



**Delaware Cancer Consortium
Quality Cancer Care**
September 15, 2008
Delaware Technical & Community College
Dover, DE

Attendees

Members

Did Not Attend	William Bowser, Young Conaway Stargatt & Taylor, LLP
Attended	Christopher Frantz, MD, A.I. duPont Hospital for Children
Attended	Wendy Gainor, Sr. Director Professional Services, Medical Society of DE
Did Not Attend	Susan Lloyd, Delaware Hospice
Did Not Attend	Susan Lowry, Christiana Care Health System
Did Not Attend	Michael Marquart, Mediguide
Did Not Attend	Sherry McCammon, American Cancer Society (Ms. McCammon is not on committee now.)
Did Not Attended	Eileen T. McGrath, American Cancer Society
Did Not Attended	James Monihan, MD, Allied Diagnostic Pathology Consultants, PA
Attended	Nicholas Petrelli, MD, Helen F. Graham Cancer Center
Attended	Valerie Pletcher, Cancer Care Connection
Did Not Attend	Cheryl Rogers, Bayhealth Medical Center
Did Not Attend	Ola Ruark, Department of Veterans Affairs Medical Center
Did Not Attend	Ed Sobel, DO, Quality Insights of DE
Did Not Attend	James Spellman, MD, Beebe Hospital – Tunnel Cancer Center
Attended	Donna Stinson, Bayhealth Medical Center
Did Not Attended	Janet Teixeira, Cancer Care Connection
Did Not Attend	Judy Walrath, American Cancer Society
Attended	Sandra Zorn, Nanticoke Health Services

Staff & Other Committee

Liaisons

Did Not Attended	Betsy Cromartie, Delaware Cancer Registry
Attended	Crystal English, Delaware Cancer Registry
Attended	Karen Nunley, DPH

Review of Previous Meeting Minutes

There was one change made to the July 21, 2008 Quality Cancer Care meeting minutes. Under Old & New Business in the Delaware Cancer Registry Advisory Council activities update section, the date of the DCRAC retreat should be May 08, not May07. Donna Stinson asked for clarity regarding the final number of colon cases to be reviewed (~100) as described in the Implement ASCO/NCCN Quality Measures section. Dr. Frantz confirmed that the final case count was approximately 100. Committee members approved the July 21, 2008 minutes with the noted change to the DCRAC retreat date.

Dr Frantz called the meeting to order at 10:00 a.m.

Increase Cancer Screening in Primary Care Office Practices: (Goal 1)

Crystal English reported that Katie Hughes was contacted and made a few recommendations as to how the committee might want to move forward. Katie recommended that the tool be sent to the Early Detection and Prevention (EDP) and the C&PE (Communication and Public Education) committees for evaluation. Lisa Henry also reviewed the screening tool and had a few questions and concerns regarding its applicability and how it would actually mesh with the colon screening packet that already exists. It is noted that the DCC has actually already reviewed the colon screening packet. A meeting is required with Lisa Henry to reassure her how the tool is supposed to complement the packet.

Wendi Gainor noted that the largest and safest areas that the DCC can provide help are with a list of primary care physicians. The new website www.medicalsocietyofdelaware.org is up and running. The development is still underway with more links to information. Placing the colon tool on the Medical society of DE's website may be a possible way to get the tool in circulation once ready for distribution. Wendi agreed to insure that the final screening tool will make its way to a medical society's board of trustees meeting agenda. This would be to attempt to get medical society support for the tool. Dr. Frantz asked whether the board was going to evaluate tools placed on the website. Wendi stated that the board will evaluate where the tool is coming from rather than carefully evaluate the actual tool itself.

Implement ASCO / NCCN Quality Measures for Breast & Colorectal Cancers: (Goal 1)

Background: Colon cancer study criteria.

- diagnosis date: 1/1/2003-12/31/2006
- primary site: colon (ICD-O-3 codes C18.0-C18.9)
- stage at diagnosis: 3
- residency: DE
- first course treatment: no/unknown if chemo was administered, chemo contraindicated

Karen Nunley distributed two hand outs (HO-1, HO-2). HO-1 is a summary of the colon cancer cases that will be looked at for the study. HO-2 is a draft letter that will be sent to the registrars at the hospitals to give them a better understanding of what records will be reviewed.

