

# Oregon Partnership for Cancer Control



Comprehensive  
Cancer Control

*Collaborating to Conquer Cancer*



## Understanding Oregon's Cancer Data and Putting It To Use

### OPCC Co-Chairs

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Director, Patient and Family Services

Oregon Health & Science University, Knight Cancer Institute

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Senior Manager, Patient Access, Education and Advocacy

Oregon\*SW Washington\*Idaho\*Montana Chapter

Leukemia & Lymphoma Society

**September 25, 2013**

# Objectives for Today

- Describe Oregon's cancer-related data sources
- Show data used to define health disparities
- Provide examples of data for setting priorities
- Highlight the work of OPCC Taskforces



## Points to consider

- *Do these data make sense to me?*
- *How will I use these data?*
- *Do I have examples of using data?*
- *How might use of cancer data change my practice?*

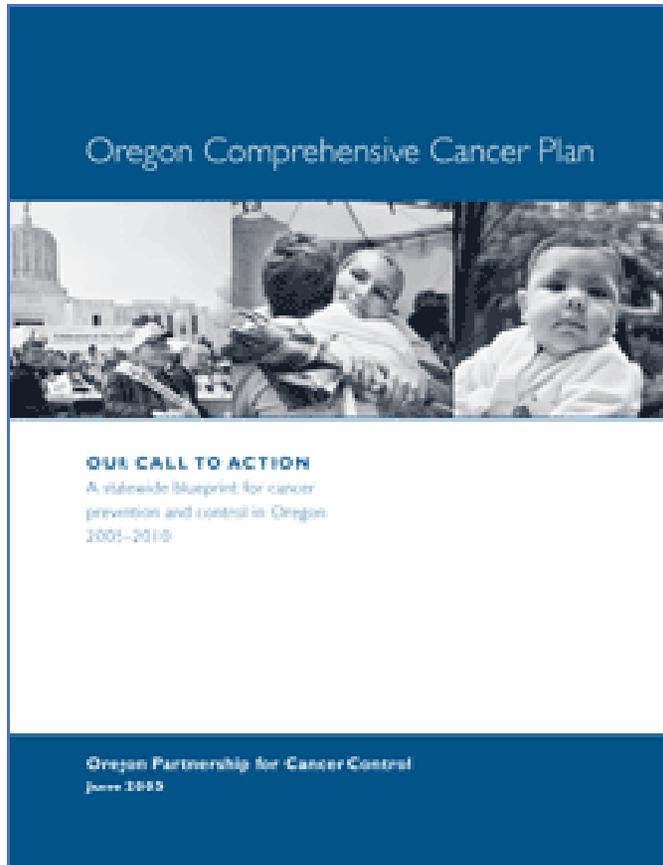


## What is OPCC?

- Part of a national cancer control effort
- Focus on data to develop, implement and evaluate cancer priorities at the state level
- Promote collaboration among diverse partners
- Coordinate with other chronic disease activities
- Evaluate and track progress

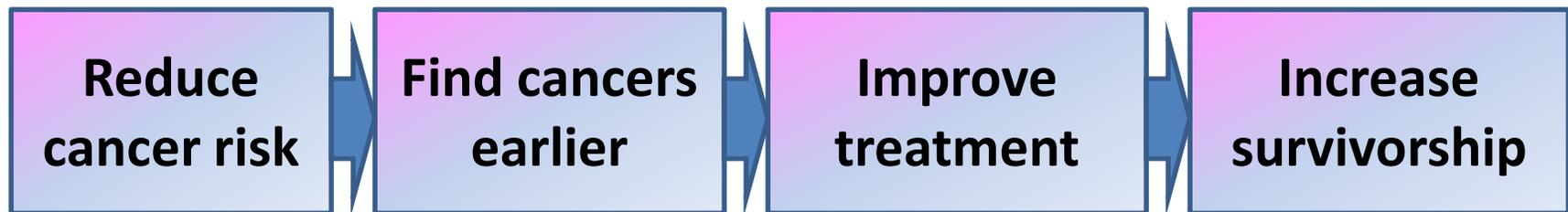
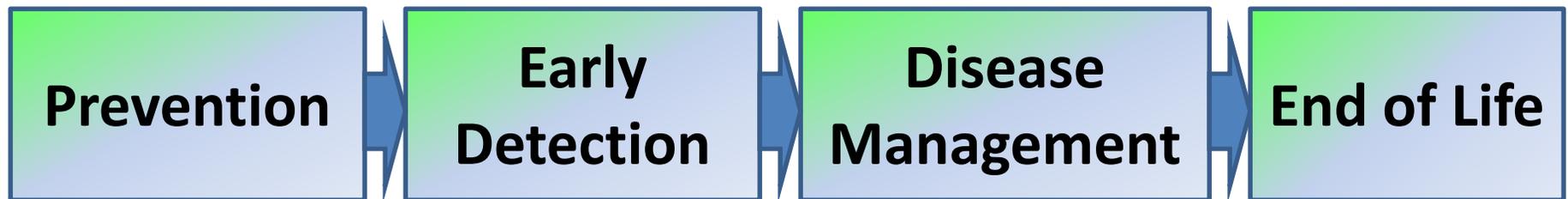


