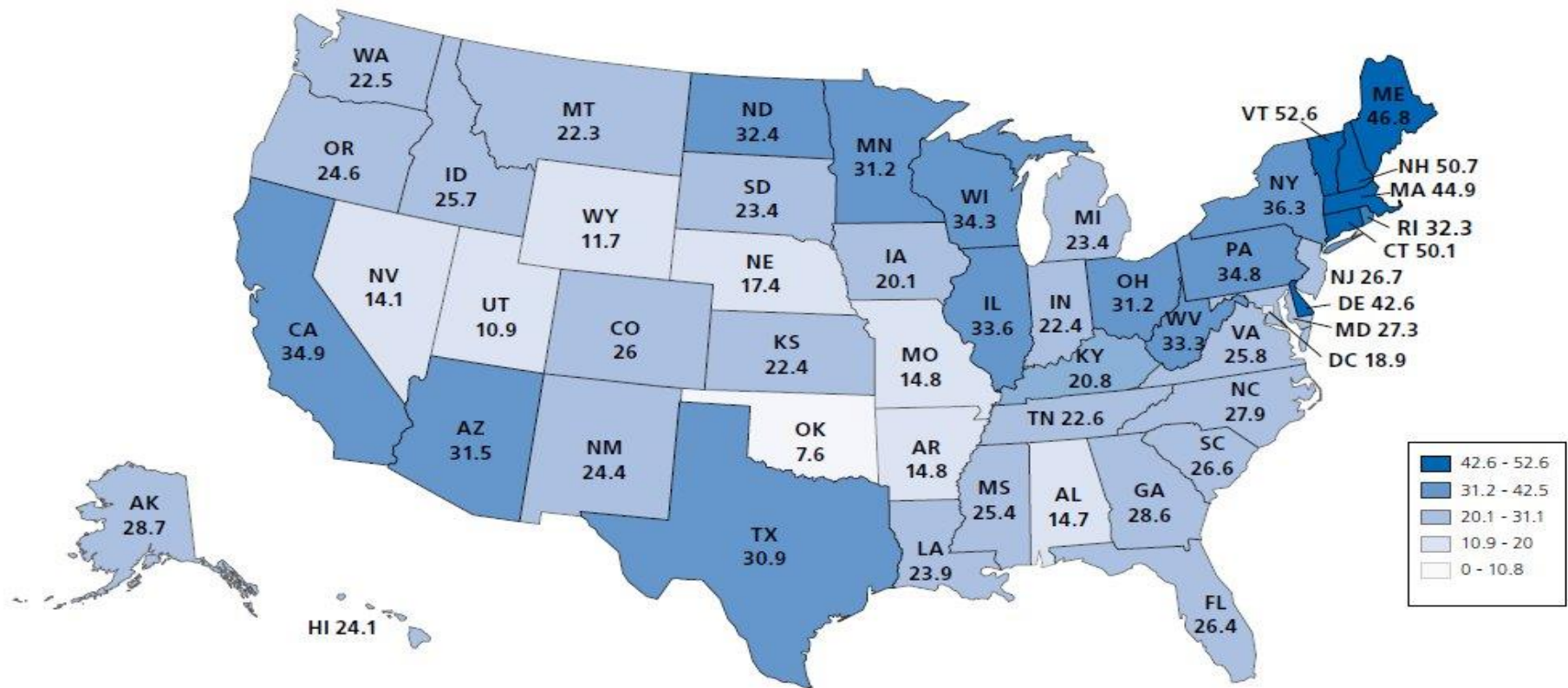
<http://nccrt.org> or email me if you want more info.

---

# Doing more FIT is especially important in public health settings

(2014 NCCRT analysis of UDS data)

Figure 1. Colorectal Cancer Screening Rates in Community Health Centers by State



Data Source: UDS data 2012.

Adults 50-75 years of age who have received any of the following: colonoscopy during reporting year or previous 9 years, flexible sigmoidoscopy conducted during reporting year or previous 4 years, or FOBT or FIT during reporting year.

# FIT Programs Require That You:

- Select an effective test
- Identify eligible patients
- Train staff to communicate with patients
- Provide appropriate test instructions
- Assure test completion when provided
- Assure high quality test processing
- Follow up abnormal results with colonoscopy
- Follow up normal results with repeat annual testing