From HO-1, Karen reported that from 2003 to 2006 a total of 300 colon only cancer cases were diagnosed. Al DuPont did not diagnose any colon cancer cases during those that time. Of the 300 cases, 112 were diagnosed as stage 3 with no chemo. Betsy and Crystal were thanked for their help in getting the information. Of the 112 cases with no chemo: 45 have no chemo given, 23 had a contraindication, 10 of the cases the patient died prior to receiving treatment, 8 refused the chemo, 7 are unsure if it was ever given, and 19 unknown. These will be the 112 cases that Drs Petrelli, Grubbs, and Spellman will be reviewing. Even if they refused it needs to be noted in the patient files. HO-1 also shows a breakdown by hospital. Karen reported that in Table 2 the first two columns represent the number of cases to be reviewed from each facility. This second column is the percentage from each hospital, not the number of cases.

Karen further added that so much of the project is contingent on the schedules of the physician team. Dr. Petrelli is the contact for this and she is awaiting feedback from him. She did not think that any facilities had switched to an electronic health record (EHR) prior to 2006 so pulling records files should not be an issue. It is estimated that the physician team will spend 2 hours at each facility, more for Christiana and less for small facilities. Dr. Frantz then

asked to repeat the explanation of Table 2 on HO-1. Karen explained that the first column is the number of cases the physicians will actually review from each facility; the second column, Percentage of No Chemo, is this count as a percentage of the hospital total cases. Wendi Gainor asked about how many stages of cancer there were; Karen stated that there were 4 stages. The third column in HO-1 is the hospital total. A disparity was noticed in relation to St. Francis: nearly 87% of its Stage III colon cases had no chemo. Dr. Frantz stated that further investigation into where the patient follow-up occurred may shed some light this. Donna Stinson asked whether the case counts were evenly distributed across the project's timeframe (2003-2006). Karen replied that as each year progress there tends to be more colon cases.

Karen reported that the letter to the registrars (HO-2) will include what records are required and will be sent out well in advance so that the facility has time to pull the charts. Crystal English added that the physician reviews at each facility will need to consider any audit scheduled for the registries. To accommodate, Karen and Dr. Petrelli agreed that it would be best for Dr. Petrelli to wait until he heard from Karen before scheduling the reviews. Karen further noted her time would be tied up with SB-235 related activities through November. For everyone's benefit Dr. Frantz asked for an explanation of House Bill 235. Karen stated that it was legislation past in July08 which called for the publication of DE's of cancer incidence by census tract. These published incidence data will map all-site cancer, not specific types of cancers. SB235 will essentially map where cancer incidence is occurring throughout the state. Crystal added that to create the maps, the state's cancer data will need to undergo specialized coding. An outside vendor will perform the service, but the software requires that the data be cleansed so that a valid street address (instead of a PO box or rural route) can be associated as many cases as possible. The deadline for the SB235 project report will be complete by the end of November. Dr. Frantz asked whether we ever had census tract data. Crystal responded that the DE Cancer Registry (DCR) codes data for census tract data but this project takes things to a different level. Historically the DCR has with performed the census tract coding in-house or had it done by the University of DE. By using an outside vendor we expect a faster turnaround and a higher accuracy since the vendor has up-to-date software to adjust for changes in street names. Karen added that historically when an exact street name was unknown or an address that could not be found then cases would be coded to a central grouping. This would then generate false cancer clusters composed of the PO Box and rural route addresses. The deadline for this project is November 30th so methodology, rates must be figured out by the end of October.

Dr. Frantz asked Dr. Petrelli if he had any additional comments. He stated he did not think the colon cancer chart review would be difficult and he did not see anything unusual in HO-1. Ideally you would like to see 75-80% of Stage III individuals are indeed candidates for receiving adjuvant chemo. Based on the previous history Dr. Petrelli expects to find some cases where the patient was listed as "no chemo" but did receive chemo in actuality. Crystal commented that this should be minimal since the hospital registries were solicited for additional follow-up treatment data specifically for this project.

