

Achieving 80% by 2018: *North Carolina Roundtable Steering Committee*

October 15th, 2015

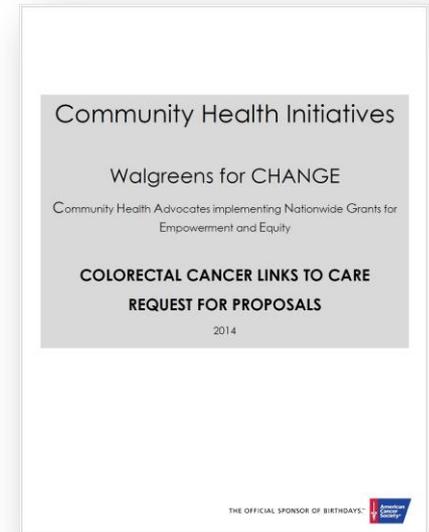
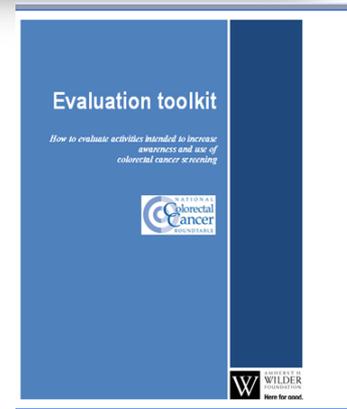
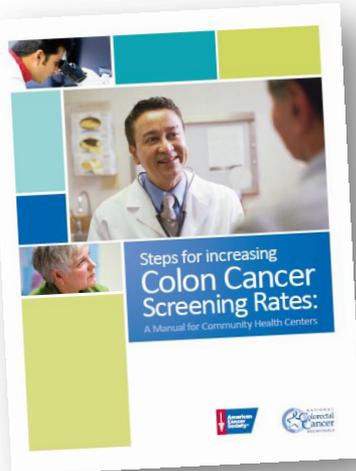
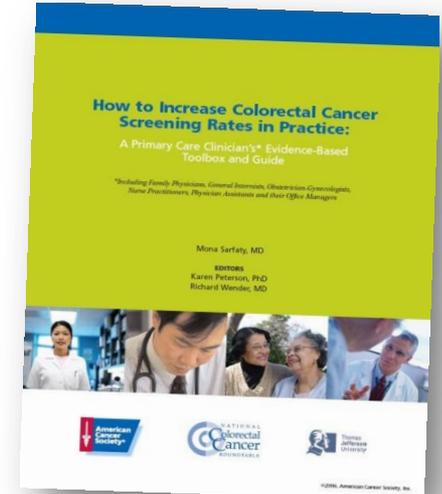
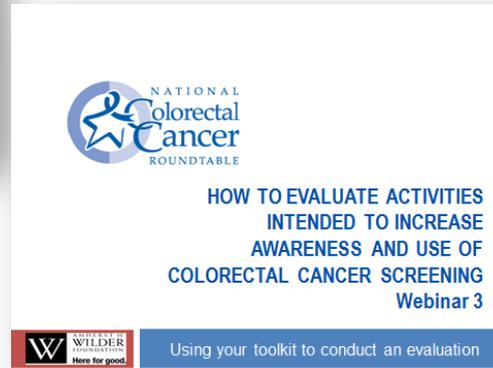
Mary Doroshenk, MA
Director, NCCRT
American Cancer Society, Inc.



National Colorectal Cancer Roundtable

- Co-supported by the American Cancer Society and CDC
- The National Colorectal Cancer Roundtable (NCCRT) is a national coalition of public, private, and voluntary organizations whose mission is to advance colorectal cancer control efforts by improving communication, coordination, and collaboration among health agencies, medical-professional organizations, and the public.
- The ultimate goal of the Roundtable is to increase the use of proven colorectal cancer screening tests among the entire population for whom screening is appropriate.

