
Collaborating Partners: Centers for Disease Control and Prevention (CDC), Michigan Department of Community Health (MDCH), academia, insurers, health systems, health plans, Michigan Cancer Genetics Alliance

Project description/outcomes: This CDC-MDCH collaboration involved numerous national, state, and local partners and utilized multi-faceted comprehensive cancer genomics programs to assure appropriate translation of health plan policy change, provider education, and surveillance to promote best BRCA practices. The ultimate impact of the project is a reduction in early breast and ovarian cancer deaths to Michigan residents resulting from appropriate use of cancer genetic and related clinical services in persons at risk. Numerous outcomes were documented including: recognizing 14 of 25 health plans in Michigan for written BRCA counseling and testing policies aligned with the 2005 USPSTF recommendation (from baseline of 4 health plans in 2009) – these health plans provide coverage to over 7.5 million Michigan residents; found 78.9% of those seen for BRCA counseling by a Michigan board-certified genetics professional and 78.7% of those with testing after counseling in 2013 were a member of one of these 14 health plans; reduced the barrier of inadequate insurance coverage for BRCA testing for patients seen for counseling patients by a board-certified genetic professional from 23.8% in 2009 to 11% in 2013.

Learn more:
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Jewish Women's Health Project


Project description/outcomes: Genetic research has documented a high prevalence of the BRCA I and II and APC genes among Ashkenazi (i.e. European) Jewish women. Mutations in these genes place carriers at a significantly greater risk for breast, ovarian, pancreatic, colorectal, and other cancers. One group in which this genetic risk may be particularly high is Orthodox Jews – an insular and religious high cancer risk, yet understudied, community. In a pilot study using census tract and Detroit Surveillance Epidemiology and End Results (SEER) data, Principal Investigator Dr. Rifky Tkatch and her colleagues found that Orthodox Jewish women have higher rates of breast cancer than the general population. The purpose of the project is to use a community based participatory research approach to address the specific cancer needs and issues among Orthodox Jewish women and to develop and pilot a cancer education program. In the summer of 2013 a community cancer-related health survey was developed. 450 women were randomly selected and received the survey in the mail. 260 women returned the anonymous surveys. The education program is a religious based cancer-related health education program. Collaborating partners were involved in the development of this program and the program is being delivered by community members. In the first four months, over 100 women contacted the research staff to participate. In addition, collaborating partners have assisted in recruitment to the program. To date, 60 women have completed the education program with incredibly positive feedback.

Learn more:
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**Michigan Oncology Quality Consortium**

**Collaborating partners:** Michigan Oncology Quality Consortium (MOQC), Michigan Cancer Consortium (MCC), Michigan Department of Community Health (MDCH)

**Project description/outcomes:** MOQC, a Blue Cross Blue Shield of Michigan sponsored quality collaborative, works to improve the care of cancer patients in Michigan using data gathered as part of the national QOPI (Quality Oncology Practice Initiative) program. MOQC identified a significant quality gap in terms of the lack of cessation counseling/referrals for cancer patients identified as tobacco users. MCC and the MDCH Tobacco Control Program worked to reduce barriers to referrals by funding free counseling and Nicotine Replacement Therapy (NRT) for cancer patients using the Quitline service. The MCC, MDCH, and MOQC also partnered on a learning collaborative to improve cancer patient access to tobacco cessation services. Eighteen oncology practices/clinics (63 physicians) participated in 3 learning sessions to redesign care and identify best practices (this work has now spread to over 30 locations in Michigan and is one of the largest multi-site tobacco cessation programs for cancer patients in the country). A lean problem solving approach was used that included standard workflow scripts and visual management tools to support frontline staff in identifying all cancer patients who use tobacco and referring them to the Quitline. Between May and December of 2013 a total of 694 cancer patients were referred for cessation support and at least 1 contact attempt was made for 686 patients. A total of 308 patients (45%) were successfully contacted by the Quitline; only 3% were ineligible to participate and 26% declined participation. Whereas total Michigan Quitline referrals increased by an average of 40% each month in this period, non-MOQC patient referrals increased from 62 per month to 80-123 per month in the subsequent months representing an average of 43% of all Michigan Quitline referrals. Tobacco assessment rates for cancer patients were maintained above 95% and an average of 61% of eligible cancer patients were referred to the Quitline – a four-fold increase from the baseline referral rate of 15%. As of April 2014, over 1000 patients had been referred to Quitline.