Dr. Frantz asked Dr. Petrelli what was the process when/if the review team had a case where information in the medical record could not lead to a definitive answer regarding whether the patient received standard care. In this situation, Dr. Petrelli stated that the review team will contact the attending physician directly and request the treatment history.

Clinical Trials Update: Meetings with Clinical Trials Point-people: (Goal 2)

Per the 7/21/08 QCC meeting Follow-up items Crystal English provided the Cancer Care Coordinator (CCC) contact list to Eileen McGrath. Unfortunately Eileen was unable to attend the 9/15/08 QCC. Her follow-up report regarding getting the CCCs training/informational materials about ACS's matching service will be moved to our next meeting.

Clinical Trials Update CT Awareness Training for Patients: (Goal 2)

Crystal English reported that per the 7/21/08 meeting this item had originally been assigned to Alex Parkowski, but was recently reassigned to her. Crystal reported contact has been made with the NCI requesting what authorization(s) is needed to edit its *Understanding Clinical Trials* DVD that the committee viewed at the 7/21/08 QCC meeting. Feedback from the NCI is expected by the next QCC meeting.

Crystal also stated that per Katie Hughes the CCCs already have the *Understanding Clinical Trials* DVD and distribute it to their clients. Dr. Frantz was unaware of this and asked when the CCCs actually got it. Crystal will follow-up with Katie to determine when the CCCs began distributing the DVD. Also, get a list of institutional targets from CCCs; these would be the places in their institutions where it would be appropriate to have a copy of DVD available.

Purple Book Review: Year 1 Accomplishments, Year 2 Action Items

Objective 1A: Increase cancer screening in primary care practices

Year 1 Accomplishment(s)

- **Implement educational effort using standardized screening tool:** Developed colon screening tool which is now being evaluated by other DCC committees (EDP, C&PD).
- **Explore and evaluate coverage provided by self-insured employers:** Valerie Pletcher reported that the Workplace/Workforce (WW) committee does have this item on its agenda. However, it has been side-stepped due to recent priority shifts. The current goal is to get a website up and running that will allow workplace/HR managers to access self-insured employer coverage information. Additionally the WW committee wants to evaluate what is already being done. The intent is to host a round table of the key players to discuss what is being offered, what the challenges are, and what can be done. This item has a low standing in the Workplace/Workforce committee's list of priorities.

Dr. Frantz summarized by asking whether there had been any progress and whether there were immediate plans to move things forward. Valerie replied that no progress had been made indeed, but a survey by Society of HR Managers was distributed through CCC. The survey did not generate much feedback so plans shifted to have the survey become part of a survey the WW committee was working on. One rendition of the WW committee's survey has been completed and issued, but unfortunately, received a poor response rate (less than 5%). The WW committee is now reevaluating the survey; the new version will include questions regarding cancer care/screening coverage provided by self-insured employers. The goal is to have the survey complete and issued by the end of the year.

Funding will determine what activities (e.g. the round table meeting) will actually be completed. The funding question should be settled at the September08 WW committee meeting.

Sandy Zorn then suggested that perhaps a venue for the survey might be the October Advocates of Hope summit. Valerie replied that plans are already in place to run the survey during this activity.

Dr. Frantz asked whether we have list of major employers that are self-insured in the state. Valerie replied that there is a small list. Work is being done to grow the list, but again this is a lower priority item for the WW committee.

Objective 1B: Assess availability of health care providers

Year 1 Accomplishment(s)

- **Assess statewide availability of appropriate health care providers:** Dr. Frantz commented that while the QCC did complete a preliminary research using American Society of Clinical Oncology (ASCO) data on the projected oncology physician shortage, no written report was done. He asked for Dr. Petrelli to comment on whether he thought acquiring that information and promoting it would be helpful. Dr. Petrelli stated ASCO latest figures show there will be a shortage of oncologic subspecialties over next ten years. Christiana working with a company to take a look at this resource shortage. It is an important issue, but in light of recent events and what may happen next year he did not think this should be on the QCC's priority list.