Tools, Resources, Publications



Vision for the Roundtable (historic)

Don'ts

- Duplicate member organization roles
- Compete with member organizations
- Take on positions or projects that are in conflict with member organizations

Do's

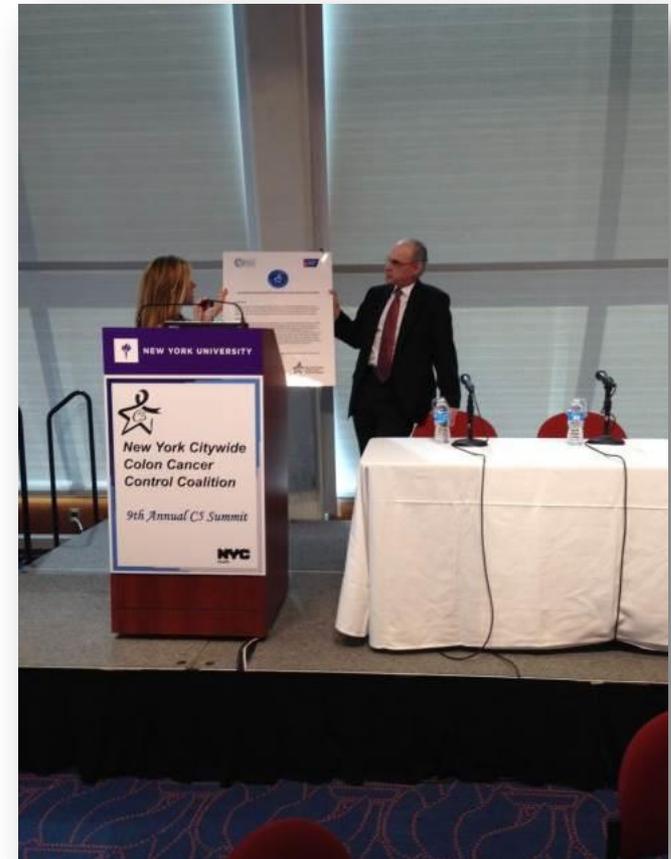
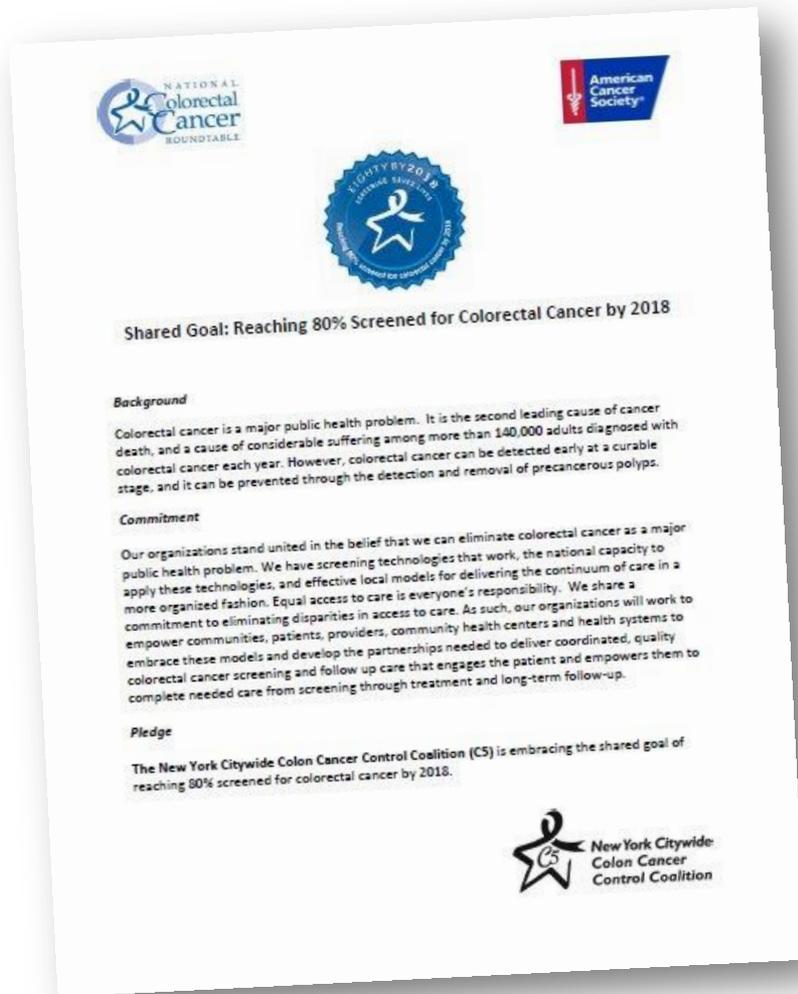
- Serve as a forum
- Provide the “Big Tent”
- Challenge the membership to be participatory, and to regard the NCCRT as a “go to” organization
- Identify unmet needs (GAPS)
- Stimulate collaborations to address those needs
- Support projects best conducted independently (i.e., Blue Star)

Reaching **80%** screening by **2018** ...