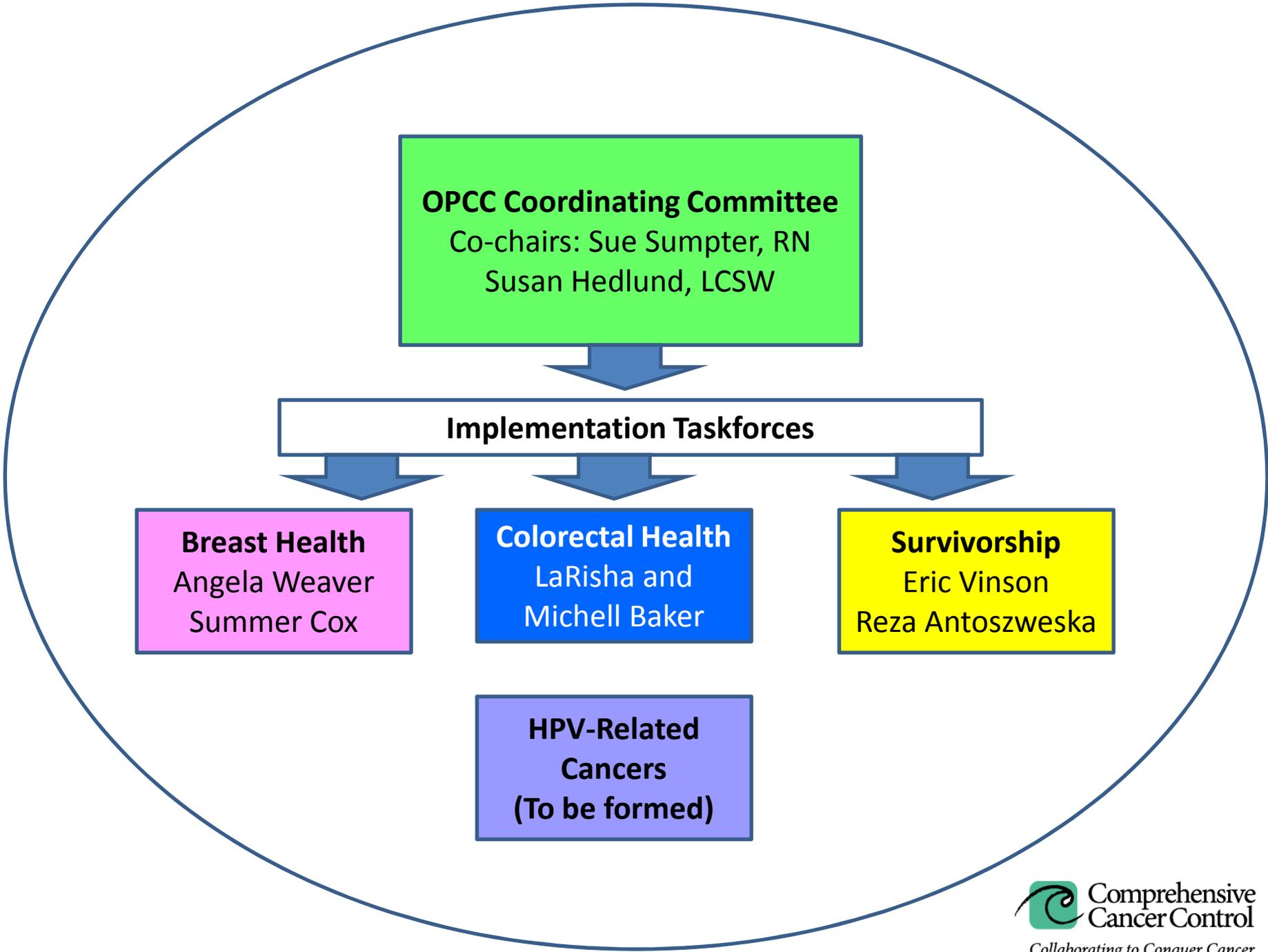
# Oregon's Comprehensive Cancer Plan 2005-2010



