

Survivorship Task Force Meeting

Meeting Notes, September 29, 2011

Facilitators:		
Attendees:		
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	
Overview of OPCC	<p>The Oregon Partnership for Cancer Control (OPCC) was formed in 2004 to develop and then implement a Cancer Plan for Oregon. This plan can be found at http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Cancer/Documents/cancer_plan_v32.pdf</p> <p>An addendum to the plan is currently being developed. This plan can serve as a guide to the work of this committee but should not constrain the committee. There has been a great deal of work in the area of survivorship since the original plan was written.</p> <p>Selma shared information from Livestrong on establishing and sustaining a survivorship program.</p> <p>OPCC has a Breast Health Task Force, a Colorectal Health Task Force and a Coordinating Committee. The group that gathers here today has been tasked with looking at the area of Survivorship.</p> <p>The Coordinating Committee is reaching out to new members and getting people involved with the committees of OPCC. This committee is the result of those efforts and will be a place to expand membership.</p> <p>Q: How was the OPCC Cancer Plan used? A: Committees and members of OPCC have taken up elements of the plan.</p>	OHA staff send out a link to the plan to meeting participants. Highlight pages relevant to Survivorship

<p>Committee goals</p>	<p>Washington State Cancer Program has a survivorship program that could be a resource to us. One of their concrete deliverables was to create fact sheets for providers and patients on how to develop survivorship plans. We could look at that work and consider adopting it.</p> <p>Q: How are we defining survivorship? A: The plan says from the point of diagnosis on including family members and support people. However, we can define it more narrowly or pick a project that focuses on a specific sub-group such as those who have completed active treatment.</p> <p>The open definition is such an amorphous group that it's hard to figure out where to work.</p> <p>Could the focus on survivor plans be about survivor care plans?</p> <p>American College of Surgeons mandates survivor plans by 2015. We have the opportunity to inform them on what should be included in those plans. Those guidelines are being developed now.</p> <p>There is a list of the top 10 needs for survivors. It lists two tiers of need and comes from the national level of LiveStrong. Sabrina will send it out to the group. Unfortunately, legal rights around health insurance and employment are not on the list.</p> <p>Another possible goal of our committee would be to collect resources for survivors. We could focus on one or two quality resources each within a variety of topic areas. Some are using the NCI guidelines as a resource for patients—and an extra copy for their PCP.</p> <p>While one resource packet would be great there are so many variables of age, type of cancer, treatment plans, life needs, etc. This makes it extremely challenging to create one resource guide.</p> <p>Rather than a full list of all available resources, distilling them to a select few may be useful.</p> <p>There are many great cancer centers that navigate and treat people through the process of cancer. A center for comprehensive survivor care could be of great value to Oregon communities, one place where people go post active treatment. It could include things like nutrition classes, exercise, etc. This used to exist as Cancer Care Resources, a non-profit organization. However, they were not able to sustain financial resources to keep their doors open.</p>	
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	<p>Could we have a virtual resource list on line? Lots of challenges with being the one to create that. The web site itself is not hard, but the creation and maintenance of it are too burdensome for any of our organizations to currently do. Could 211Connect be a good link? Consider inviting them to a future meeting to see what resources they have and how they are promoted.</p> <p>Goal: Identify the resources for the work of the committee.</p> <p>Issue: medical services can be reimbursed but things like classes and support groups are not, currently, reimbursable. This may be changing as health reform evolves.</p>	
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<p>Co-chair election</p>	<p>Nina VanNess in the Celilo Center is interested in being a co-chair. Elected</p> <p>Eric Vinson is willing to serve as co-chair. Wants to know what resources we have as a group so we can know what is possible.</p> <p>Potential other members of this committee: Dr Paul Hanson, Dr. Hayle Latin, Susan Headland at OHSU (has said yes), someone from LiveStrong, PCPs, cancer specialists, etc.</p> <p>Resources for this committee: Meeting room through Legacy, phone line through Oregon Health Authority, in-kind participation of the members around the room.</p> <p>Is there a budget for a survivor committee? Not a budget, but OHA can sometimes support specific projects. We have the resources we need now to hold meetings and begin work as a group. As we develop a compelling project and need resources for it, we can seek those resources.</p> <p>There could be two listservs: one that is specific to committee members, one that is larger for survivors, providers and others that just want to receive announcements.</p> <p>Q: Are we constrained to not apply for grants? A: No. We can leverage or apply for grants for projects that we identify as a group.</p>	
<p>Next meeting</p>	<p>Second Wednesday of the month, monthly from 3:30 PM for 1.5 hours.</p> <p>October 12 will be the next meeting at Legacy: Good Sam building 3, room 219.</p> <p>Agenda: identify who else we need.</p>	
<p>Agenda Items the next meeting</p>	<p>Please send agenda items to</p>	
<p>Adjourn</p>		