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**Personal Action Towards Health (PATH) – Redefining You: The New Normal After Cancer**

**Collaborating Partners:** McLaren Oakland, National Kidney Foundation of Michigan, Michigan Cancer Consortium, Michigan Department of Community Health, and the American Cancer Society.

**Project Description/outcomes:** PATH is Michigan’s brand for the Stanford Chronic Disease Self-Management Program, an evidence-based 6-week workshop that meets once a week for 2.5 hours. The Redefining You: The New Normal After Cancer PATH program sought to empower cancer survivors to adopt healthier lifestyles. The workshops were held in convenient, easily accessed community locations in Oakland, Lapeer, and Macomb County and were offered for free. Of 115 enrollees, a total of 95 participants attended at least 4 of the 6 sessions for a completion rate of 83%. In a post-workshop survey, all 95 participants stated they would use at least one of the self-management tools learned during PATH after the workshop ended. The top 5 tools participants mentioned they would use included: Making an Action Plan (79%), Physical Activity (80%), Healthy Eating (78%), Decision Making (61%), and Problem Solving (60%). In addition, 96% of the participants either strongly agreed (63%) or agreed (33%) that they were more confident about managing their health conditions after taking PATH. Moreover, 88% of participants said this workshop helped them emotionally and mentally.

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HONORABLE MENTIONS (2)

**Harley Men’s Health Event**
**Collaborating partners:** Karmanos Cancer Institute, Wolverine Harley Davidson
**Project description/outcomes:** For three years the Harley Men’s Health Event sponsored by the Karmanos Cancer Institute and Wolverine Harley Davidson, has increased awareness and access to recommended cancer screenings for an underserved population in Michigan. During the event, participants are offered cancer screenings and have the opportunity to engage with healthcare providers in a reassuring/non-clinical atmosphere. This atmosphere has helped the physicians and participants develop a more collaborative relationship, resulting in improved decision making outcomes regarding follow-up and treatment options. During the three years that the event has been in existence it has been effective at reaching 530 community members. Twenty one of those participants have become active community patient advocates. Championed by Laura Zubeck, RN, Director of Patient and Community Education, and Dr. Elisabeth Heath, the advocacy group attends community events to deliver education on age-based screening recommendations and early detection. Dr. Heath’s zeal has nurtured the advocacy groups passion to educate the community; that men can and should establish a strong collaborative relationships with their providers in order to be able to discuss openly the benefits and harms associated with various cancer tests and treatments. Within the first six months of 2014, the advocacy group has reached 1740 individuals at their places of worship, work, and leisure, spreading the word that men must be proactive in their health and treatment plans.

Learn more:
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**Michigan Urological Surgery Improvement Collaborative (MUSIC)**
**Collaborating partners:** multiple urology practices in Michigan
**Project description/outcomes:** The Michigan Urological Surgery Improvement Collaborative (MUSIC) established in 2011 and sponsored by Blue Cross Blue Shield of Michigan is a physician-led quality improvement collaborative comprised of a consortium of urology practices in the state of Michigan. The collaborative is designed to evaluate and improve the quality and cost efficiency of prostate cancer care for men in Michigan. The overall aims of the collaborative include among others evaluating and improving patterns of care in the radiographic staging of men with newly diagnosed prostate cancer, reducing biopsy related complications, assessing repeat biopsy patterns, improving outcomes after radical prostatectomy, and enhancing patient-centered decision making among men considering local therapy. Currently 28 physician organizations, 42 urology practices, and 225 urologists participate in MUSIC with 36 practices contributing data to the MUSIC registry to date. As of September 2014, more than 12,000 patients have been entered into the registry. The collaborative has achieved statewide reductions in the utilization of radiographic imaging for staging patients with low-risk prostate cancer through the comparative evaluation of baseline utilization patterns – in doing so the collaborative reduced the utilization of CT and Bone Scans from 8% and 21% to 3.3% and 17% for low risk and intermediate risk patients respectively; developed specific care pathways aimed at reducing prostate biopsy-related hospital admissions which has resulted in a 50% decrease in biopsy related admissions.

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