

Coordinating Committee Meeting

Meeting Notes, February 2, 2012

Facilitators:

Selma Annala, Legacy Health Systems, email: sannala@lhs.org
 Sue Sumpter, Leukemia & Lymphoma Society

Attendees:

Bridget Remnic, Oregon Genetics Program
 Amy Zlot, Oregon Genetics Program, OHA
 Charlyn Wilson, Legacy Health Systems
 Kerri Lopez, NPAIHB
 Shaun Parkman, OHA Comp Cancer and Colorectal Cancer programs
 Sabrina Freewynn, OHA Comprehensive Cancer Coordinator, sabrina.l.freewynn@state.or.us
 Jason Parks, American Cancer Society Cancer Action Network, Jason.parks@cancer.org
 Donald Shipley, OHA Oregon State Cancer Registry <http://www.oregon.gov/DHS/ph/oscar/index.shtml> Email: Donald.Shipley@state.or.us

Phone:

Handouts: Available at <http://www.oregon.gov/DHS/ph/cancer/Committees.shtml>

Agenda Item	Discussion Points	Outcome/Follow-Up
Welcome and Introduction	Welcome and introduction by Selma	
Oregon Genetics Program	<p>The goal of the program is to improve the quality of life of Oregonians through the use of genetic information. Currently have a grant from CDC for breast cancer genetics. The aims of the project are education, surveillance and policy. The program is looking to partner more with other organizations both within and outside of the Oregon Health Authority.</p> <p>Question: Is genetic testing free? Answer: No but Medicaid and most insurance companies will cover it if you meet the guidelines. Some tests are in the USPSTF guidelines for people who meet certain guidelines. Therefore, these are covered under the new health care guidelines.</p> <p>Q: Where is the majority of your work happening? A: Education and work with plans to make sure they are covering tests as appropriate. Also education to the public about what is or is not covered and what is appropriate for testing. The criteria of what is appropriate for testing is a part of this work.</p> <p>In the fall Genetics was working with Hank to revise the chapter in the Oregon Cancer Plan. The draft chapter was distributed via the listserv and at the meeting.</p> <p>Feedback for chapter:</p> <ul style="list-style-type: none"> The increased risk for genetics related cancers is somewhat dependent on age. This should be clarified in the chapter. 	Please read the genetics chapter and give any feedback to Amy Zlot