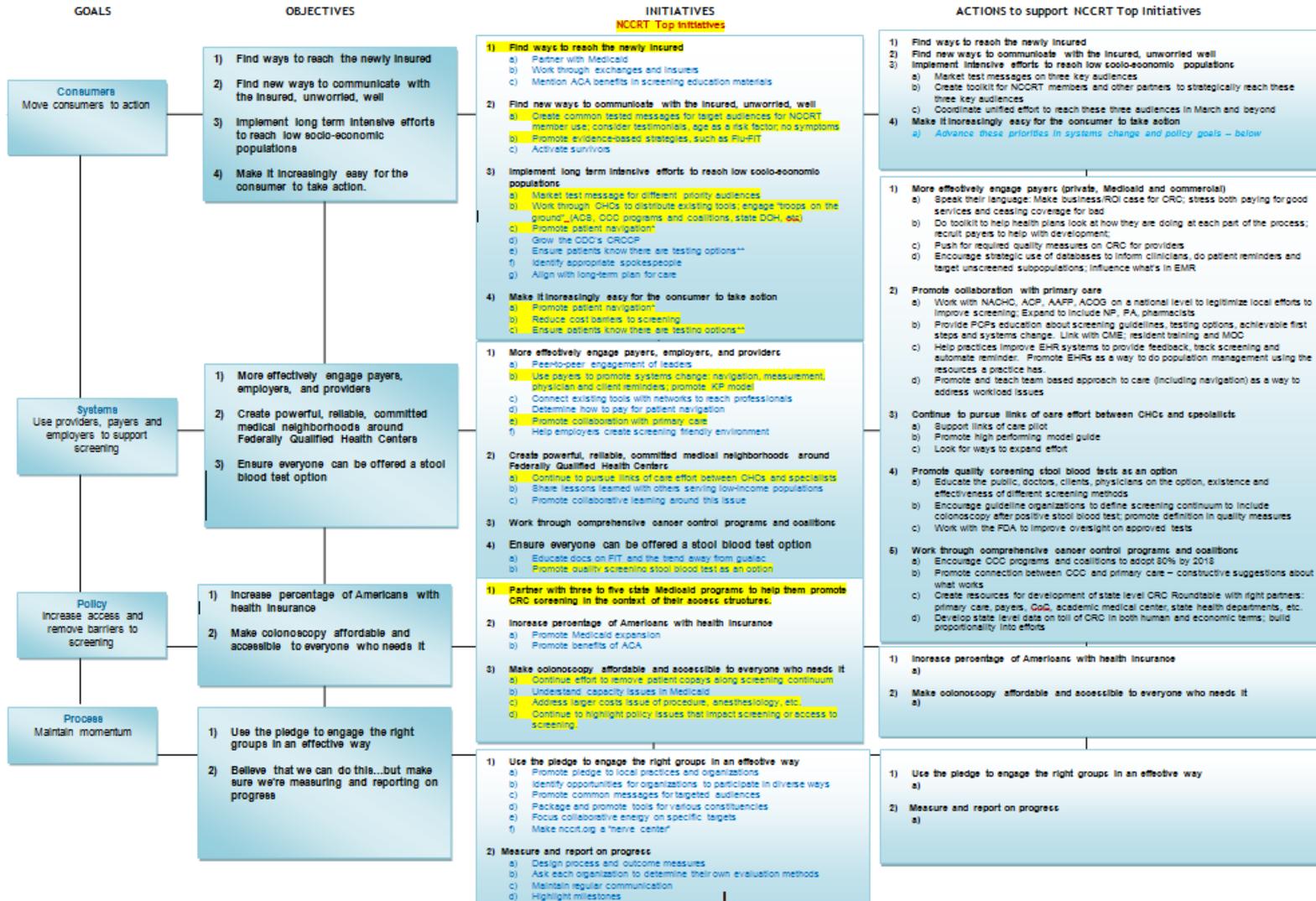
... I can see it!

