



Colorectal Cancer Taskforce Meeting

Date/Time:

June 9, 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**

Meeting Notes

Attending:

Jill Asrael – Chair
Teri Spector
Cindy Belz
Frank Perez
Andi Dwyer
Brian Koethe

Lauren Ambrozic
Holly Wolf
Trisha Curley
Terrey Currie
Denise Steinbach
John Sable

Dennis Ahnen
Nikki Stob
Serena Sampat
Anne Smith
Brenda Dispart
Kris Jewett

Cancer Plan – CRC Chapter Update (Denise Steinbach)

The CRC section work group presented the working draft (see attachment) for review and comment to the task force members. Discussion centered around the content of the strategies, rather than the exact wording because additional information may be added following the public comment period. Additional comments made by task force members will be added to the working draft and reviewed during the next work group meeting, tentatively scheduled for late June. Task force members who were unable to participate in the meeting may submit comments via email to Denise at denise.Steinbach@state.co.us.

CRC Quality Forum, Inverness Hotel, Englewood – June 19, 2009 (Lauren Ambrozic)

Logistical details are being completed. Invitations have been distributed, and Lauren continues to meet with plan providers to encourage participation. Presenters' materials have been received, and planners are pleased with the content.

Undy 5000, City Park, Denver - June 27, 2009 (Serena Sampat)

(See CCC Calendar for event details)

To date, 500 people and 55 teams have registered, with about \$28,000 raised so far. Planners hope to attract 1500 people to this event. Registrants are creative in their team

names. The Rear Admirals (the CRC TF team), captained by Dennis Ahnen, is still recruiting. There will be opportunity for teams to have team photos taken with their signs at a designated area in the park. The park will be closed to thru traffic, so participants are encouraged to arrive early to ensure parking nearby. Beverage and food sponsors continue to be secured, along with three massage therapy vendors.

C-5 Grant (Anne Smith, Pilar Chapa-Burleson)

The project is preparing for a CCPD site visit scheduled for June 25 and providing ads for Undy 5000.

MARCOM (Andi Dwyer)

Toby Martin has the characters and script content ready for review. He is also expected to have a 30-second teaser ready for the Quality Forum and a CD version to distribute at the Undy 5000. MARCOM expects to have the video available to view on the CCC website, with discussions for wider distribution potentially outside of Colorado for a nominal fee.

CRC Screening Program (CCSP) (Andi Dwyer)

The program has reached 95 percent of their target population. Because of the number of CCSP patients needing treatment, screening has been suspended until July 1. The added funding will provide 3250 slots for the uninsured and 815 slots for the under-insured. San Luis Valley has been successfully folded into CCSP. Overall, the program has the potential to perform 6000 to 7000 screens annually.

Survey to CRC TF Members (Jill Asrael)

Jill will survey members about the following: meeting time for the task force, member satisfaction, membership representation, content of meetings, and interest in a co-chair position. Discussion again centered on how to increase participation of primary care and GI doctors as well as nurse practitioners and physician assistants in the task force. It was agreed that the 7 am meeting time worked well with their schedules, but a provider "niche" needs to be developed to engage them more. Denise volunteered to review CRC TF membership to determine the number of physician-members. Discussed contacting some of the physician members to survey them personally regarding their interests, availability and ideas on how to engage more providers. Jill will finalize survey and send out to attendees of the meeting for feedback and will then distribute to the TF membership through *Zoomerang* before the next TF meeting. We will hopefully have some feedback to review by the next meeting.

Next Meeting: **Tuesday, July 14, 2009 from 7 to 8 AM, ACS Office, Denver**

ATTACHMENT I

CANCER PLAN: COLORECTAL CANCER June 16, 2009

(Intro text to this chapter will be developed separately)

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