



MCA Cancer Plan Revision: Detection Workgroup

Topic: lung and other cancer objectives and strategies

June 14, 2016 3:00 – 4:00 p.m.

Participants in person: Matt Flory (co-chair), Michael Parks, Maggie Rothstein (staff liaison)

Participants by phone: Jana Beckering, Jerri Hiniker, Barb Kunz

Agenda Topic	Key Points Raised	Next Steps
Welcome and Introductions	This meeting will focus on objectives/strategies pertaining to lung, skin and prostate cancer detection.	The next and final meeting (last week of June) will determine the final 6 objectives and strategies, of these we will be prioritizing the top 3 strategies for the Steering Committees review.
Review of Cancer Plan Framework	<ol style="list-style-type: none"> 1) Alignment 2) Health Equity 3) Policy, Systems, and Environmental (PSE) Change 	<p>Does it meet the criteria? What's the rationale, evidence, rank? Does it promote health equity, alignment, and PSE change?</p>
Lung Cancer Objectives/ Strategies	<ol style="list-style-type: none"> 1. Objective: Close the data gap <ol style="list-style-type: none"> a. Strategy: Design a system to better track pack-year data in primary care, the emergency room, surveys (MATS: Minnesota Adult Tobacco Survey, BRFSS: Behavioral Risk Factor Surveillance System), and/or EMRs (electronic medical records). 	<p>Rationale: In Minnesota, tobacco pack-year data is not in the provider work-flow, this data is not collected consistently. MN does not have population estimates on pack-years and it is a primary indicator of lung cancer risk.</p> <p>Health Equity: Little is known about American Indian/ Alaskan Native (AIAN) rural access to lung cancer screening.</p>

	<p>2. Objective: Standardize follow-up care.</p> <ul style="list-style-type: none"> a. Strategy: Standardize pairing screening with cessation b. Strategy: Standardize the frequency of screening <hr/> <p>3. Objective: Systemize provider support for informed decision making</p> <ul style="list-style-type: none"> a. Strategy: Require a certification for screening. b. Strategy: Develop a communication campaign to target patients on the harms/benefits of lung screening. <hr/> <p>4. Objective: Request a guidelines review</p>	<p>Rationale: After screening, availability of comprehensive care is limited.</p> <p>Homework: Maggie will check-in with Prevention B for cross-cutting issues in tobacco and radon (cessation and data).</p> <p>Tobacco: One Prevention objective is to establish consistent funding for tobacco control in MN, which includes funding MATS (Minnesota Adult Tobacco Survey). Another objective is to “eliminate inequities in nicotine dependence” and one strategy is to expand current MATS data to collect more detailed racial/ethnicity information.</p> <p>Radon: An objective of Prevention B is to “work with shareholders and coalitions to help create policy, systems and environmental change to reduce radon exposure” which includes “the availability of a robust database that informs education, research and policy on radon.”</p> <p>Health Equity: AIAN lung cancer incidence and mortality is highest in state. Current AIAN smoking rate is 4x state smoking rate. Lung screening services and follow-up care is not available at Indian Health Services (IHS)/Tribal facilities</p> <p>Alignment: Virginia Piper Cancer Institute, Hennepin County</p> <hr/> <p>Alignment: Allina is working with primary care to increase screening rates. They are also doing patient education.</p> <p>American Indian Cancer Foundation, American Cancer Society, ALA, health systems (Essentia, Stanford, HCMC, etc.) and IHS.</p> <p>Alignment: Allina recommends patients to lung cancer screening consultations, before screening.</p> <hr/> <p>Evidence:</p>
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	<p>a. Strategy: Change ICSI guidelines for African Americans.</p>	<p>1. Haiman, C., Stram, D., Wilkens, L., Pike, M., Kolonel, L., Henderson, B., Marchand, L. <i>Ethnic and Racial Differences in the Smoking-Related Risk of Lung Cancer</i>. January 2006. The New England Journal of Medicine. Vol.354. No.4.</p> <p>2. Holford, T., Levy, D., Meza, R. <i>Comparison of Smoking History Patterns Among African American and White Cohorts in the United States Born 1890 to 1990</i>. 2016. Nicotine & Tobacco Research. Vol.18. S.1.</p> <p>Health Equity: High risk African Americans are not included in the current guidelines.</p> <p>PSE change: The Institute of Clinical Systems Improvement (ICSI) currently endorses the U.S. Preventative Services Task Force (USPSTF) recommendations for adults. This targets smoking as the risk qualification and does not account for the Minnesota specific risk of high radon exposure.</p> <p>Alignment: Allina- Virginia Piper Cancer Institute is currently lobbying for more screening referrals.</p>
<p>Skin Cancer Objectives/ Strategies</p>	<p>Guidelines are not concrete.</p> <p>Objective: Create systems that target high risk patients for skin cancer screening.</p>	<p>Alignment: Allina has a dermatology department that is interested in setting up a reminder system to get screened for follow-up to those who have been diagnosed with melanoma.</p> <p>Homework: Maggie and Matt will check-in with Survivorship for cross-cutting issues in skin-cancer follow-up testing. MR: Survivorship is not addressing skin cancer specifically, but there is with patient navigation and coordination of care.</p>
<p>Prostate Cancer Objectives/ Strategies</p>	<p>There is no alignment on screening guidelines.</p>	
<p>Wrap-up</p>	<p>Cross- cutting issues:</p> <p>Transportation</p>	

	<p>Provider Work Flow/ Provider Education</p> <p>Cultural Sensitivity</p> <p>Healthcare Coverage</p> <p>Identifying family history and personal history</p> <p>Connecting resources and services</p> <p>Data</p>	<p>The next and final meeting (last week of June) will determine the final 6 objectives and strategies, of these we will be prioritizing the top 3 strategies for the Steering Committees review.</p>
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Next meeting: A meeting wizard has been sent out to determine a date and time the last week in June. This meeting will finalize 6 objectives and their strategies, with the top 3 strategies (across all objectives) prioritized.