More and More Organizations Are Signing the Pledge



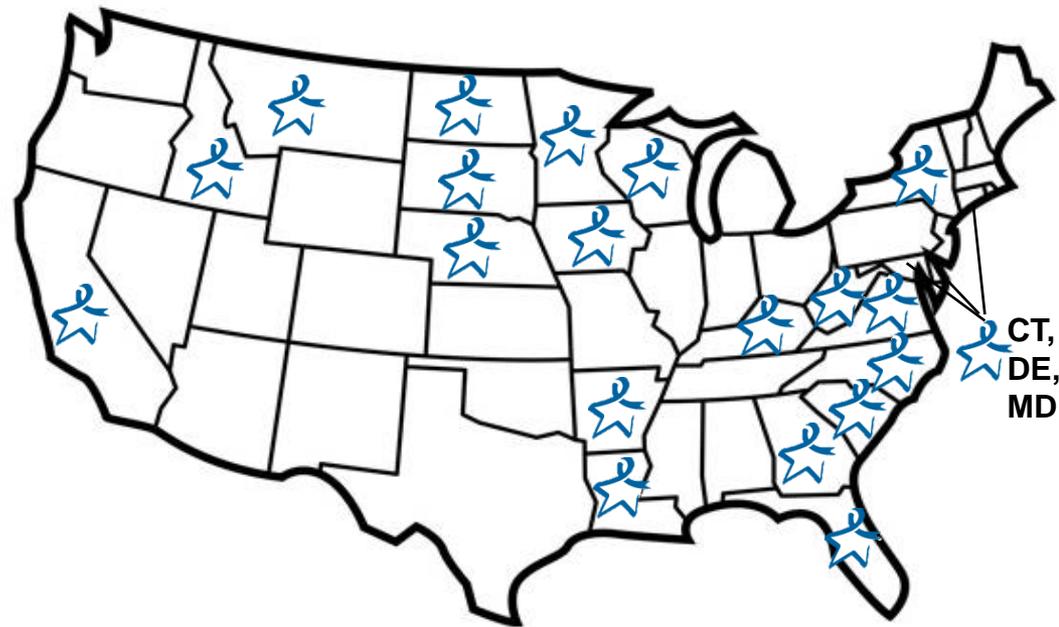
Our Strategic Plan

80% by 2018 Strategic Plan
Draft: 08.04.2014



More and More States Start Coalitions

- What can we learn from strong existing coalitions?
- What are the best practices?
- What are the lessons learned?
- How can we sustain our efforts?



10 Tasks New Coalitions Should Address

1. Prioritize colorectal cancer in your state
2. Establish a vision for the roundtable
3. Establish a structure for the roundtable
4. Recruit leadership and “staff”
5. Develop a network of partners
6. Convene partners
7. Set goals
8. Maintain momentum
9. Get creative with funding and resources
10. Hold the group accountable

Role of roundtable leadership

Expectations typically include:

1. Provide expertise and intellectual leadership
2. Legitimize the effort to spur the involvement of others
3. Provide opportunities to build bridges with important partners
4. Provide resources, know-how

This is real work, but most partners find the comradery rewarding and the work fulfilling.

Set Goals

- Plan strategically to set goals that are:
 - Concrete,
 - Action-oriented, and
 - Measurable.
- Make goals reasonable.
- Align goals with the state cancer action plan.
- Make the goal setting process collaborative.

“We wanted to deliver change as soon as possible...people do not want to bang their head for years, come up with plans and then nothing ever happens. You really have got to have some success, small successes the first time, before you can get on to big problems.” - Delaware Cancer Consortium

Set Goals

Sample CRC Coalition Goals



The following goals emerged from South Carolina's Dialogue for Action CRC summit meeting held in 2007, which was attended by more than 130 leaders from around the state.

