PROJECT inCHECK
South Dakota Council on Colorectal Cancer

South Dakota Council on Colorectal Cancer
October 18, 2011
12:00 – 1:30 pm (CT)

Present:

Denise Kolba, Jill Ireland, Nancy Beaumont, Mark East, Teri Delfs, Dr. Paul Amundson, Tom Newton (by phone)

I. SD Comprehensive Cancer Control Colorectal Workgroup – Jill Ireland

One of the strategies the workgroup has been working on this year is a newsletter that can be shared with providers. The first newsletter was posted on the Department of Health website in July. It included an article on the GetScreened program. Over 1000 people have been screened for the FIT test with 175 receiving colonoscopies and 250 polyps were moved with two cancer diagnosis. When the program began, cancer treatment centers were asked to donate treatment for patients that were diagnosed through this program. The patients are being treated with a donated in-state cancer center but not a major cancer center.

The workgroup would like an article submitted by the South Dakota Council on Colorectal Cancer for the next newsletter in November. Nancy suggested an article on what percentage of the kits given out where returned. Denise thought it was better than 50%. The perception is that a high return rate is not doable but we are seeing that it is doable. Norma Schmidt with the SD Dept. of Health has received a grant for a patient navigation program. Part of what theses navigators in primary care settings will do is call back the patients that brought home a kit to ensure they return it. Denise suggested a couple of people from the group could co-author an article and Dr. Amundson agreed to review it prior to publication.

The Fall Comprehensive Cancer Control meeting will be held in Mitchell on October 26 and October 27.

The Colorectal workgroup will meet on October 26.

II. 2011-2012 Work Plan

Data collection and reporting:

We are just getting started on this. Mark mentioned that we are still waiting on the HEDIS guidelines for the current year. Jacque Cole provides this information each year. Once we get the guidelines, Mark will send out a request for data from the health plans. Usually it is sent in November. Last year we discussed identifying geographical trends. Kay Dosch from the SD Cancer Registry has coding software. This software will convert zip code to county so we can drill down to a certain pocket, i.e., reservation. Dr. Amundson stated that if we are focusing on information to change behaviors of the medical providers, it could be done through the state medical districts. If we are targeting county and city officials, it should be done by county. We can use last year's data to see trends and use two years of information to plan for next year's activities. Denise stated that when we get the data, we will publish it to the council website. Kay Dosch is planning to publish the SD Colorectal Cancer Burden statement using BRFSS data.

Professional Development – reaching providers:

One of the things we need to look at as we move forward with the workplan is professional development and if we want to approach this differently than what we have done in the past. We have used webinars for the past three years which have been successful. We have had good attendance and good feedback. Some other ideas we talked about we talked about were collaborating with the South Dakota Department of Health specifically in the clinics where Norma Schmidt has patient navigators. These navigators have a broader focus dealing with cancer patients, including prevention and early detection, and are working with six assigned clinics in South Dakota. We may have an opportunity to tie in with her program. Nancy Beaumont and Denise met with Norma. We have a follow-up meeting scheduled with Brooke Lusk, who is managing the pt navigation program, scheduled for Nov 9.

Dr. Amundson stated that the most common type of provider education is face to face in their office since it is tough to get physicians to go someplace. We need to look at electronic resources that are easily accessible and they can look at when they have some spare time. The webinars are heavily attended by medical students and physicians early in their career.

Nancy discussed the Learning in Action Networks, proposed by CMS, which is a driver to spread quality improvement. It is community voice/message. It is hard to envision in South Dakota where there are not a lot of resources to cover a great deal of ground. There is an orientation to what the model will look like and she will have more information next meeting. The patients are at the epicenter of the focus.

Tom Newton commented that the pharmaceutical industry typically uses the approach to take physicians to lunch and promote their products but that does not necessarily work for the non-profit industry or insurance companies. Wellmark is using on-line trainings for business office staff but have not built a curriculum for physicians but are looking at posting information on the web.

