

Colorectal Task Force Meeting Minutes

November 15, 2011



Chair:

Charlyn Wilson <http://www.legacyhealth.org/> Email: CWilson@LHS.ORG

Attendees:

Philip Mason, OHA
 Kathy Mix, OHA
 Hank Cattell, OHA

Attendees 📞:

Sabrina Freewynn OHA <http://www.oregon.gov/DHS/ph/tobacco/index.shtml> Email: Sabrina.L.Freewynn@state.or.us
 Shaun Parkman, OHA email shaun.w.parkman@state.or.us
 Kiernan Doherty, Metropolitan Group
 Mary Collins, Mid-Rogue in Grants Pass Oregon
 Ruth Medak, Acumentra Health
 Nancy McGathan, Columbia Memorial Hospital in Astoria
 Tom Foeller, Survivor

Handouts: CRC Cancer Plan Addendum, 2011 OPCC Member Survey Executive Summary (will be sent with meeting minutes)

Agenda Item	Discussion Points	Outcome/Follow Up
Welcome/ Introductions	Charlyn welcomed everyone	
Updates	<ul style="list-style-type: none"> • Statewide messaging campaign/website <ul style="list-style-type: none"> ○ Kiernan informed us that the CRC messaging campaign launched last week and was featured on oregonlive.com. There will be a sidebar tomorrow at the Oregonian (thank you Kathy Mix for discussing screening/insurance options with them for the article) ○ Mini focus of campaign launched in Eastern Oregon also. Ads are running on OPB and the Oregonian's eastern area. We are working with community groups focused in Native American and Alaska Native populations ○ Facebook ads are running. ○ There is also a focus on provider networks 	<p>Sabrina will send packet of information over the list serv that she sent to grantees. This could be used for task force members to see and distribute in their communities.</p> <p>We need more personal stories written.</p> <p>Kiernan is meeting with her team at Met Group tomorrow to discuss Providence/Legacy/Kaiser</p>

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	<ul style="list-style-type: none"> • CDC CRC screening grant contract <ul style="list-style-type: none"> ○ Last week Kathy had a conference call with Janet Hamilton at Project Access Now to brainstorm ways to get some of their partners/clinics to do the screening. Its possible they could be the project contractor/sub-contractor ○ We've received nothing back from Columbia Memorial in Astoria • Ruth asked that because under new healthcare plans (health reform) screenings have to be covered with no co-pay or deductible. However, if f they find any polyps during a colonoscopy it becomes diagnostic. <ul style="list-style-type: none"> ○ As federal and state policies develop (CCOs, etc.) we will learn more but it's scaring to think that if the diagnostic services are not covered then it will discourage individuals from being screened. ○ CDC intended for it to be that if you go in for a screening it will be treated as so, but the law is not written to reflect that. It feels like chaos. Regulators, government and insurers are dipping their toes in the conversation but it hasn't been discussed or analyzed in depth at this point. ○ It's important that we keep our ears open about this and educate people to challenge this issue. We have yet to hear any cases in Oregon thus far. ○ This also includes anyone who has a positive stool test. They will need a diagnostic colonoscopy. This could discourage people from getting screened if they receive the free screening but then have to pay for the diagnostic procedure 	<p>Kathy will make a colorectal screening options fact sheet for us</p>
<p>Atlanta meeting (Kathy and Shaun)</p>	<ul style="list-style-type: none"> • Overriding message was that it's all very confusing. CDC is trying to figure out what it needs to do next with 2 very different visions of the future: if health reform carries out as passed and is funded or if it is not. <ul style="list-style-type: none"> ○ This means very different things for cancer prevention and health care in general. One version of the super-committee includes having cancer screenings/early detection programs, others might not. ○ The CDC is encouraging all states to do what we've done here in Oregon (focus on population level activities). ○ If funded it will mean there will be 60% less uninsured. There are legal challenges to the law (supreme court will hear the case in March). • On a positive note, HHS asked the IOM to select some indicators to focus on. There are 12 topic areas and 26 leading health indicators. Colorectal screening is on the list. The CDC is very serious about these initiatives. 	
<p>OPCC member</p>	<ul style="list-style-type: none"> • The member survey's final report and results were presented to at the last Coordinating 	<p>Philip will send out</p>

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<p>survey (Philip)</p>	<p>Committee meeting. The meeting provided a good discussion on key findings</p> <ul style="list-style-type: none"> • An executive report has been created for the CRTF to analysis and use • After the next Coordinating Committee we should have more information from the larger OPCC about ways they are going to proceed and use the evaluation • The survey provided contact information of some individuals who are interested in joining the task force. Charlyn has reached out to many of them. 	<p>executive summary with meeting minutes and provide updates on evaluation/Coordinating Committee decisions at future meetings</p>
<p>Legislative Update (Hank or Kiersten)</p>		<p>State employees (Hank) will follow-up with Kirsten regarding the legislative concept for introducing the treatment bill during the Feb. session</p>
<p>Cancer Plan Update</p>	<ul style="list-style-type: none"> • Last time we talked about the update Charlyn received input from some individuals via email (thank you) • We should consider using a visual from the messaging campaign, or a quote. • Revisions <ul style="list-style-type: none"> ○ Removed provider capacity ○ ACS guidelines (important distinguish) ○ Discussed screening recommendations ○ There is a desire to put some more emphasis on the campaign and their work with rural areas 	<p>Hank will add a visual/quote from the media campaign</p> <p>Philip and Hank will work between now and the next CRTF meeting to make updates and revisions</p> <p>Deadline has been set to finalize the update by the end of January in time for the next OPCC coordinating committee meeting</p>
<p>Community Activities</p>	<p>Sabrina is occasionally still out on family leave. She still plans on staying in contact with the group.</p> <p>Shaun’s meeting with Atlanta also included a discussion of a national press campaign to get states interested in one weekend free screening clinic (colonoscopy)—we can’t capitalize on this opportunity b/c we don’t have a screening program running, but they have a strong need for patient navigators and we have an opportunity to work with them in the future on messaging. This is sponsored by the national AGA.</p>	

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	BRFFS is conducting their annual surveillance survey with PEBB and OEBC and includes screening questions.	
Agenda Items for upcoming Meeting	Next meeting is December 20 th from 1:00 to 2:30	Please send agenda requests to Charlyn
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