Nationally figures indicate there is a shortage and oncology in general needs to “beef up” training of individuals, but Dr. Petrelli was not persuaded that this needs to be taken on by the QCC.

Dr. Frantz then asked that action could this knowledge result in? Dr. Petrelli suggested looking at what is coming out national offices by region (NE, SE, Midwest, west, etc.) and communicating what the expected shortages will be. Dr. Frantz summarized by stating that Dr. Petrelli recommends making this a low priority goal. Dr. Frantz asked for other opinions; no dissenting comments were voiced. Wendi Gainor commented that the Health Workforce Data committee is back together. Since its purpose is to address resource gaps and since Wendi serves on that committee and the QCC, she agreed to be the liaison. Drs. Frantz and Petrelli recommended that Wendi go to the ASCO website to get stats on the shortage projections.

Objective 1C: Implement routine monitoring of quality measures for cancer care starting with the most prevalent Delaware cancers (breast, colorectal, lung, prostate).

Year 1 Accomplishment(s)

- **Implement via medical records review ASCO/NCCN quality measures for breast and colorectal cancers:** See above summary in under the Implement ASCO/NCCN Quality Measures for Breast and Colorectal Cancers section.

Year 2 Task(s)

- **As ASCO/NCCN quality measures are published, implement them for cervical, lung/bronchus, and prostate cancers, check the quality of ACoS-provided data by chart review:** Dr. Petrelli commented that ASCO now has a program Quality Outcome Performance Improvement (QOPI). It has approximately private 170 practices throughout the country looking at 200 elements in a patient's chart to ascertain performance outcomes. Once the project is complete third party carriers may eventually look at the data from this national program and use what they can for pay for performance for medical oncologists. Christiana Care recently decided to participate in the QOPI project. The pilot will involve two large medical oncology groups and will begin at the end of October 2008. The piloted groups will have to review patient records against the 200 elements and upload findings to a website where the information is directed to the ASCO office. The resources that review the charts and upload the data will require understanding of medical terminology; the piloted groups will likely use nurses/oncology nurses for this task which is a significant resource investment. The chart reviews must be completed over a 5 week period and will require approximately 80 hours to complete. Dr. Frantz asked whether the DCC/QCC could benefit. Dr. Petrelli replied that the information could be beneficial to the QCC/DCC in that it offers a facility an indication of how it fares nationally. Dr. Petrelli stated that he would discuss the QOPI commented that resources from Quality Insights may be available to staff a QOPI project which would then free up nursing staff for other initiatives; Dr. Petrelli is to follow-up with Dr. Sobel with further information regarding this initiative.

Objective 2A: Ensure Delawareans are enabled to participate in state-of-the-art cancer clinical trials

Year 1 Accomplishment(s)

- **Ensure Delawareans are aware of option to participate in cancer clinical trials through distribution of educational materials to all patients newly diagnosed with cancer:** Dr. Frantz stated that the CCCs are now charged with documenting when clinical trials discussions occur with clients. Dr. Frantz stated he would submit a final report. The QCC minutes likely contain the necessary information and could be summarized for the final report. Dr. Petrelli commented that he thought this educational process was already ongoing.

Year 2 Task(s)

- **Assess the need for and recommend statewide infrastructure to support clinical trial enrollment:** Dr. Frantz asked what is the status of Nanticoke's administration. Sandy Zorn reported that Nanticoke is without a CEO as of December 19th. The COO is also both the CNO. The CEO search continues as well as recruitment for medical oncologists. Dr. Petrelli asked whether Nanticoke's radiation facility was still functional. Sandy stated that it was but without referrals, its usage is declining. Dr. Petrelli commented that his understanding was that Beebe was to help with medical oncology support. Sandy responded that a request for proposal had been issued and two responses were received: one from Beebe and the other from PRMC in Salisbury, MD. These responses are now under review.

