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The Michigan Cancer Consortium’s Policy and Health Disparities Priorities
Comprehensive Cancer Control Plan for Michigan

- Created in 2009 by Michigan Cancer Consortium (MCC) members and Michigan Department of Community Health
  - Data on cancer burden in Michigan
  - MCC member feedback
  - Evidence-based strategies available

- Goals are until 2015
Goals of the CCC Plan

- Breast Cancer
- Cancer Genomics
- Cancer Survivorship
- Cervical Cancer
- Childhood Cancers
- Colorectal Cancer
- End-of-Life Care
- Environmental / Occupational Cancers
- Healthy Lifestyles
- Ovarian Cancer
- Prostate Cancer
- Skin Cancer
- Tobacco Control / Lung Cancer
Goal

Reduce the breast cancer death rate in Michigan.

**Breast Cancer Implementation Objective 2:** By 2015, 80% of women aged 40 years and older will report having received both a clinical breast exam and a mammogram within the past year.

<table>
<thead>
<tr>
<th>Progress Markers</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Women aged 40 years and older who had both a clinical breast exam and mammogram in the past year</td>
<td>Michigan BRFSS</td>
<td>57.2%</td>
<td>53.0%</td>
</tr>
<tr>
<td>Women who had an appropriately timed clinical breast exam</td>
<td>Michigan BRFSS</td>
<td>75.4%</td>
<td>69.9%</td>
</tr>
<tr>
<td>Women aged 40 years and older who had a mammogram in the past year</td>
<td>Michigan BRFSS</td>
<td>64.3%</td>
<td>61.4%</td>
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</tbody>
</table>

**Strategies:**

2.1. Work in partnership with health providers, health care systems, insurance providers, community organizations, and businesses, to provide appropriate information on the importance of breast health and age appropriate cancer screening.
What You Can Do...

- If MCC member organizations and key partner organizations focus their efforts on similar strategies, the impact could be greater.

The Cancer Control Continuum

**Prevention**
- Tobacco Use
- Diet
- Physical Activity
- Sun Exposure
- Vaccination
- Alcohol Use
- Chemoprevention
- Breastfeeding

**Detection**
- Pap test
- Mammography
- FOBT
- GI Endoscopy

**Survivorship**
- Informed Decision Making
- Quality Care and Access to Services
- Clinical Trials
- Quality of Life

Focus Areas

Cross-Cutting Areas

- Communications
- Surveillance/epidemiology/evaluation
- Research
- Social determinants and health disparities
- Genomics
- Policy/System Change
What You Can Do...

- To help organizations identify cancer plan strategies most appropriate for them, the MCC used broad and cross-cutting areas of intervention and linked them with organization types.
Help Promote Early Detection of Cancer!

5. **Encourage use of reminder systems to ensure compliance to screening**

- **Automated Telephone Calls to Improve Completion of Fecal Occult Blood Testing. Available online at:**
  [http://rtips.cancer.gov/rtips/programDetails.do?programId=1561044](http://rtips.cancer.gov/rtips/programDetails.do?programId=1561044)

- **Maximizing Mammography Participation. Available online at:**

- **Proactive System to Improve Breast Cancer Screening. Available online at:**
  [http://rtips.cancer.gov/rtips/programDetails.do?programId=781582](http://rtips.cancer.gov/rtips/programDetails.do?programId=781582)

- **Using Direct Mail to Increase Screening Mammography. Available online at:**
Policy and Health Disparities

- The Michigan Cancer Consortium (MCC) Board of Directors held a strategic planning retreat in the fall of 2011. At the retreat it was decided the MCC would focus efforts in the next few years on:
  - Policy, system, and environmental (PSE) changes for cancer prevention (The MCC is a non-lobbying body)
  - Health disparities

- In September of 2012, the MCC Policy Committee developed and conducted a ‘Policy Scan’ of health delivery organizations.

- The survey sections were selected to match those outlined in the MCC Implementation Guide entitled “What You Can Do to Fight Cancer in Michigan.”
Policy and Health Disparities

- Based on the results of this preliminary Scan, a few areas were highlighted as ‘areas of concern’ and the MCC Policy Committee chose these areas to be priorities for the MCC.