# The Flu-FIT “Assembly Line”-- How it works at Kaiser Permanente.



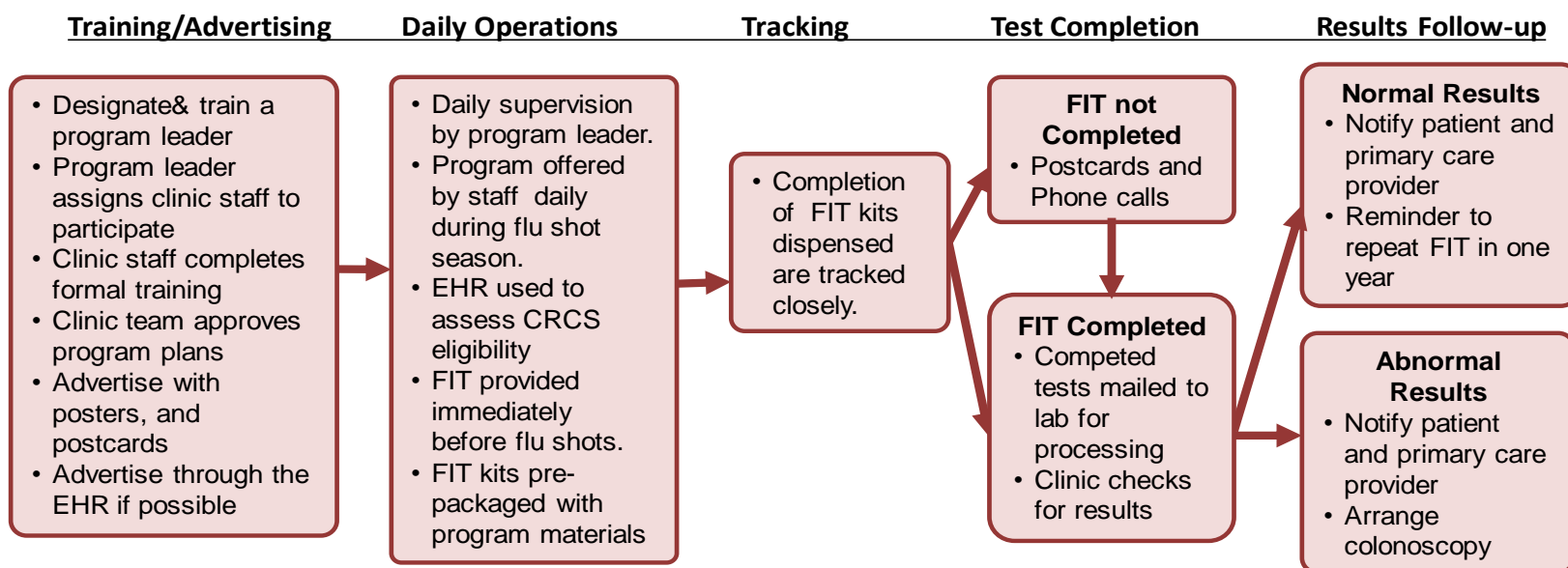


# Diagram of Program Components

**GOAL:** Increase CRCS rates by offering home FIT to eligible patients during annual flu shot activities.

**CORE FUNCTIONAL COMPONENT:** Standing orders for clinic staff to offer flu shots and FIT together for patients aged 50-75 seen during flu shot season

**TARGET CLINICAL SETTINGS AND POPULATIONS:** CHCs where flu shots are provided and where FIT is the primary test for average risk CRCS



## Program Materials

Patient flow algorithm  
 Patient eligibility algorithm  
 Script to explain FIT to patients during flu shot visits  
 Visual aids to explain FIT  
 Multilingual clinic video to explain FIT  
 Multilingual patient instructions on FIT completion


Pre-addressed mailing pouches  
 Pre-stamped mailing pouches  
 FIT tracking and follow-up logsheets  
 Mailed FLU-FIT Program announcements  
 FluFIT Program clinic posters  
 Multilingual materials explaining the importance of FIT



# Results – Kaiser Permanente RCT

(Am J Pub Health, 2012)

## Nurse-Run Intervention for Unscreened Patients in the Flu Shot Clinic

Test(s) completed within 90 days	Flu Only Arm N= 2884 All Patients initially Due for screening	Flu-FIT Arm N=3351 All Patients Initially Due for screening	P value
FIT	336 (11.7%)	900 (26.9%) 	<0.001
Flex Sig	68 (2.4%)	62 (1.9%)	0.16
Colonoscopy	61 (2.1%)	86 (2.6%)	0.24
Any Test	438 (15.2%)	996 (29.7%)	<0.001

Odds Ratio: 2.77 (2.41-3.18); Outcomes similar for all demographic subgroups.

**In the Intervention Arm:**

53% of those due for screening were given a FIT kit 

# It's Now Standard of Care at Many Kaiser Permanente Sites



Endorsed but not required by  
KPNC Regional Leadership

Disseminated through Regional  
Flu Shot Clinic Coordinators

Hands-on training offered  
before flu season starts

Webinar trainings have also  
been used

Internal KPNC website with  
KPNC-specific procedures and  
downloadable materials



# Websites developed with research funds

Presenter: Mike Potter



Innovative Programs to Provide Colorectal Cancer Screening during Annual Influenza Vaccination Campaigns



HOME

WHY DO IT

HOW TO DO IT

STAFF TRAINING

PROGRAM MATERIALS

FAQ

PUBLICATIONS

CONTACTS

See how it works in community clinics



## What are FLU-FIT & FLU-FOBT Programs?

FLU-FIT and FLU-FOBT Programs allow healthcare providers to increase access to colorectal cancer screening by offering home tests to patients at the time of their annual flu shots. Successful FLU-FIT and FLU-FOBT Programs have been implemented in community health centers, in a public hospital, and in a large health maintenance organization. They have also been pilot tested in commercial pharmacies.

