MCC Priorities Update

March 2018
Cancer Plan Components

Prevention
1. Smoking
2. Smokeless tobacco
3. Heavy drinking
4. Binge drinking
5. HPV vaccination
6. Physical activity (Adults)
7. Physical activity (Adolescents)
8. Fruit and vegetable consumption
9. Obesity
10. Radon testing
11. Genetic counseling
12 & 13. Skin cancer protection

Early Detection
14. Lung cancer mortality
15. Breast cancer screening
16. Breast cancer mortality
17. Cervical cancer screening
18. Cervical cancer mortality
19. Colorectal cancer screening
20. Colorectal cancer mortality

Diagnosis and Treatment
21. Cancer treatment clinical trials
22. Genetic counseling
23. Lymph syndrome screening
24. Hospital-based palliative care services
25. Quality Oncology Practice Initiative (QOPI) certified practices

Quality of Life
26. Physical pain due to treatment
27. Poor physical health
28. Poor mental health
29. Written cancer treatment summary
30. Survivorship care plans
31. Care services
32. Advance care planning
33. Chemotherapy in past two weeks of life
34. Hospice enrollment
35. Physical activity
36. Fruit and vegetable consumption

These slides are the property of the presenters. Do not duplicate without consent.
Timeline for Cancer Plan

- November 2015: Released Cancer Plan
- Jan 2016 – Dec 2017: Implemented 1st set of priorities
- Jan 2018 – Dec 2019: MCC Board selected 2nd set of priorities
Cancer Plan Components

Prevention
1. Smoking
2. Smokeless tobacco
3. Heavy drinking
4. Binge drinking
5. HPV vaccination
6. Physical activity (Adults)
7. Physical activity (Adolescents)
8. Fruit and vegetable consumption
9. Obesity
10. Radon testing
11. Genetic counseling
12 & 13. Skin cancer protection

Early Detection
14. Lung cancer mortality
15. Breast cancer screening
16. Breast cancer mortality
17. Cervical cancer screening
18. Cervical cancer mortality
19. Colorectal cancer screening
20. Colorectal cancer mortality

Diagnosis and Treatment
21. Cancer treatment clinical trials
22. Genetic counseling
23. Lymph syndrome screening
24. Hospital-based palliative care services
25. Quality Oncology Practice Initiative (QOPI) certified practices

Quality of Life
26. Physical pain due to treatment
27. Poor physical health
28. Poor mental health
29. Written cancer treatment summary
30. Survivorship care plans
31. Care services
32. Advance care planning
33. Chemotherapy in past two weeks of life
34. Hospice enrollment
35. Physical activity
36. Fruit and vegetable consumption

These slides are the property of the presenters. Do not duplicate without consent.
Cancer Plan Components

Prevention
1. Smoking
2. Smokeless tobacco
3. Heavy drinking
4. Binge drinking
5. HPV vaccination
6. Physical activity (Adults)
7. Physical activity (adolescents)
8. Fruit and vegetable consumption
9. Obesity
10. Radon testing
11. Genetic counseling
12 & 13. Skin cancer protection

Early Detection
14. Lung cancer mortality
15. Breast cancer screening
16. Breast cancer mortality
17. Cervical cancer screening
18. Cervical cancer mortality
19. Colorectal cancer screening
20. Colorectal cancer mortality

Diagnosis and Treatment
21. Cancer treatment clinical trials
22. Genetic counseling
23. Lynch syndrome screening
24. Hospital-based palliative care services
25. Quality Oncology Practice Initiative (QOPI) certified practices

Quality of Life
26. Physical pain due to treatment
27. Poor physical health
28. Poor mental health
29. Written cancer treatment summary
30. Survivorship care plans
31. Care services
32. Advance care planning
33. Chemotherapy in past two weeks of life
34. Hospice enrollment
35. Physical activity
36. Fruit and vegetable consumption

These slides are the property of the presenters. Do not duplicate without consent.
Each workgroup will share:

- Accomplishments from 2016-2017
- Project plans for 2018-2019
Chairperson: Dr. Carolyn Johnston
Staff Liaison: Courtney Cole

PREVENTION
2016-2017

• **Cancer Plan Objective:** By 2020, increase the proportion of females and males ages 13-17 years who have received at least three doses of HPV vaccine from 24.2% (females) and 7.4% (males) to 80% (females and males).