- The MCC Health Disparities Workgroup developed their priorities during the same time period.
1.0 Prevention

1.1. Smoking Cessation: Provider reminder systems

- *Recommended strategy*: Provider reminder systems: whether used alone or as part of a multicomponent intervention (provider reminder systems with provider education)
  - across a range of intervention characteristics (chart stickers, checklists, and flowcharts)
  - in a variety of clinical settings and populations

- For more information, go to: [www.thecommunityguide.org/tobacco/cessation/providerreminderedu.html](http://www.thecommunityguide.org/tobacco/cessation/providerreminderedu.html)

1.2. HPV Vaccination: Referral for vaccination

- *Recommended strategies*:
  - Health care system-based interventions implemented in combination
  - Immunization information systems
  - Provider assessment & feedback
  - Provider reminders
  - Standing orders when used alone
  - Community-based interventions implemented in combination

- For more information, go to: [www.thecommunityguide.org/vaccines/universally/index.html](http://www.thecommunityguide.org/vaccines/universally/index.html)
1.0 Prevention (continued)

- 1.3. Healthy Lifestyles: Develop partnerships
  - *Recommended strategy:* Partner with state, local and community efforts to increase the awareness of health inequity that perpetuate health disparities in our communities.
  - For more information, go to: [www.michigancancer.org/AboutTheMCC/RosterOfMembers.cfm](http://www.michigancancer.org/AboutTheMCC/RosterOfMembers.cfm)

- 1.4. Smoking Cessation: Reaching minority populations
  - *Recommended strategies:*
    - Encourage health professionals to screen youth about tobacco use during all their health care visits with referral to treatment as appropriate.
    - Promote and support organizational partnerships in interventions that specifically target minority populations with higher rates of tobacco use.
    - Work with the Michigan Multicultural Network and other partners to develop and distribute Quitline promotional material that is culturally competent and customized for populations that are disparately affected by tobacco.
  - For more information, go to: [www.thecommunityguide.org/tobacco/cessation/index.html](http://www.thecommunityguide.org/tobacco/cessation/index.html) or [www.michigan.gov/tobacco](http://www.michigan.gov/tobacco)
2.0 Early Detection

- 2.1. Colorectal Cancer Screening: Patient reminder system
  - Recommended strategies: Client reminders (letter, postcard, email, telephone message) advising people that they are due for screening. Client reminders may be enhanced by one or more of the following:
    - follow-up printed or telephone reminders
    - additional text or discussion with information about indications for, benefits of, and ways to overcome barriers to screening
    - assistance in scheduling appointments
  - For more information, go to: www.thecommunityguide.org/cancer/screening/client-oriented/reminders.htm

- 2.2. Colorectal cancer screening referral
  - Recommended strategies:
    - provider reminder systems
    - client reminder systems
    - one-on-one education
    - reducing structural barriers
    - small media
  - For more information, go to: www.thecommunityguide.org/cancer/screening/client-oriented/index.html
2.0 Early Detection (continued)

- 2.3. Colorectal Cancer: Proper follow-up for abnormal results
  - *Recommended strategy:* Patient navigation and tracking and/or reminder systems.
  - For more information, go to: [www.ons.org/Publications/Positions/Navigation](http://www.ons.org/Publications/Positions/Navigation)

- 2.4. Prostate Cancer Screening: Shared decision-making
  - *Recommended strategy:* The U.S. Preventive Services Task Force recommends against prostate-specific antigen (PSA)-based screening for men that do not have symptoms. Organizational policies should support time for shared decision-making to take place between the physician and patient.
  - For more information, go to: [www.uspreventiveservicestaskforce.org/prostatecancerscreening/prostatefinalrs.htm](http://www.uspreventiveservicestaskforce.org/prostatecancerscreening/prostatefinalrs.htm)
2.0 Early Detection (continued)

- 2.5. Family history questionnaire
  - *Recommended strategy:* Family history questionnaires can be effective at obtaining a family history and accurately assessing eligibility for genetic testing, as well as guiding clinical care. Establish policies that support collecting family history information of patients for discussion with their healthcare provider.

  - *Recommended strategies:* Provide appropriate cancer screening information utilizing evidenced-based interventions (one-on-one education, small media) focusing the message for never or rarely screened men and women:
    - those in counties with high cancer incidence or mortality rates
    - minority men and women
  - For more information, go to: [www.thecommunityguide.org/cancer/index.html](http://www.thecommunityguide.org/cancer/index.html)
3.0 Survivorship

- 3.1. Provide cancer survivors with a plan and share treatment summary with their primary provider
  - *Recommended strategy:* Establish policies supporting the implementation of survivorship care plans.
  - For more information, go to: [www.cancer.org/treatment/survivorshipduringandaftertreatment/survivorshipcareplans/index](http://www.cancer.org/treatment/survivorshipduringandaftertreatment/survivorshipcareplans/index)

- 3.2. Provide patient navigation services
  - *Recommended strategy:* Establish policies related to attaining patient navigation services that aid in providing:
    - accurate identification of barriers to care
    - improved sharing of resources
    - enhanced continuity of care
    - improved quality of services
    - increased patient satisfaction
  - For more information, go to: [www.ons.org/Publications/Positions/Navigation](http://www.ons.org/Publications/Positions/Navigation)

