cancer plan minnesota

MCA Cancer Plan Revision: Detection Workgroup

Topic: breast, cervical, and colorectal cancer objectives and strategies
May 31, 2016 3:00 – 4:00 p.m.

Participants by phone: Matt Flory (co-chair), Anne Walaszek (co-chair), Brittany Dahlin, Jerri Hiniker, Barb Kunz, Anne Snowden, Maggie Rothstein (staff liaison)

Agenda Topic	Key Points Raised	Next Steps
Welcome and Introductions		N/A
Review of Cancer Plan Framework	**1) Alignment** **2) Health Equity** **3) Policy, Systems, and Environmental (PSE) Change** **+ Drive New Work**	This meeting will focus on objectives/strategies pertaining to breast, cervical, and colorectal cancer detection. The next meeting (June 14) will focus on lung, skin, and other cancers.
Breast Cancer Objectives/ Strategies	1. **Objective: Identify women of high risk for breast cancer through genetic test results and family history and offer them appropriate high risk screening** a. **Strategy:** Partner with health systems to incorporate identifying high risk patients in the provider work flow (i.e. nurses questionnaire on family history) and recommend appropriate screening(s).	**Does it meet the criteria?** **What's the rationale, evidence, rank?** **Does it promote health equity, alignment, and PSE change?** **Does it promote health equity?** African Americans have high rates of breast cancer compared to other populations as well as high rates of late stage diagnosis. Genetics, SES, and geography inhibit access.

	2. Objective: *Increase care coordination. a. **Strategy:** Provide culturally/linguistically appropriate educational materials about cancer screening and follow-up care/resources. b. **Strategy:** Improve follow-up communication after positive test results are given to include a comfortable conversation, an appropriate referral, and necessary transportation (model colon cancer services). c. **Strategy:** Offer same day mammography **3. Objective: Empower the community** a. **Strategy:** Partner with Community Based Organizations (i.e. churches) as an avenue for education and services. Example: the Shakopee Mdewakanton Sioux Community- Mobile mammography unit works with tribal clinics to schedule appointments and follow-up appointments, as well as annual mammography's. **b. Strategy:** Increase financial support for Community Health Workers. Example: make Community Health Workers (CHWs) eligible to be funded through the Prospective Payment System. **c. Strategy:** Seek ways to promote credit-based training for CHWs and to expand capacity for the "Cancer In Your Community" trainings currently conducted through Sage Program. **4. Objective: Increase women's self-efficacy to talk to their providers about getting screened (shared decision making).** **a. Strategy:** Develop a communications campaign to encourage women to talk with their providers about when they should get screened. Components could include earned media, social media and small media such as patient newsletters.	**Rationale:** Move towards patient focused care, capture patients while they are already in the clinic. **Alignment:** Park Nicollet is currently offering a mobile mammography unit to limited communities in the state. **Rationale:** Community Health Workers are underfunded and therefore have a high overturn. **Cross-cutting.** **Rationale:** Through a conversation, providers are able to break many barriers and help the consumer understand their options of co-payments and deductibles. They may also be able to determine whether women are at higher risk based on family or genetic history.
Cervical Cancer Objectives/ Strategies	**1. Objective: Increase HPV vaccination rates.** **a. Strategy:** Offer a HPV vaccination program that addresses stigma and cultural perceptions of the vaccine.	**Rationale**: With young adults now allowed to stay on their parents insurance until the age of 26 through the ACA, young women are hesitant about getting a pap smear (often coupled with other STI tests).