• **Workgroup Project:** Targeted Outreach to Hispanic Youth
• Accomplishments

1. Added HPV vaccine information to MDHHS’s Spanish toll-free line

2. Conducted focus groups about HPV and HPV vaccine (in Spanish, separate for men and women) with Hispanic migrant workers
   - **Men**: Did not know what HPV meant, had never heard about the HPV vaccine, did not know the cause of cervical cancer, and only one person had heard of cervical cancer
   - **Women**: Many did know what HPV was and about the HPV Vaccine, some knew the causes of cervical cancer, and all had heard of cervical cancer. Did not know vaccine was recommended for boys. Both groups recommend we translate our PSAs into Spanish
3. HPV public service announcements and brochure were translated into Spanish.
   – A multi-approach media campaign was conducted using the translated materials
   – The media campaign included:
     » Radio Ads on Spanish stations in Grand Rapids, Kalamazoo, Big Rapids/Cadillac
     » Ads on audio streaming services like Pandora
     » Print Ads in the Spanish language newspaper- Lazo Cultural
     » Digital Ads on the internet

4. Updated the MCC webpage with Spanish-language resources on HPV vaccine
2018-2019

- **Cancer Plan Objective**: By 2020, increase the proportion of females and males ages 13-17 years who have completed the recommended series of HPV vaccine to 80%.
  - New recommendations for use of a 2-dose schedule for girls and boys who initiate the vaccination series at ages 9 through 14 years. Three doses remain recommended for persons who initiate the vaccination series at ages 15 through 26 years and for immunocompromised persons.

- **Workgroup Project**:
  - Evaluate provider performance in offering and administering the HPV vaccine to clients 9-26 years old according to the current ACIP recommended schedule (assessment)
  - Encourage dialogue surrounding HPV related cancers and the HPV vaccine by hosting a film screening of the Someone You Love: The HPV Epidemic documentary at health-care settings that have an adolescent client/patient base in five regions of Michigan.
2018-2019 (continued)

- **Planned Activities**
  1. Develop Provider Assessment

  2. Working with the Division of Immunizations and other partners, identify a minimum of five practices to conduct provider HPV-focused quality-improvement activity using AFIX (Assessment, Feedback, Incentives, eXchange) model

  3. As a part of the HPV-focused AFIX activity:
     - Conduct initial provider assessment
     - Provide *Someone You Love: The HPV Epidemic* documentary materials for film screenings
     - Conduct final provider assessment

  4. Identify, consolidate and make available HPV-related cancer and HPV vaccination materials
AFIX
(Assessment, Feedback, Incentives, and eXchange)

• AFIX is a quality improvement program conducted by CDC’s immunization program awardees to support Vaccines for Children (VFC) providers in their jurisdiction. The goal of the AFIX program is to increase vaccination of children and adolescents with all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines by reducing missed opportunities to vaccinate and improving immunization delivery practices at the provider level.

• Source: https://www.cdc.gov/vaccines/programs/afix/index.html

These slides are the property of the presenters. Do not duplicate without consent.
Chairperson: Kim Turgeon
Staff Liaison: Shardé Burton
Presenter: Helen Burns

EARLY DETECTION
2016-2017

- **Cancer Plan Objective:** By 2020, increase the proportion of adults aged 50 to 75 years who are up-to-date on appropriate colorectal cancer screening from 71% to 80%.

- **Workgroup Project:** By December 2018, initiate colorectal cancer (CRC) screening as a quality measure for Michigan Medicaid (Adult Core Set).
2016-2017 (continued)

• **Accomplishments**

1. Drafted a letter to Medicaid in support of CRC as a Medicaid quality measure
2. Identified partners to discuss support of CRC as a Medicaid quality measure
3. Met with Tom Curtis, the QI Director for State Medicaid, to discuss inclusion of CRC screening as a Medicaid quality measure
4. The state’s amended plan was approved by State Medicaid and CRC is now a preventative benefit for state Medicaid members
2018-2019

• **Cancer Plan Objective:** By 2020, increase the proportion of adults aged 50 to 75 years who are up-to-date on appropriate colorectal cancer screening to 80%.

• **Workgroup Project:** By December 2019, engage MCC members to send colorectal cancer screening reminders to adults aged 50-59 years old
2018-2019 (continued)

• **Planned Activities**
  
  1. Share resources with MCC member organizations to encourage CRC screening for health systems, FQHC’s, workplaces, primary care offices etc.
  