- 3.3. Develop partnerships to reach minority populations
  - *Recommended strategy:* Promote and support organizational partnerships that decrease barriers to survivorship resources for minorities and underserved populations.
  - For a list of potential MCC partners, go to: [www.michigancancer.org/AboutTheMCC/RosterOfMembers.cfm](http://www.michigancancer.org/AboutTheMCC/RosterOfMembers.cfm)
4.0 Equity in Care

4.1. Cultural training of their staff

- **Recommended strategy:** Do a comprehensive cultural competence assessment of your organization, including knowledge and awareness of specific characteristics or variations (e.g. rural or urban) within distinct geographic locations served by your organization.
  
  • Determine which instruments best match the needs and interests of your organization.
  
  • Use the assessment results to develop a long-term plan with measurable goals and objectives to incorporate culturally competent principles, policies, structures, and practices into all aspects of your organization. Among others, this may include changes in your mission statement, policies, procedures, administration, staffing patterns, service delivery practices, outreach, telecommunications and information dissemination systems, and professional development activities.

- For more information, go to: [www.thinkculturalhealth.hhs.gov/Content/clas.asp](http://www.thinkculturalhealth.hhs.gov/Content/clas.asp) or [ctb.ku.edu/en/tablecontents/sub_section_main_1176.aspx](http://ctb.ku.edu/en/tablecontents/sub_section_main_1176.aspx)
5.0 Policy

▪ 5.1 Data collection
  – For more information, go to: www.whitehouse.gov/omb/fedreg_race-ethnicity/ or www.minorityhealth.hhs.gov/templates/content.aspx?ID=9227
6.0 Other

- 6.1 Bio-specimens
  - *Recommended strategy*: Increase culturally appropriate community/patient education on bio-specimen collection.
  - For more information, go to: [www.cancer.gov/aboutnci/recovery/recoveryfunding/investmentreports/disparities](http://www.cancer.gov/aboutnci/recovery/recoveryfunding/investmentreports/disparities)
Examples of Initiatives

- **MICHIGAN TOBACCO QUITLINE BROADENS AVAILABILITY TO MICHIGAN CANCER CONSORTIUM MEMBERS**
  - **Goal:** To change clinical culture and practice patterns to ensure that every patient being treated for cancer who uses tobacco is:
    - Identified
    - Advised to quit
    - Offered scientifically sound treatments
  - **How:** Institute a policy within your system to automatically refer cancer patients who smoke to the Michigan Tobacco Quitline, or in-house cessation service. Clinicians can make a difference with even a minimal (less than 3 minutes) intervention.
  - **Why:** When a cancer patient quits tobacco:
    - cancer treatment outcomes improve
    - risk of cardiovascular complications and death decrease during and after treatment
    - risk of cancer recurrence or development of new cancer is reduced
    - cost savings for the system from decreased hospitalizations, ICU visits, wound healing
Examples of Initiatives

▪ The MCC Commission on Cancer (CoC) Workgroup
  – In 2012 the CoC implemented three new patient-centered standards:
    • 3.1 Patient Navigation Process
    • 3.2 Psychosocial Distress Screening
    • 3.3 Survivorship Care Plans
  – These standards are to be phased in by 2015 for CoC accredited facilities

▪ MCC mission includes collaboration among member institutions to improve cancer outcomes.
  – Group will be working on processes for survivorship care plans over the next year
Table exercise!

- Green card: What priority are you currently working on?
- Yellow card: What would you like to work on?
- Red card: What are some reasons why you are not working on the priorities listed on the yellow card?
MCC Priorities

1. Provider reminders for tobacco cessation
   - 1.1 Provider reminders for tobacco cessation
   - 1.2 HPV Vaccination
   - 1.3 Develop partnerships for healthy lifestyles
   - 1.4 Reaching minority populations for tobacco cessation

2. Patient reminders for CRC screening
   - 2.1 Patient reminders for CRC screening
   - 2.2 Provider reminders for CRC screening
   - 2.3 Proper follow-up for abnormal results CRC screening
   - 2.4 Shared decision making: prostate cancer

3. Patient navigation services
   - 3.1 Provide survivorship care plans
   - 3.2 Patient navigation services
   - 3.3 Develop partnerships for minority populations

4. Cultural training of staff
   - 4.1 Cultural training of staff

5. OMB guidelines for race/ethnicity data
   - 5.1 OMB guidelines for race/ethnicity data

6. Bio-specimens
   - 6.1 Bio-specimens
Questions?

It's QUESTION TIME!!