	b. Strategy: Address the issue of confidentiality of children on their parents insurance. **2. Objective: Implement evidence-based HPV vaccination and screening program within correctional populations.** **a. Strategy:** Implement HPV vaccination program within adolescents with correctional system contact. **b. Strategy:** Implement cancer screening programs within correctional facilities.	Trust: there are issues with My Chart and concerns about who has access to these health records. Cultural sensitivity: pap smears are often perceived as a reproductive health issue, rates drop in women after menopause as well. **Rationale:** HPV vaccinations can help to prevent multiple forms of cancer, particularly cervical cancer. Adolescents within the juvenile justice system exhibit sexual risk, and other health-risk, behaviors, and they are more likely to experience criminal justice system contact in adulthood. Women who experience contact with the criminal justice are more likely to develop cervical cancer. **Rationale:** Programs could reduce disparities in cancer and cancer screening associated with income, race/ethnicity, among others. The programs would promote health equity and provide preventive services to underserved, at-risk populations.
Colon Cancer Objectives/ Strategies	**1. Objective: To have universal screening of colon tumors for Lynch Syndrome.** **a. Strategy:** Partner with health systems to incorporate tumor genetic screening for all colon cancer patients. Example: Allina screens all colon cancer patients for Lynch Syndrome. **2. Objective: Increase family history and genetic screening of high risk patients.** **a. Strategy:** Partner with health systems to incorporate identifying high risk patients in the provider work flow (i.e. nurses questionnaire on family history) and recommend appropriate screening(s). **3. Objective: *Increase care coordination** **4. Objective: Expand screening and diagnostic options for the uninsured and the under insured**	**Rationale:** 1 in 3 of colon cancers have Lynch Syndrome. **Health Disparity:** Financial burden on the family of a cancer patient. **Rationale:** Sage Scopes (Minnesota's Colorectal Cancer Screening Program) is limited to the metro but may add additional sites outside the metro area in the

	a. Strategy: Partner with Federally Qualified Health Centers and Specialty Providers to secure and deliver donated diagnostic colonoscopies and treatment **b. Strategy:** Partner with Sage Scopes to build partnerships around CDC funded providers. **5. Objective: Increase use of multiple screening tests** **a. Strategy:** Increase consumer knowledge of multiple test options through a communications campaign: "You have options." b. **Strategy:** Increase provider knowledge of stool based tests and the different approaches that Minnesota health systems have taken to encourage that they are returned and that patients with positive tests receive appropriate follow-up. **c. Strategy:** Integrate stool test distribution and collection into other health events such as Flu clinics or Mobile Mammography screenings. **d. Strategy:** Work with health care payers to eliminate consumer cost-sharing for colonoscopies that follow a positive stool test. **Issue statement:** Correctional populations have lower rates of colorectal cancer screening and higher rates of tobacco use compared to the general population, and females with jail or prison contact are more likely to develop cervical cancer. Promoting evidence-based cancer screening within correctional populations can improve population health. In addition, correctional populations are commonly exposed to social and behavioral risk factors in childhood and adolescence that can influence chronic disease and chronic-disease related behaviors in adulthood, implying juvenile justice populations could also serve as a priority population for HPV vaccinations. a. **Strategy:** Juvenile justice system could collaborate to implement a HPV vaccination program/campaign within adolescent populations. b. **Strategy:** Department of Corrections and Department of Public Safety could collaborate to implement screening and vaccination programs in adolescent and adult correctional populations.	next 1-2 years. Even where screening is available, CDC funds will be insufficient to close all gaps. In addition, removing a barrier for the uninsured helps providers build a consistent workflow for all of their patients (insured and uninsured). **Rationale**: Most people know about colonoscopies but they are not always given other options. There is evidence in the literature and based on local experience that choice increases rates and may also decrease disparities. There are evidence based tools and resources available through the National Colorectal Cancer Roundtable. **Rationale:** Flu shots are done on an annual basis. Flu shots reach a greater proportion of high risk populations. There is an evidence-based model called Flu-FIT based on the work of Michael Potter with the Kaiser Health System in California. It has been replicated in other states including Iowa and south Dakota.

Wrap-up	**Cross- cutting issues:** **Transportation** -Increase access to endoscopy procedures, and other screening and diagnostic tests. **Provider Work Flow/ Provider Education** -Increase the amount of providers that have a conversation about test and screening options with their patients. -Promote the use of the 2008 Entity Toolkit. **Cultural Sensitivity** **Healthcare Coverage** **Identifying family history and personal history** **Connecting resources and services** **Data** -Explore expanding (funding) Community Measurement's measurement guide for screening of African Americans earlier 45 years of age. -Enable Tribal Clinic reporting to Community Measurement.	**Resource:** Matt will provide the workgroup with the New York City strategies to increase cancer screening article. **Question:** How do we include Tribal Clinics, is it appropriate to include them in the MN state plan? **Next meeting: 1-hour meeting June 14, 3:00 – 4:00 pm** Lung cancer screening: - Anne, Matt, and Maggie will compile current data. - Do we need others input/participation in this discussion? Skin cancer screening: - Maggie will provide data and current guidelines for the next meeting. Others?

Next meeting: June 14, 3:00 – 4:00 pm at the American Cancer Society in Eagan