- 1) Champion, encourage and assist public, private and nonprofit employers and other decision makers to adopt insurance and workplace policies that encourage prevention and early detection, incorporating worksite screening and/or education programs.
- 2) Develop, implement and evaluate a clear, culturally sensitive multimedia campaign that presents colorectal cancer as preventable and treatable for all populations.
- 3) Review existing programs and identify health services and educational gaps to develop innovative, nontraditional strategies to overcome the barriers and unmet needs for all populations (especially those with the worst general health outcomes,

Set Goals

Example early goals:

- Conduct training for primary care providers
- Partner with community health centers to pilot free screening for the uninsured
- Hold screening events
- Launch public awareness campaign
- Encourage and assist employers to adopt workplace policies that encourage screening

Stay **FIT**



Set Goals

Example early process goals:

- Take a census of CRC initiatives across the state
- Gather baseline data and demographics to inform decision-making
- Build an infrastructure of engaged coalition partners who are committed to action
- Develop a structure for regular meetings/calls and dissemination of information to partners
- Member organizations agree on and document targets/goals for the coalition
- Prepare a detailed action plan and timeline for implementation

Maintain momentum

Delaware Cancer Consortium		September 22, 2003	
		12:30 p.m. to 1:30 p.m.	
		DTCC Terry Campus, Dover, DE	
Committee:	Colorectal	Type of meeting:	Kick-off Meeting
Facilitator:	Management Concepts, Inc.	Note taker:	Vicki Hayden
Attendees:	Steven Grubbs, MD – Chairperson Victoria Cooke – Executive Director, Delaware Breast Cancer Coalition, Inc. Allison Gil – Cancer Control Manager, American Cancer Society Nora C. Katurakes, RN, MSN, OCN – Helen F. Graham Cancer Center		
Observers:	Paul Silverman - Chief of Health Monitoring and Program Consultation, Division of Public Health Vicki Hayden – Program Assistant, Management Concepts, Inc.		
Other Committee Members:	David J. Cloney, MD, FACS – Atlantic Surgical Associates		
Agenda item:	Introductions		
Discussion:	Self-introductions by group		
Agenda item:	Brief Overview of Advisory Council History		
Discussion:	Overview of the history of the Advisory Council and the intent of the Delaware Cancer Consortium (DCC).		

Maintain momentum

Agenda item:	Workplan Goals and Objectives		
Discussion:	<ul style="list-style-type: none"> ➤ Committee agreed that it should focus on the accomplishments that could have the most impact in a finite period of time. The goal of achieving 80% of target population screened in the next 5 years would make a definitive difference. ➤ Would like to establish/work within a network of service providers, most likely hospitals. ➤ Funds have already been allocated for the expansion of Screening for Life to include colorectal screening (\$443,000?). This program has the mechanism to do the tests; there are age requirements; the DCC funds will reimburse Screening for Life for price of screening. ➤ The DCC has allocated \$700,000 for treatment, but the committee was uncertain of what that would entail, who would be eligible, which costs are included, etc... More questions were raised than answered. ➤ Dr. James Gill of Christiana Care won the bid for evaluation (\$50,000). Need to give a description of the network to Dr. Gill for his work to commence. ➤ An amount of \$900,000 has been allocated annually to cover care coordination. Coordinators role should include outreach to eligible population for colonoscopy screening, and when necessary to receive treatment. Nora Katurakes has demographic maps available indicating where outreach is needed. These maps could be useful to drill down and help focus outreach efforts. 		
Conclusions:	Committee members should be prepared to discuss job description for Case Managers (Colorectal "Czar"/Patient Advocates) who would be responsible to reach out to community. Positions will be full-time. Envision Care Coordinator/Case Manager as being centrally located at the hospitals.		
Action items	Person responsible	Deadline	
✓ Research job description for Care Coordinators	Committee members		
Agenda item:	Roles and Responsibilities	Presenter:	
Discussion:	Presented a brief overview of "Roles and Responsibilities" included in meeting materials.		