Attendance and feedback reflects that we have been doing the correct things the past couple of years. Maybe the Geo-tracking system could help us potentially identify some focus areas in SD. Denise passed out a four page "How to Increase Cancer Screening Rates in Practice" developed by the Midwest Division. This piece is intended as an action plan for the full toolkit: *How to Increase Colorectal Cancer Screening Rates. A Primary Clinician's Evidence-Based Toolbox and Guide.* Norma is looking into using it with her patient navigation program.

After looking at the data, we can focus and look at strategies to use in clinics. Denise mentioned that the New Jersey Academy of Family Physicians offers a course on the full toolkit for practice improvement and certification.

Denise spoke about the collaboration with the American Heart Association and the American Diabetics Association since these organizations send the same type of messages about prevention. Denise, Jill, Nancy and Tom will work on a provider-focused program development.

Public and health plan member/employer group strategies:

Nancy and Denise discussed that Dr. Michael Potter from the University of California, San Francisco, would like South Dakota to replicate what he has done in San Francisco combining annual flu shots with annual colorectal cancer screening. The information is on the website, flufit.org. He chose South Dakota due to the collaboration of this group and our past accomplishments. Dr. Durado Brooks and Greg Walker, both with the American Cancer Society National Home Office, have worked with Dr. Potter.

Nancy met with the clinic groups regarding the opportunity to do a quick assessment of clients 50+ for colorectal cancer screening. The patient would be given a Fit kit when they received their flu shot. Physicians like the idea but the timing was too late due to the fact that the flu shots had already been given or contracted out. We learned a lot but have not made much progress. Nancy discussed a program wherein Quest Diagnostics would provide the kits, do the testing and report the results free of charge. There was a lot of physician resistance concerning the accuracy of the test, whether there were dietary restrictions, etc… We thought we had the green light and two days prior to the implementation, the physicians chose not to participate in the program. It was too late to contact another clinic. We have not been able to implement but we know what to do next year. Quest indicated that these were the same barriers as they have seen when implementing FIT colorectal cancer screening clinics.

Nancy Fahrenwald, Director of Research for the College if Nursing at SDSU, submitted a grant proposal to implement the FluFit program next year. Dr. Potter has done the program in both practice and pharmacy settings. We have everything ready to go except a partner clinic. Dr. Amundson stated that we need to develop trust with the physicians that we are doing it correctly.

Jacque Cole led a discussion on health plan member correspondence at the July meeting. She reflected on the past success as a council in reaching the providers. Nancy and Denise presented at the CMS Quality Conference and they were impressed with the collaboration of this group with competitors working together to get more accomplished. Jacque has a vision regarding the member intervention. A member mailing could be created to encourage colorectal cancer screening, with a consistent message from each health plan. We discussed whether each health plan provider should be responsible for the follow-up or whether they could use the Great Lakes Call Center. The call center would follow up with a consistent message. It was discussed that health plans could publish a message in the member newsletter in January followed up with a mailing in March and personal phone calls in April. Timing could be an issue with patient deductibles. There are a lot of different variables to take into consideration when working with the different health plans. Could the American Cancer Society come up with a postcard that each health plan could just insert their own logo? It was discussed whether the council logo could go on the mailing versus each individual health provider's logo. We would need to get all health care providers together to figure out the logistics. Dr. Amundson discussed the timing with 2012 budgets and the cost of printing, mailing and staff to call back which would be the most costly. Is there a possibility of using an automatic dialing through a process center? It is more effective to have a "live" person calling, but is it cost effective? It was discussed doing the newsletter blast and mailing in 2012 and see what response we get. Then the following year we could do a mailing and the call back. It is probably unrealistic to have every health care plan complete every component next year. There was discussion on logistics of using Great Lakes Call Center.

The members of the health plan and medical directors need to meet to discuss the interest. We can have a mockup of the card; have information on the call center fees; and recommendations from the American Cancer Society.

Denise will schedule a meeting or teleconference within the next three weeks.

Reducing disparities:

Continue to support the State Colorectal Cancer Workgroup.

Next meeting: January 24, 2012 noon to 1:30 (CT), SDSMA Board Room