	<ul style="list-style-type: none">• Describing what cancers MMR gene mutations are linked with• The work of this program would be more about recommendations to providers rather than to the general public. Unlike the CRC campaign you don't want to do a general PSA. A: Yes, but there is work to make sure the messages about screening for cancers has the clear message that screening should be earlier for those at genetic risk.• The second indicator on page 9 sounds like everyone who has CRC should have genetic testing. That's not really what should be happening, is it?• On page 1 there seems to be a definition for appropriate people to give genetic counseling. There is controversy over this but the Genetics program would like to see it limited to genetic counselors, geneticists, or advanced practice nurses in genetics. This does limit access but it gives better information. There is a geographic disparity here.• Give a clear list of who could benefit from genetic testing and counseling or would be appropriate for referral for genetic testing• Don't think that the naked bodies/cartoons necessarily add anything. The statistics are good but the pictures take up a great deal of space without adding much. Think of ways to portray statistics in a variety of visual ways• Define BRAC 1 and 2• The audience needs to be clear. That is a question for the full plan.	
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<p>Committee and partner updates</p>	<p>Breast Health Task Force The meeting of the BHTF in Tillamook has been rescheduled to February 15 (changed because of weather).</p> <p>They are making strides on the new resource subcommittee and hope to have 211 info at our March meeting to walk us through adding resources to the 211 database.</p> <p>Colorectal Health Task Force The Task force is near finalizing the chapter for the cancer plan.</p> <p>The Met Group campaign, www.TheCancerYouCanPrevent.com has rolled out. Focus communities are in Umatilla and Morrow County and Umatilla Tribe, and in the Portland Metro Area. Also working with Kaiser, Providence and Legacy to coordinate messaging with them and work with providers. Legacy is getting materials to distribute to PCPs in Legacy. Also going to cross link to the campaign on the Legacy webpage. We are also getting close (again) to having a signed contract for the direct screening portion of the contract. The Steve Baker CRC Alliance is doing a variety of things including a partnership with the Blazers, and a food cart we believe on 5th and Washington (downtown) that is healthy southern cooking and some of the \$ goes to the Steve Baker Alliance. They also received a grant from Fred Hutch to do outreach in barbershops and beauty parlors to do messaging for CRC screening.</p> <p>Survivorship The February meeting has been rescheduled for Thursday Feb 16th, information will be going out shortly.</p> <p>Oregon Health Authority The CRC continuation grant will be submitted shortly (Due February 8)</p> <p>The 5-year competitive grant for Comprehensive Cancer, BCCP and Cancer Registries has been released and is due March 26.</p> <p>OHA is in a hiring freeze and as a result no longer has Hank or Philip on staff. While there is an exception process, we do not currently know if they will be returning. We very much appreciate all the work they were doing.</p> <p>NPAIHB Holding a two day training next week for Colorectal Cancer. Also doing a toolkit around Colorectal</p>	
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	<p>Cancer screening that can be piloted in a tribe.</p> <p>Updating the Cancer 101 curriculum currently. Just added chapters around genetics, bio-banking and chronic disease.</p> <p>Doing interviews with cancer survivors for a study looking at American Indian and Alaska Native survivor needs. These groups tend to drop out of treatment and ongoing care. This is to find out why.</p> <p>Received funding from CDC to do a tribal BRFSS with three tribes (2 in Oregon, 1 in Washington).</p> <p>American Cancer Society/Legislative Update</p> <p>Lobby day was January 18 with TOFCO, Lung Association and Cancer Society. Goals: protect funding for TPEP, asking for metrics of CCOs include tobacco cessation, and screening for colorectal, breast and cervical (the final metrics will likely be handled administratively through DMAP), enforcement for the ban on no sales to minors of tobacco products. Trying to give OLCC authority to do the sting operations and write tickets. State police currently have the authority but do not do this because they are stretched very thin. If this passes, OLCC will have the authority to apply for money from the FDA to do this enforcement. Work session is scheduled for Monday, February 6.</p> <p>There are two bills related to Community Care Organizations (CCOs).</p>	
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<p>OPCC Coordinating Committee survey</p>	<p>As a follow up to the all-member survey Philip worked with Sue and Selma to conduct a follow up survey with members of the Coordinating Committee. The answers to these questions have been de-identified and collected. That information is distributed with the agenda.</p> <p>Suggestion, if the coalition had more resources it would be more effective.</p> <p>Sabrina sees in the plans that networking and updates are the effective activities of the Coordinating Committee. Perhaps that is what we go with and let the work of implementing the plan happen through the Task Force work.</p> <p>Perhaps structurally we could meet on the phone so that people who participate remotely are on a level playing field with those in Portland.</p> <p>Perhaps we meet quarterly rather than bi-monthly.</p> <p>Maybe the main function of the Coordinating Committee is not oversight but networking and updates.</p> <p>Perhaps the function of this group is to gather the members of the task forces once a year to get major updates and the potential for cross over. Pull together the members of the task forces and additional people once a year for a joint function.</p> <p>Perhaps a once a year meeting is good but it has challenges with money, planning, and time.</p> <p>Concern is that if we only meet once a year that does not necessarily forgo the work of us meeting regularly. If we only meet once a year we will lose momentum and connection.</p> <p>If people come together once a year to keep connected and find places they can put their energy for the year. The coordinating committee would stay together with the job of putting together the annual gathering.</p> <p>What about setting aside a good chunk of the next meeting for setting out some proposals for talking through these proposals. The next meeting is about the organization of the Coordinating Committee.</p> <p>Don't think the job of the coordinating committee was ever to oversee the task forces. It has been to bring together the bigger players in Cancer in Oregon.</p>	<p>Next meeting discuss this issue as the main topic</p>
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	<p>Dissemination of information learned at the Coordinating Committee is one part as well.</p> <p>Is getting updates enough to keep a group together or not?</p> <p>If we want some of the bigger players at the table, we need to ask them.</p>	
Agenda Items the next meeting	<p>Proposal: Delay the April meeting to the First Thursday in May.</p> <p>Please send agenda items to Selma, Sue or Sabrina</p>	<p>Sabrina to send out this request to the listserv and see what response we get for the potential change of date</p>
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