Maintain momentum

Agenda item:	Recruitment Needs		
Discussion:	Committee discussed potential resources needed to accomplish its objectives.		
Conclusions:	<p>The following were identified as membership needs:</p> <p>Dr. Palekar – Gastroenterologist in Lewes, DE H.C. Moore – Nanticoke Memorial Hospital Alice Edgell – Screening for Life Kate Salvato – Director of Education, Bayhealth Eileen Schmitt, MD – Director, St. Clare Outreach</p>		
Action items	Person responsible	Deadline	
✓ Solicit potential members for participation in committee goals.			
✓ Contact Nanticoke for Outreach Coordinator			
Agenda item:	Regular Meeting Schedule		
Discussion:	Discussed time/location for next meeting.		
Conclusions:	Next meeting will be Thursday, October 23, 2003, from 8:30 a.m. to 10:00 a.m. at the Helen F. Graham Cancer Center, Room 1107A. A conference call will be set up for those unable to attend physically.		
Action items	Person responsible	Deadline	
✓ Set agenda for next meeting.			
✓ Schedule meeting, notify participants, and send meeting materials as necessary for next meeting.	Vicki Hayden		
Resources:	<p>Chairperson's Notebook – Committee Member List, DCC Member List, DCC Meeting Agenda, Committee Meeting Agenda, Membership Recruitment Form, Meeting Planner, Committee Member Responsibilities and Expectations, Committee Goals & Objectives, Senate Bill 102</p> <p>Committee Member Packet – DCC Meeting Agenda, Committee Meeting Agenda, Committee Member List, Committee Member Responsibilities and Expectations, DCC Bylaws (draft), Senate Bill 102</p>		

Hold the Group Accountable

- Many coalition leaders say that a sense of accountability permeates their work. What sets them apart from previous efforts that may have fallen short of their objectives is the understanding among all partners that the coalition will hold themselves accountable for what they propose to do.
- As coalitions set goals, they should also develop plans for assessing progress and reporting at regular intervals.

Hold the Group Accountable



Midterm report guidelines for chartered projects
March 2015

Instructions:

Please briefly answer the following questions about your project. Bullet points are encouraged. You will also have a chance to give a brief oral report at the April 16 steering committee meeting.

- What progress has your project team made to date?
- Please list 2-3 of your biggest successes or accomplishments in the past six months.
- Please list 2-3 of your biggest challenges or barriers in the past six months and describe how you are addressing them.
- What are 2 to 3 lessons you have learned in the past six months?
- What organizations/partners have been involved in your work?
- What resources do you need to ensure the work keeps moving forward? What could the steering committee (or the Alliance as a whole) do to support your work?

Attachments:

- Please include an updated work plan that incorporates relevant suggestions provided at the January 2015 steering committee meeting.
- Please include meeting summaries and attendance information for any meetings your group has held in the past six months.

Sample reporting guidelines from Minnesota Cancer Alliance

Celebrate success

Create a comprehensive statewide colorectal cancer screening and advocacy program.

DONE

ACCOMPLISHED

YEAR
1

- Reached out to the six major health systems serving adult populations (Nanticoke, Beebe, Bayhealth, Christiana Care, Veterans Hospital, and St. Francis) to participate in a comprehensive, community-focused colorectal cancer screening and advocacy program.
- DHSS continues to provide staff support for the CRC committee and oversight for the screening coordinators and advocates (ongoing).

DONE

ACCOMPLISHED

YEAR
2

- Evaluation tools to measure operations and quality/outcomes have been fine-tuned and implemented (ongoing).
- Screening for Life reimbursed providers for 241 colonoscopies—early cancer was detected and polyps were removed from 60 patients in FY '05. Coordinators scheduled 10 colonoscopies through Screening for Life, 9 through Medicare, and 6 through private insurance. Screening coordinators assisted in getting 225 patients screened.
- In addition to ongoing marketing efforts to inform the public and health care professionals, we reached hundreds of citizens with a special promotion featuring The Colossal Colon in New Castle and Kent counties.

DONE

ACCOMPLISHED

YEAR
3

- Recruitment of additional physicians and facilities continues (ongoing).
- In FY '06 coordinators assisted 528 patients who were screened, enrolled 241 patients in Screening for Life, and had one-on-one contact with 17,410 individuals to educate them about colon cancer and testing.
- In FY '06 early cancer or polyps were detected and removed from 191 patients.
- Developed a customized web-based case management program to track and monitor screenings.