- Created by a coalition of 75 member organizations
- Priority plan chapters were updated with measurable objectives in 2012 (breast, colorectal, survivorship and genetics)

# The chronic disease continuum





**OPCC Coordinating Committee**

Co-chairs: Sue Sumpter, RN  
Susan Hedlund, LCSW

**Implementation Taskforces**

**Breast Health**

Angela Weaver  
Summer Cox

**Colorectal Health**

LaRisha and  
Michell Baker

**Survivorship**

Eric Vinson  
Reza Antoszweska

**HPV-Related  
Cancers**

**(To be formed)**

# Breast Health Task Force

## Objectives:

- By 2020, reduce deaths from breast cancer by 7%
- By 2020, increase mammogram screening among women ages 50 -74 by 5%

## Strategies:

- Promoting education and awareness about risk reduction and screening
- Best practices for health providers and communities
- Addressing screening barriers and disparities
- Hosting regional meetings



# Colorectal Health Task Force

## Objectives:

- By 2020, increase the percentage of Oregonians age 50 and over (African Americans age 45 and over) who are screened to 70%
- By 2020, reduce deaths by 7%

## Strategies:

- Promote education and awareness to increase screening in communities, worksites and health systems

[www.fightcolorectalcaner.org](http://www.fightcolorectalcaner.org)

[www.thecanceryoucanprevent.org](http://www.thecanceryoucanprevent.org)

- Address cost barriers to screening





## Survivorship Task Force



### Objectives:

- By December 2012, assess cancer survivorship resources in Oregon.
- By December 2013, make cancer survivorship information available to providers and accredited cancer centers.
- By December 2014, make cancer survivorship information available to cancer survivors.

# Oregon's 2013 Legislative Session: A Few Highlights

- HB 2136 Tobacco Master Settlement Agreement
- HB 2896 Tanning bed restriction for minors
- SB 722 HPV-related cancer plan
- SB 362 Breast & Cervical Cancer Program Funds



# Affordable Care Act and Cancer

## The Good News:

- No insurance denial for pre-existing conditions
- Removal of lifetime limits and yearly limits
- No cost coverage for preventive screening services, including genetic counseling and testing for certain individuals
- Insurance cannot be canceled due to illness
- Created a “pre-existing Condition Insurance Plan”
- Coverage available for patients in clinical trials

# Affordable Care Act and Cancer

## Challenges that can impact cancer care:

- 24 month waiting period for stem and bone marrow transplants
- Patient will need to get used to an enrollment period for sign-up
- Undocumented patients will no longer qualify for coverage under Cover Oregon
- Patients need to be aware that Tier Plans will offer the same services across each category but prices may vary between insurance companies
- Patients will need to comparison shop and consider co-pay costs as well as monthly premium costs

# 5 Minute S-T-R-E-T-C-H Break





# 15-Minute Break

We will begin at 2:30pm



# 15 - Minute Break

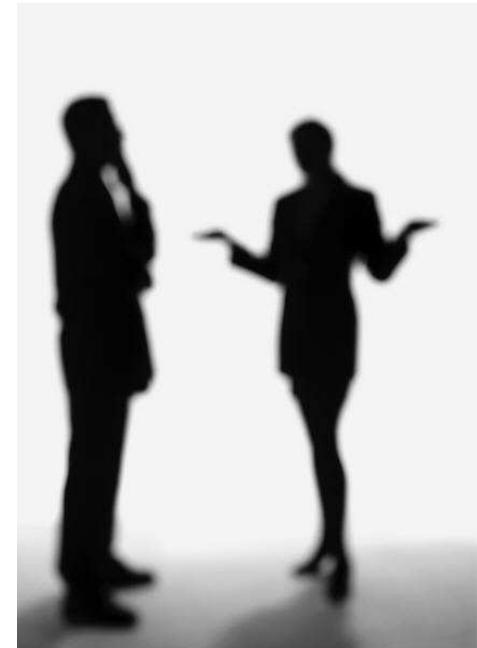
We will begin at 4:00pm



# Discussion (30 minutes)

## Making Sense of and Using the Data

- Do these data make sense to me?
- How will I use these data?
- Do I have examples of using data?
- How might use of cancer data change my practice?



# Networking 4:30-5:00

Thank you for attending

***OPPC's Understanding Oregon's Cancer Data  
and Putting It To Use Meeting!***