Dr. Frantz then asked Dr. Petrelli to comment on the QCC's beginning an evaluation of the need for statewide infrastructure in Year 2. Dr. Petrelli commented that he thought it was important and a good idea since clinical trials are the most important thing we can do for cancer care. He suggested that the proposed model for the cancer registries be employed. The proposed model is to have a registrar available to assist hospital registries temporarily when work backlogs occur. If this model were adopted for CTs the state would not have to support a CT nurse at each facility.

Sandy Zorn pointed out that CT enrollment is addressed in the state contract (governing CCCs, Nurse Navigators, Admin Assistants) with each hospital has a 2% increase for Year 2. Donna Stinson commented that at her facility when you have one person position and that person leaves, it puts the organization in a bind because the state's CT resources are limited. Dr. Petrelli agreed and reasserted that the same situation occurs when a registry loses a cancer registrar. Therefore the state should create the infrastructure so that a CT resource were available to assist facilities on an interim basis until a permanent replacement is identified; otherwise accrual will drop drastically. Donna commented that just having some available with the expertise to advise on the paperwork requirements for those patients already in clinical trails would be of great benefit. Dr. Frantz suggested that perhaps creating a consortium of CT nurses might be necessary to address how to manage through an unexpected CT resource shortage within DE hospital facilities. This would require that a CT nurse/resource would have to be temporarily reassigned to the facility with the shortage until a permanent replacement was identified. Dr. Petrelli commented that it may be the state would support a person who could rotate through all hospitals providing CT support *and* be available for reassignment on a temporary basis should a hospital lose its CT resource. This may be more palatable to the state in light changes that may occur due to this being an election year. Donna Stinson commented that it's hard to know what the QCC can even recommend at this point in the political process. Ideally funding a position for the CT resources (as is done with the CCCs) would be extremely helpful. Dr. Petrelli commented that if it were funded similarly to the colorectal screening program where the state funds the Nurse Navigator and Patient Advocate at each of the hospitals then the state would have to fund a trials nurse at each of the hospitals. Dr. Frantz commented that that would be cost prohibitive. Dr. Petrelli agreed and also stated that this would not work in this day and age with the budget the way it is. Donna replied that the budget was indeed the issue.

Dr. Frantz summarized saying one CT resource to rotate through each of Delaware's seven hospitals (excludes the VA). Crystal English commented that this would be similar to what has been proposed for the cancer registries, (i.e. having a statewide circuit riding registrar). Dr. Petrelli asked if we thought this (i.e. one CT nurse) would be more palatable for the state than funding seven CT nurse positions. Dr. Frantz agreed that it would be, but the question is should we ask the state to fund even one position. Sandy Zorn commented that Champions of Change has reported unobligated funds; there may be opportunities to fund a circuit riding CT nurse from various programs with unused funding. Donna Stinson agreed that there was excess funding in the Champions of Change program. Since determining how to redirect unobligated funding was outside of the scope of the QCC, Dr. Frantz recommended that we move on.

The QCC agreed to recommend getting one circuit riding CT nurse to support hospitals throughout the state. Dr. Frantz asked whether the QCC should make the recommendation now or after January 09. It was agreed that the QCC should wait until after the new administration is in place.

Objective 2B: Implement routine capture of information on patients contacted about entering clinical trials

Year 1 Accomplishment(s)

- **Identify hospital –specific point people for clinical trial information and enrollment:** Dr. Frantz stated this has been done. Hospital point people have been identified.
- **Meet with clinical trials point people to discuss tracking and data capture options:** Meetings were held with hospital clinical trials point people. Dr. Frantz surveyed hospital clinical trials personnel to identify each facility's specific practices relative to CTs.
- **Request institutions to provide yearly data on patients accessing and enrolling into clinical trials and track data:** A letter was issued requesting that facilities provide specific data on patients enrolled in CTs.