On this website, you will find information to develop your own successful FLU-FIT or FLU-FOBT Program.

LEARN MORE

<http://flufobt.org> -- updated website to go live this spring.

## *Collaborators in Flu-FIT Program Development, Evaluation, and Dissemination*



KAISER PERMANENTE®



University of California  
San Francisco



# THANK YOU!

[coleen.kivlahand@ucsf.edu](mailto:coleen.kivlahand@ucsf.edu)

[sara.coleman@ucsf.edu](mailto:sara.coleman@ucsf.edu)

[therese.chantack@ucsf.edu](mailto:therese.chantack@ucsf.edu)

[rossana.segovia@ucsf.edu](mailto:rossana.segovia@ucsf.edu)

[michael.potter@ucsf.edu](mailto:michael.potter@ucsf.edu)



University of California  
San Francisco



# Colorectal Cancer Screening

Resources on SNI Link Posted on [Project 1.2 page](#)

**SNI  
LINK**

- [fluFIT.org](#) – training, materials, and publications on providing colorectal cancer screening during annual influenza vaccination campaigns (UCSF)
- [Final Recommendation Statement on Colorectal Cancer Screening](#) (US Preventive Services Task Force (USPSTF))
- [Guidelines for CRC Screening and Surveillance](#) (American Gastroenterological Association)
- [Screening for Colorectal Cancer: Optimizing Quality – CME](#) (CDC)
- [National Colorectal Cancer Roundtable](#) – includes “80 x 18”, [Tools and Resources](#) for quality, providers, public and others. to advance colorectal cancer control efforts (National Colorectal Cancer Roundtable)
- [Strategies and Resources to Address Colorectal Cancer Screening Rates and Disparities in the United States and Globally](#) Potter, MB. (Annu Rev Public Health. 2013;34:413-29)
- [Strategies for expanding colorectal cancer screening at community health centers.](#) Sarfaty M, Potter MB, et al. (CA Cancer J Clin. 2013 Jul-Aug;63(4):221-31. doi: 10.3322/caac.21191)
- Materials from the FIT Flu Clinic (Contra Costa Regional Medical Center)
  - [Flow diagram](#)
  - [Patient Questionnaire](#) (English/Spanish)
  - Standard work for [greeter](#); [LVN](#); [registration clerk](#)



# Project Leads on SNI Link

## 1.2 Contact list posted on [PRIME Member Information](#)

Alameda	Los Angeles	San Joaquin	UC Irvine
Physician Lead: Mark Maus mamaus@alamedahealthsystem.org Ops Lead: Holly Garcia hgarcia@alamedahealthsystem.org	Tyler Seto	Farhan Fadoo, M.D. ffadoo@sjgh.org	Erwin Altamira ealtamir@uci.edu Ivan Coziahr icoziahr@uci.edu Molly Nunez mollyn@uci.edu
Arrowhead	Natividad	San Mateo	UCLA
Contact PRIME Manager for questions: Staci McClane McClaneS@armc.sbcounty.gov	Contact PRIME Manager for questions: Anthony Leal LealAJ@natividad.com	Contact PRIME Manager for questions: Kristin Gurley kgurley@smcgov.org	Naveen Raja, Joyce Komori, Sam Skootsky
Contra Costa	Riverside	Santa Clara	UC San Diego
Rohan Radhakrishna Rohan.Radhakrishna@hsd.cccounty.us	Project: David Vargas davargas@rivcocha.org Clinical: Shunling Tsang, MD s.tsang@RUHealth.org	Monica Cramer Monica.Cramer@hhs.sccgov.org	Tyson Ikeda tiked@ucsd.edu Marlene Millen mmillen@ucsd.edu
Kern	San Francisco	UC Davis	UCSF
Marie Ruffin (Lead): Marie.Ruffin@kernmedical.com Alicia Gaeta (Co-Lead): Alicia.Gaeta@kernmedical.com Gabriel Barajas (Co-Lead): Gabriel.Barajas@kernmedical.com	Reena Gupta, MD Reena.gupta@ucsf.edu	Lead: Tom Balsbaugh, MD tbalsbaugh@ucdavis.edu Manager: Vai Sagues, MBA vasagues@ucdavis.edu	Contact PRIME Manager for questions: Sara Coleman Sara.Coleman@ucsf.edu
			Ventura
			Theresa.Cho@Ventura.org Michelle.Laba@Ventura.org Admin Champions Renee.Higgins@Ventura.org Brighton.Ncube@Ventura.org June.Chung@Ventura.org



# CLOSING

*Take 2-3 minutes to let us know how we did in the post-event pop-up!*

*Thank you for joining us, and to our speaker!*

