

Coordinating Committee Meeting

Meeting Notes, May 3, 2012

Facilitators:

Selma Annala, Legacy Health Systems, email: sannala@lhs.org

Sue Sumpter, Leukemia & Lymphoma Society and Candlelighters for Children with Cancer email: sue.sumpter@lls.org

Attendees:

Kirsten Aird, OHA

Patricia Schoonmaker, OHA

Nina Van Ness, Mid-Columbia Medical Center, Celilo Cancer Center, Co-Chair of Survivor Task Force (drove 81 miles each way to attend)

Donald Shipley, OHA Oregon State Cancer Registry <http://www.oregon.gov/DHS/ph/oscar/index.shtml> Email:

Donald.Shipley@state.or.us

Sabrina Freewynn, OHA Comprehensive Cancer Coordinator, sabrina.l.freewynn@state.or.us

Jason Parks, American Cancer Society Cancer Action Network, jason.parks@cancer.org

Lisa Dominico, OHSU Knight Cancer Institute

Phone:

Cheri Cox, Bay Area Hospital, Coos Bay

Kerri Lopez, Northwest Portland Area Indian Health Board

Handouts: Sent via the listserv prior to the meeting and provided to in person attendees.

Agenda Item	Discussion Points	Outcome/Follow-Up
Welcome and Introduction	Welcome and introduction by Selma	
Committee updates	<p>CRC TF: Ongoing work on cancer screening grant with Project Access NOW as the contractor. Medical Advisory Group to review policy and procedures. Use FIT test to screen more clients. Infrastructure in place for colonoscopies.</p> <p>Media campaign: The campaign has been going well with the African American population, Umatilla tribe and county. Union county received a grant from their hospital (radio, billboard); Klamath rec'd a donation from their radio station, used campaign and script for their ads. Clackamas county – all employees and residents in the county to receive campaign message. Douglas- donated newspaper space. Great coverage around state. June planning for next year campaign. Steve Baker Alliance – Beauty salons, materials and help with evaluation. There has been outreach to faith communities and the African Am Business Alliance.</p>	