  2. Request participation from MCC organizations in 50th birthday/client reminder project, focusing on adults aged 50-59
  
  3. Initiate project to send CRC screening reminders to adults aged 50-59
  
  4. Obtain data from MCC organizations that participated in the project
Chairpersons: Dr. Elisabeth Heath & Dr. Anas Al-Janadi
Staff Liaison: Audra Putt

DIAGNOSIS AND TREATMENT
2016-2017

• **Cancer Plan Objective:**
  By 2020, increase percentage of Michigan adults participating in cancer treatment clinical trials from 4.4% to 4.8%.

• **Workgroup Project:**
  Implement a system change to facilitate more rapid response to prior authorization requests for enrollment in clinical trials by sharing a MCC developed cover sheet with practitioners to use as a “heads up” when enrolling patients in cancer clinical trials.
2016-2017 (continued)

• **Accomplishments**

1. By November 2016 the coversheet was approved by the Board of Directors and available on the MCC Website as a fillable form.

2. A promotion plan for the cover sheet was developed. It was shared through the following channels:
   - MCC Annual Meeting
   - MCC Website
   - MCC Update
   - MSHO Newsletter
   - Cancer Committee Meetings

3. A final evaluation report on the cover sheet was created in the form of an infographic.

4. The cover sheet was downloaded 261 times in 2017!
2018-2019

• **Cancer Plan Objective:**
  By 2020, increase percentage of Michigan adults participating in cancer treatment clinical trials from 4.4% to 4.8%.

• **Workgroup Project:**
  By December 2019, develop two infographics (one for patients and one for primary care providers) which contain Michigan specific cancer clinical trial data and promote clinical trials and their benefits.
  ❖ To support health equity, the infographics will meet accessibility guidelines.
2018-2019 (continued)

- **Planned Activities**
  1. Collect Michigan specific data pertaining to clinical trial enrollment and participation.
  2. Determine the topics and data to be included in the patient and provider infographics.
  3. Test the documents for usability and readability through patient and provider focus groups.
  4. Develop a promotion plan for the two infographics.
QUALITY OF LIFE

Chairperson: Deb Doherty
Staff Liaison: Audra Putt
2016-2017

- **Cancer Plan Objective:**
  By 2020, increase the number of Michigan adults diagnosed with cancer who report they received instructions about where to return or who to see for routine cancer check-ups after completing treatment for cancer from 67% to 69%.

- **Workgroup Project:**
  By December 2018, develop a Survivorship Care Plan (SCP) patient education/resource document to be given to cancer survivors along with the care plan that will educate survivors on healthy behaviors (i.e. tobacco cessation, physical activity, nutrition…) following cancer treatment.

These slides are the property of the presenters. Do not duplicate without consent.
2016-2017 (continued)

**Accomplishments:**

1. Five resource documents were created on the topics of physical activity, tobacco cessation, lifestyle choices, fatigue, and nutrition.

2. The documents were reviewed by a focus group of cancer survivors.

3. The documents were approved by the MCC Board of Directors in November 2017 and are available for download on the MCC Website.

4. The documents are currently being translated into Arabic. Translation into Spanish will take place this year.
2018-2019

- **Cancer Plan Objective:**
  By 2020, decrease the percent of Michigan adults diagnosed with cancer who report physical pain due to cancer treatment from 6.9% to 6.8%.

- **Workgroup Project:**
  By December 2019, create a shared decision making document for cancer survivors that provides education on physical pain management and various methods of pain control related to cancer treatment.
    - The document will include questions patients can ask providers about pain management.
    - To support health equity, the document will meet accessibility guidelines.
2018-2019 (continued)

**Planned Activities:**

1. Identify pain management topics/questions to address in the shared decision making document. Topics for example:
   - The importance of non-pharmacological and pharmacological interventions in pain control.
   - Non-pharmacological interventions including physical therapy, integrative therapies like acupuncture, massage, yoga, community exercise programs, counseling with social work and psychology.
   - Questions patients can ask providers about pain management.

2. Identify resources available at a local, state and or national level for pain management and support (i.e. physical activity classes, support groups).

3. Test the document for usability and readability with a focus group.

4. Develop a promotion plan for the shared decision making document.
Next Steps

• Workgroups get to work!

• 1-year update in March 2019

• Monitor and Evaluate
  – MCC Annual Report
  – Dashboard
Cancer Plan Dashboard

By 2020, increase the proportion of females and males ages 13-17 years who have completed the recommended series of HPV vaccine from 24.2% (females) and 7.4% (males) to 80% (females and males).

HPV Vaccine Coverage

Data source: Michigan Care Improvement Registry.