

# Colorectal Task Force Meeting Minutes

## [September 2011]



**Chair:**

Charlyn Wilson <http://www.legacyhealth.org/> Email: [CWilson@LHS.ORG](mailto:CWilson@LHS.ORG)

**Attendees:**

Shaun Parkman, OHA email [shaun.w.parkman@state.or.us](mailto:shaun.w.parkman@state.or.us)  
 Sabrina Freewynn OHA <http://www.oregon.gov/DHS/ph/tobacco/index.shtml> Email: [Sabrina.L.Freewynn@state.or.us](mailto:Sabrina.L.Freewynn@state.or.us)  
 Kathy Mix, OHA  
 Hank Cattell, OHA  
 Philip Mason, OHA  
 Summer Cox, OHA Genomics program  
 Kelleen Bernard, Acumentra, [kbernard@acumentra.org](mailto:kbernard@acumentra.org)  
 Tom Foeller, Survivor  
 Michell Baker, Steve Baker Colorectal Cancer Alliance

**Attendees ☎:**

Kiernan Doherty, Metropolitan Group  
 Mary Collins, Mid-Rogue in Grants Pass Oregon

**Handouts:** PowerPoint for the Clatsop Pilot: Colorectal Cancer, the Cancer you can prevent.

Agenda Item	Discussion Points	Outcome/Follow Up
<b>Welcome/ Introductions</b>	Charlyn welcomed everyone	
<b>Acumentra presentation</b>	<p>Acumentra has been working on practice improvement with 26 providers around the state. They had to have electronic medical records. They worked on vaccinations, breast cancer screening and colorectal cancer screening. The first challenge was to find baseline data. This was often in the wrong fields or not in the system. One common area of concern was that providers were not entering their orders for tests. They might do it for colonoscopy, but not for FOBT so they had no way to follow up or track completion.</p> <p>Providers generally think they are doing well. When they see the numbers they are often surprised, sometimes embarrassed, and willing to work on an improvement.</p> <p>In additional to alerts and reminders, they used the electronic medical record systems to look at opportunities for improvement. One of these was looking at missed opportunities – how many patients who were not up to date on screening had been through the office in that time period but not been recommended for screening.</p>	

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	<p>Taught practices PDSA cycles and process improvements. Flow analysis was another improvement process.</p> <p>There were improvements for staff as well as providers. Trained non-provider staff in the screenings so they could also talk about the tests and be knowledgeable about them. Used the toolkit Acumentra created previously through a grant with DHS (now OHA).</p> <p>Providers all considered colonoscopy as the gold standard and would not even consider an FOBT. Education helped here so that less costly options were made available to them. Many providers were also using in-office FOBT screenings. The information in the CD Summary helped convince one whole practice to dump that completely.</p> <p>Male providers often felt uncomfortable bringing this up or talking about it. Did some training around communication and listening skills.</p> <p>Some materials helped practices as well. One was a patient information sheet. Another was a large-print version of FOBT instructions.</p> <p>One thing that was helpful was giving a deadline to the patient. This helped improve compliance. Story telling was also very helpful. Provider recommendations were of course very motivating and informative to patients.</p> <p>Participating practices were all around the state. Grants Pass, Medford, Bend, Redmond, Portland Metro, Salem area. Urban and some rural but no frontier counties. One large health system. Several were part of multi-site medical groups. There each practice had a QI team and had communication with their leadership. Once this group tested an intervention, they tried to spread it to the other provider practices in that group. The spread is the most challenging part.</p> <p>Long way to go still. Practices improved their screening rates but were still very low. The top 10% of practices averaged 65% of their patients screened.</p> <p>The ACS has a good toolkit for practices to improve their screening rates as well.</p> <p>Kelleen will send documents or links electronically.</p> <p>Next steps are explained more in the Preventive Care and HIT Network handout.</p>	
<b>Webinar and other</b>	Kiernan Doherty, Sabrina and Stephen Blaksley from Clatsop recently presented a webinar to	