	<p>AARP telephone town hall: Calls to all members, 2000 people who stayed on line for more than 5 minutes will receive mailed follow-up. Dr. Leiberman, Kathy Mix and Michelle Baker were the guest speakers.</p> <p>Did counties receive funding? Media and materials support from the Oregon Health Authority. OHA did statewide media with OPB, Skanner and worked in partnership with local communities. Media contractor provided support, with support from health systems.</p> <p>Breast Health Task Force: No update given.</p> <p>Survivorship Task Force Update: Meeting since October. Have a draft of chapter update. Goal is to form a coalition of cancer survivorship program. First Strategy: contact programs. Don't yet have data on survivorship but have made a request to Oregon Health Authority. Focus on measureable, 2 year goals. Introductory letter to Commission on Cancer Programs, requesting a contact. The hope is to support each other, share resources, develop a website and host conferences.</p> <p>Florida/Michigan – looking at system change objectives for survivorship plans for required work by 2015. Looking at number of systems that are working on an integrated electronic health record approach and systems of the outer circle components. (Kirsten)</p> <p>Mid Columbia Medical Center – the clinical portion of plan, clinically driven by nurse and nurse navigator. Outer circle is social work, and a screening evaluation of distress levels. Florida uses Livestrong survivorship materials.</p> <p>Legacy and OHSU are working together. Putting survivorship into the medical record.</p> <p>Policy and Legislative Plan report/update from summer 2011. It's a summary of what's been accomplished. Do we want an updated chapter? This is a successful endeavor. Where do we go from here?</p> <p>Cancer Policy: grant included sugary beverage tax, nutrition standards in state and local government. Congress passed a law that restricts funds used to promote increased price on a legal product. There is a heightened focus from CDC with regard to use of federal dollars.</p>	<p>Kirsten to share information with the task force on Florida and Michigan work</p>
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	<p>Oregon has been asked to change the policy agenda. Provide evidence based research, look to partners. Worksite wellness initiatives through state agencies with voluntary policies (tobacco free sites, prevention language focus on prevention e.g. healthy food policies) replaces tax references.</p> <p>Update (Jason): Affordable Care Act is being reviewed by the Supreme Court. A decision is expected on the individual mandate on June 26th</p> <p>A bill was passed by the federal House to provide student loan relief by eliminating the Prevention Fund. It is not expected to pass the Senate and the President has said he will veto.</p> <p>ACS CAN working on getting Tobacco Master Settlement Account (MSA) funding allocated to TPEP. 2013 bond open (\$70 million per year); transportation, tuition relief. Need education of legislature re MSA.</p>	
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<p>Addendum Chapters:</p>	<p>Chapter updates: Review and make formal recommendation.</p> <p>Overall recommendations:</p> <ul style="list-style-type: none"> • Use same format for each section • Find out about OHA website requirements and options for placement on another organizational website. • What is the requirement for documents posted on OHA websites? • Where should the document be housed? All organizations have their requirements. <p>CRC Task Force puts this draft forward, with focus on content. A new picture and quote will be included.</p> <p>Do we include mention of the partners as well? The CAT visit recommendation was to Some text is current and some is more general.</p> <p>The plan will be published electronically; workgroups can make updates as needed, and can be printed.</p> <p>Is there a goal date? Within five years, should be linked to targets/benchmarks for change (percentage of screening rates and mortality? Healthy People objectives are 2020.</p> <p>Committee recommended adoption of this plan with some edit suggestions returned to the CRC Task Force:</p> <ul style="list-style-type: none"> • Make sure the photo and the quote are from the same person • Put information at the bottom of every page stating what the document is and the date it was last updated • Add a target for change related to screening • Remove the date from the objective. It now appears that the Objective is to be achieved in 2011. It was meant that the objective was updated in 2011 • Put a date on when the objective should be achieved <p>Breast Cancer Screening: Use same format as CRC Task Force. Group decision to not make specific recommendation for guidelines, but this is included. Do we want continuity between two sections, e.g. recommendations and guidelines? ACS and USPSTF – issue of age, if screen every 1-2 years. Under age 50. Separate issue as a screening issue, not rationing services. Add bullets like CRC, incidence and mortality.</p>	<p>Sabrina to convey feedback to CRC task force and BHTF.</p> <p>Donald and Patricia to draft an introduction to the addendum.</p> <p>Nina will share feedback with Survivor Task Force</p> <p>Sabrina will give chapter format to genetics</p>
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	<p>Clinical breast exam is not included as there is no measure.</p> <ul style="list-style-type: none">• There is not consensus on the objective, regarding age 40+. Should it be 50+?• There is no date and measure.• Add comment about screening according to provider recommendation. Controversy is around under age 50. All effort is to reduce mortality. Screening and mortality are linked. A screening rate is an intermediate rate. <p>Recommendations to go back to the BHTF:</p> <ul style="list-style-type: none">• Get chapter ready for use by Komen grant process – with a focus on key issues and strategies• Give template used by CRCTF for use here• Recommendation to spell out challenges with age and measure somewhere on the page• Add information about what has been accomplished since Oregon’s first plan• Objective needs a measurable and a date Add an objective about mortality. Review HP2020 for a screening target. <p>Survivor chapter: A draft has been written. Data is needed and personnel are now in place at OHA to fulfill the data request.</p> <p>Policy: Create a policy chapter. Focus on strong strategic partners to help move forward policy agendas.</p> <p>Genetics: 9 page chapter has been submitted. Presented previously and gave some format changes, not context.</p> <ul style="list-style-type: none">• Use the format from CRC Chapter• Refer to background/education information elsewhere but do not include it in the chapter	
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<p>Coordinating Committee purpose</p>	<p>Pages 5 and 6 of the CAT report and recommendations. Review and determine priorities.</p> <p>OPCC roles and responsibility: Network and increase awareness Plan and implement plan Increase awareness One voice Address gaps Coordination, leverage and existing systems and networks (to reduce duplication)</p> <p>Communication hub: OPCC is a collection of information and dissemination. Information comes to the Coordinating Committee.</p> <p>Comments: Is there an OPCC entity? The Coordinating Committee is the oversight body that represents the entity. OPCC – is a group of individuals and organizations that come together, with the Coordinating Committee as the hub, the functioning entity. CC as smaller representative entity.</p> <p>Questions: What/who is OPCC? How is information diffused? How do we unify and come together? The listserv has shrunk. OPCC, committees. Sharing issues or resources, specific to task force. The Survivorship group has good, useful conversation via their group. Work to reduce duplication.</p> <p>Task Force roles and responsibilities: Challenge with full time job. Nina, yes, this is what we are doing. Add verbiage about reporting and communicating with Coordinating Committee regarding needs via chairs membership on the Coordinating Committee. Chairs report to CC, attend or send a report for meetings.</p> <p>OPHD roles and responsibilities: <ul style="list-style-type: none"> • Staff time is one question. </p>	<p>Results of this discussion are made as edits to the CAT Visit summary pages 5 and 6 and attached to the minutes.</p>
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	<ul style="list-style-type: none"> • Haven't provided written summaries. • OPHD currently provides minutes for CC, BHTF and CRCTF. Not for survivorship. <p>Options: Student interns? Rotating note-taking? Continue as is or not? Donald has talked with other states to identify options.</p> <p>CC Chairs: Not functioning as ambassadors. Recruitment of new chairs.</p> <p>CC Committee:</p> <ul style="list-style-type: none"> • Identifying gaps, e.g. survivorship need. • Tracking measures? What is the data? Tracking/monitoring role for task forces and Coordinating Committee. • Use of 1-2 year specific objectives based on longer term objectives to keep the focus and momentum and accomplishments. • "Advocate for cancer issues." One voice – is this possible? Brings strength, to have a common goal. Use "advocate for cancer issues." <p>Coord Cte and Task Force becomes OPCC.</p>	<p>OPHD make a proposal for sustainability, based on discussions with other state programs</p>
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Coordinating Committee Membership	<p>Table for next meeting</p> <p>One chair for each CRCTF and BHTF is needed. Charlyn Wilson and Dolly England are leaving their positions.</p>	<p>Next meeting: June 7th</p>
Optional Ancillary meeting	<p>Place Matters November 5-7 conference. Opportunity for cancer themes or presenters at a side meeting afternoon November 7th.</p> <p>Legacy – Saturday, Nov 3rd- the cancer fighting kitchen.</p>	<p>Decision was to not hold an ancillary meeting to Place Matters.</p> <p>Selma to send information to the listserv about the Legacy event.</p>
Agenda Items the next meeting	<p>Next meeting will be June 7, 4-6 PM at the Portland State Office building room 1B and via phone</p>	<p>Please send agenda items to Selma, Sue or Sabrina</p>
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