



Colorectal Cancer Taskforce Meeting

Date/Time: November 10, 2009 from 7:00 to 8:00 AM

Location:

American Cancer Society Office, Colorado Room
2255 S. Oneida Street, Denver, CO 80224

Dial-up: **1-866-910-4857**

Conference ID: **890447**

Agenda

Introductions

Provider Input

Review Provider and Health Care System Section
of the CRC Chapter of Cancer Plan (See Attachment)

Provider Recommendations and Input All

Taskforce Reports

Quality Forum Update Jill

CRC Integration Grant Sandy Mortenson

Promotion of HB 1204/Marcom Update Anne

Updates

CRC Screening Program Holly

Partner Updates

Next Meeting: December 8, 2009 at 7 AM

ATTACHMENT

CANCER PLAN: COLORECTAL CANCER

June 16, 2009

OBJECTIVE: By 2015, xx %* of Coloradans ages 50 and older will be in compliance with ACS colorectal cancer screening guidelines.

waiting for 2008 BRFSS data to determine number

Strategies for the Public:

- Facilitate/encourage public awareness at the local level, across all populations, about colorectal cancer:
 - Include messages both for average risk persons and for persons at higher risk due to their family history of colorectal cancer or adenomas[S2]
 - Engage advocates, such as survivors and navigators in development and distribution of CRC screening messaging.
 - Develop and use messaging that is consistent with other organizations in Colorado and nationally, including ACS/CCGC/USPSTF guidelines.
 - Determine outreach to a younger population to increase awareness.
 - Include messaging to ensure public awareness about new Colorado legislation mandating colorectal cancer screening.
 - Encourage the use of evidence based strategies for community mobilization.
- Implement a small grants program to assist local public health organizations to conduct public awareness campaigns.
- Hold regular meetings with key stakeholders to update progress and introduce newer strategies.
- Coordinate lifestyle messaging with other organizations, i.e., *Colorado on the Move* and *LiveWell Colorado*, with similar goals.

Strategies for Providers:

- Continue the statewide educational campaign to increase knowledge of Colorado health care providers about colorectal screening options:
 - Collection of comprehensive family history.
 - Communicate CCGC/ACS/USPSTF screening guidelines, emphasizing commonalities of recommendations.
- Encourage practice changes that facilitate increased screening through measures such as:
 - Patient education about the importance of screening and the screening process.
 - Patient navigation – scheduling, education, coordinate services, assistance with barriers to screening, follow up.
 - In reach to eligible patient populations.
- Support the development of easy to use tools to assist physicians reaching high risk populations.
- Encourage the incorporation of quality measures for all CRC screening tests into standards of practice.
- Educate the provider community to deliver high quality endoscopic screening.

Strategies for Health Care Systems:

- Collaborate with health insurers, i.e., the Colorado Business Group on Health and Association of Health Plans, to increase screening rates among their insured, particularly the underinsured:
 - Reduce or eliminate co pays for CRC screening.
- Sustain funding for a program to provide colorectal screening for uninsured and underinsured Coloradans.
- Collaborate with employers to improve benefit selection and reduce and /or eliminate cost barriers for CRC screening.
- Encourage the next revision of CCGC guidelines to address quality of endoscopic screens.
- Assure adequate capacity in Colorado for colorectal screening services:
 - Encourage lower fees for self pay patients.
 - Increase CRC screening capacity in rural Colorado and ensure high quality screenings.

- Promote preventative colorectal screening in the primary care environment, via a medical home.
- Encourage the development of cost effective strategies for CRC screening.

Strategies for Policy/Advocacy:

- Ensure screening for uninsured and undocumented Coloradans.
- Engage survivors and family members to become advocates for education and screening.
- Develop messaging addressed to legislators, funders, insurers, employers, etc. to create the business case for CRC screening.

NOTE to reviewers: Links will be included to other chapters providing information on:

- Survivorship Quality of Life
- Patient Navigation Health Disparities
- Physical activity and nutrition Prevention
- Family History/genetics – Selected Cancers