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<p><b>presentation (Sabrina)</b></p>	<p>Tobacco Prevention and Healthy Communities Coordinators and their partners throughout the state. It was a very well received webinar and many people spoke up about their interest in promoting the campaign in their communities. Met Group is developing a toolkit for coordinators to help in this launch.</p> <p>After discussions with the counties in central Oregon and with Umatilla County partners we have decided to have the focused campaign (more like Clatsop) in Umatilla rather than central Oregon. One key factor is that ACS has done preliminary work in Umatilla, gave a grant to one of the county partners, and developed some relationships already. Central Oregon will get more focused technical assistance and may be the site of a focused campaign in a future year.</p>	
<p><b>Statewide campaign and localized campaign (Kiernan)</b></p>	<p>We are running mini-campaigns in a couple of communities as well as a statewide campaign. We are developing a toolkit for local Coordinators to launch the statewide campaign locally. These mini-campaigns will run in Portland with the African American and Native American Communities,</p> <p>We are revising collateral, changing over the website to the statewide campaign, telephone town hall for AARP with a follow up to members who participate, Oregonian as a partner, OPB as a partner, PEBB as a partner to outreach to state employees, Facebook page.</p> <p>We are still looking for African American female spokespeople. Also looking for provider champions – particularly female. Looking for spokespeople in Eastern Oregon.</p>	
<p><b>Screening Grant (Kathy)</b></p>	<p>We are still talking with Columbia Memorial. They are interested and sound promising. They are in the process of setting up an on-site oncology department which is a big effort. The contracting process is the challenging part because of staff time.</p> <p>Still no communication from Mosaic Medical.</p> <p>Q: Is there a time at which we will decide not to continue forward with trying to find a provider? A: Not really. We will continue to work on this until we either find a provider or the CDC allows us to let this part of the grant go.</p>	
<p><b>Membership Survey</b></p>	<p>The OPCC Partnership survey is going well. We have had a lot of good feedback with about 80 completed responses. If you have not filled out the survey yet, please do. Also forward it on to your colleagues so we can get their input as well.</p> <p>The next steps are that a report will be presented to OPCC Coordinating Committee in October</p>	

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	<p>and then to this group. We hope to spur discussion about the priorities and decisions to move forward.</p> <p>Q: Is there a deadline? A: Not yet, but we will set one.</p>	
<b>Brochure Draft</b>	Tabled.	Get the latest brochure to review next month
<b>Statistics Update</b>	<p>The fact sheet distributed is intended to be a list of facts to pull from for the brochure and the cancer plan chapter update. It is not intended to be a stand-alone document.</p> <p>Healthy People 2020 refers to the goals from Healthy People 2020.</p> <p>There will be a change in the way the data are weighted. We have not yet received those weights yet as CDC has not yet released them.</p>	Send out statistics to listserv
<b>Strategic Action Plan</b>	Tabled until next month	
<b>Community Activities</b>	<p>Steve Baker Colorectal Cancer Alliance is partnered with Providence Cancer Center. Looking to go out to employees who have Providence as a provider and give them information about CRC and Heart Healthy issues. Employer cares about their health. Recruiting a work place champion to encourage people to get screened. Hoping to roll out in November. Looking to roll out in five work places. SEI, Intel, Nike, and others with Providence.</p> <p>Tom Fuller, first time at this meeting. Looking for opportunities to do more activities. Working with Clackamas County on a health fair for their employees on April 25. Last year got March proclaimed as CRC Awareness Month by both the state and the county (Clackamas). Wants to link up and align with our campaign. Also doing an annual call on congress. Appropriations for cancer research, awareness, etc. Looking for opportunities. Fight Colorectal Cancer Coalition is one of the groups he represents.</p>	
<b>Agenda Items for upcoming Meeting</b>		Please send agenda requests to Charlyn
<b>Adjourn</b>		