TO BE ACCOMPLISHED

YEAR
4

- Expand program to include high-risk patients under 50 years old.
- Continue to increase the capabilities of the web-based case management monitoring system.

80%
by 2018

*Effective Messaging
to Reach the Unscreened*

2015
COMMUNICATIONS
GUIDEBOOK

NATIONAL
Colorectal
Cancer
ROUNDTABLE

80% BY 2018
NATIONAL
Colorectal
Cancer
ROUNDTABLE

American
Cancer
Society

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The cover features a collage of images: a woman and a man talking, a man and a woman looking at a document, and a man and a woman in a meeting. The design uses blue, white, and brown tones.

**Tools available,
including
research on
barriers, and key
messages.
*nccrt.org***

Key Targets

Newly insured

Rationalizer/procrastinator

Economically disadvantaged

Hispanic (53% screening rate)
Caucasian African American
Asian American/Pacific Islander Native American/Alaska Native

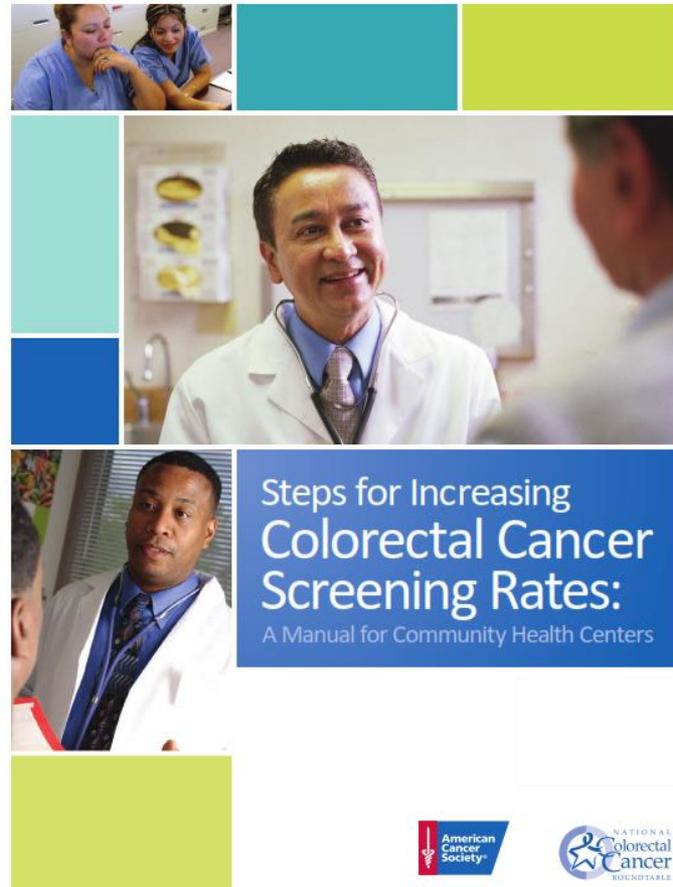
Key Messages

There are several screening options available, including simple take home options. Talk to your doctor about getting screened.

Colorectal cancer is the second leading cause of cancer death in the US, when men and women are combined, yet it can be prevented or detected at an early stage.

Preventing colorectal cancer or finding it early doesn't have to be expensive. There are simple, affordable tests available. Get screened! Call your doctor today.

CHC Manual on CRC Screening



Step #1 Make A Plan

Determine Baseline Screening Rates

- Identify your patients due for screening
- Identify patients who received screening
- Calculate the baseline screening rate
- Improve the accuracy of the baseline screening rate

Design Your Practice's Screening Strategy

- Choose a screening method
- Use a high sensitivity stool-based test
- Understand insurance complexities.
- Calculate the clinic's need for colonoscopy
- Consider a direct endoscopy referral system

Step #2 Assemble A Team

Form An Internal CHC Leadership Team

- Identify an internal champion
- Define roles of internal champions
- Utilize patient navigators
- Define roles of patient navigators
- Agree on team tasks

Partner with Colonoscopists

- Identify a physician champion

Step #3 Get Patients Screened

Prepare The Clinic

- Conduct a risk assessment

Prepare The Patient

- Provide patient education materials

Make A Recommendation

- Convince reluctant patients to get screened

Ensure Quality Screening for Stool-Based Screening Program

Track Return Rates and Follow-Up

Measure and Improve Performance

Step #4 Coordinate Care Across The Continuum

Coordinate Follow-Up After Colonoscopy

- Establish a medical neighborhood

Links of Care Pilots

Improving Links of Care in the Delivery of Colorectal Cancer Screening

*Supported by Walgreens through the American Cancer Society's
CHANGE Program*



Primary goal:

- Increase timely access to specialists for FQHC patients after a positive colorectal cancer screening result.

Secondary goals:

- Advance evidence-based strategies to increase colorectal cancer screening rates within primary care systems.
- Develop processes, tools and templates to promote replication of this work in other communities and for other cancer sites

Key Characteristics

- **Expectations are clear** (defined number of colonoscopies per month), **business case is clear** (fulfill Community Benefit; reduce ER use of CRC patients) and **burden is shared** among local providers or systems.
- A **strong physician champion** can help coordinate high level institutional commitment from GIs and hospitals/health systems.
- High value is placed on **program efficiency** and **consistent protocols** that reduce the burden on physicians, while ensuring doctors have needed medical information (e.g. **standardized patient info forms**).
- Use of **patient navigators protects good relationship with GIs** by effectively addressing concerns about no shows, prep, other barriers.
- Form and leverage the right partnerships; understand what motivates each partner; **share the credit**.

Employer Challenge Toolkit



80%
by 2018
Employer Challenge Guide

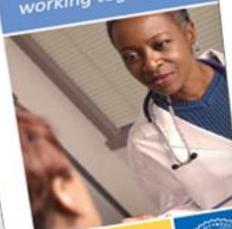


Steps to Success

✓ Commit	Sign the pledge, and enroll in the Employer Challenge.
✓ Get started	Know your baseline screening rate and background information on screening coverage under your company's insurance plan(s).
✓ Take action	Use the provided toolbox and your creativity to promote screening to employees at least twice each year.
✓ Track	Track your screening rate at least annually (quarterly is better), and share with your project contact annually.
✓ Share	Talk about the great work you are doing, and share your ideas and successes with your employees, the community, and your project contact.

80% by 2018

Hospitals
working together to save lives



Reduction of Colorectal Cancer in America

8 to 14
Quadrant
all sites

Reduce
cancer
morbidity

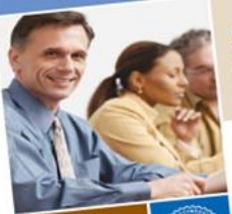
Join
with
other
sites
to
achieve



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80% by 2018

Employers
working together to save lives



Reduction of Colorectal Cancer in America

8 to 14
Quadrant
all sites

Reduce
cancer
morbidity

Join
with
other
sites
to
achieve



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80% by 2018

Primary Care Physicians
working together to save lives



Colorectal cancer is the second leading cause of cancer death in the United States among men combined, yet it's one of the most preventable.

The number of colorectal cancer cases is thanks to care. We are helping you. We can save lives.



THE OFFICIAL SPONSOR OF BIRTHDAYS!

80% by 2018

Communities
working together to save lives



Colorectal cancer is the second leading cause of cancer death in the United States among men combined, yet it's one of the most preventable.

The number of colorectal cancer cases is thanks to care. We are helping you. We can save lives.



THE OFFICIAL SPONSOR OF BIRTHDAYS!

80% by 2018

Insurers
working together to save lives



Colorectal cancer is the second leading cause of cancer death in the United States among men and women combined, yet it's one of the most preventable.

Estimated costs for one year of treatment for a patient with late-stage colorectal cancer are as high as \$20,000, with an estimated annual cost nationwide of \$14 billion. 100,000+ adults diagnosed for colorectal cancer can be prevented through the detection and removal of precancerous polyps, or it can be detected early at a stage where treatment is most effective and less costly.

Reduce health care costs through prevention. Help save lives.



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Resources

NCCRT information and materials

www.nccrt.org/tools

<http://nccrt.org/tools/80-percent-by-2018/>

Thank you!!!

mdoroshenk@cancer.org

Questions