Year 2 Task(s)

- **Implement agreed-upon approach: track and monitor (via database) patient contact and enrollment statistics at a facility-specific level on a quarterly basis:** Dr. Frantz questioned why the QCC had requested this be done on a quarterly basis versus annually. All of the hospital CT organizations understand that CT information will be collected and already provide it. This data collection will not be an additional burden since it already has to be collected to meet Commission on Cancer requirements. The QCC will proceed with this task.

Objective 3A: Continue implementation of the Cancer Care Coordinator program.

Year 1 Accomplishment(s)

- **Contract with vendors through RFP process to deliver Cancer Care Coordinator program services:** Cancer Care Coordinators are now in place in seven hospitals statewide.

Objective 3B: Extend availability of Cancer Care coordinator services beyond the treatment phase, promoting continuity of care into the survivor phase of care:

Year 1 Accomplishment(s)

- **Evaluate extent of interest among patients served to continue relationship with Cancer Care Coordinator beyond treatment phase of care:** Dr. Frantz asked for the status of the focus groups. Focus group questions regarding the level of patient interest to continue beyond the treatment phase were developed for Delawareans that received care coordination. It was not known what the questions were though. Crystal English will follow up with Joya Asika to determine this. The focus group sessions will be scheduled in Year 2.

Year 2 Task(s)

- **Ensure sufficient services of Cancer Care Coordinators so that all Delawareans with cancer who desire care coordination services are able to access them:** Dr. Frantz stated that this could be also addressed through the focus group process. He asked for comments from the facilities regarding whether clients' needs were being met. Sandy Zorn commented that at Nanticoke the level of effort comes in spurts. Also the resource assigned to the Admin Assist position left; this presents a challenge since this position is responsible for doing follow-up phone calls. Transportation and finances are still the big issues so where

people who tend to “fall between the cracks” is in the areas of treatment and insurance. Efforts are therefore directed at getting the client his/her required medication required and to appointments.

Dr. Frantz then asked for ideas regarding what mechanisms could address whether there are unmet needs. Valerie Pletcher raised the question as to what was meant by “unmet needs”. Dr. Frantz replied that it is something that the CCC role and Admin Assistant can help with. Valerie commented that she works closely with the CCC at St. Francis. Their top client issues are finances, transportation, and medication. She also noted that it is difficult for the hospital to help with these key issues. She thought a better approach would be to look for collective gaps that all CCCs face throughout the facilities. Dr. Frantz clarified that client needs that fall into the category of “ills of our society” are not issues for the CCCs to address. The real question is whether there are clients who are not getting the advice, support, assistance they need because there are insufficient CCCs available to assist. Dr. Petrelli commented that this sounded like a question that should be posed to the CCCs and further commented that the two top items at Christiana are finance and transportation. It is their CCC’s responsibility to help identify the necessary transportation and financial assistance, which is often not an easy task. In response to the comments about transportation, Wendi Gainor commented that at a recent Medicaid Advisory Council meeting, it was discussed that the state is paying \$14M per year regardless of whether of the insured uses the transportation services. This s a huge obstacle from a Medicaid standpoint since unfortunately these clients tend to be high “no show” clients to physician offices/exams. This is example of how money is spent on transportation that is not being utilized; there are no quality measures in place to assure that the transportation companies are fulfilling their role of getting patients to appointment when they are supposed to and on time. Dr. Frantz commented that he gets feedback on this issue all the time; the transportation service shows up 80-90% of the time while the patient shows up 50%. Valerie Pletcher commented the CCCs need to be surveyed to get at service gaps. Dr. Frantz agreed and requested that Katie Hughes be asked to address the issue of patients getting services from their CCC. Valerie also noted that there is sometimes a gap between the CCCs and how they are connected between the oncology and primary care physicians (PCP). If a primary cancer is identified outside of the original oncology group, the PCPs do not always get connected with the CCCs. because some of the other primary care providers outside of the oncology group do not have an awareness of the CCCs. There are multiple cases where if there had been no intervention the patient would not have received treatment because of insurance issues. Education would prevent most of this. Crystal English commented that this discussion is good information to forward to both Katie Hughes and Joya Asika. At the 9/15/08 QCC meeting Joya gave a detailed presentation of the plans for the CCC/client focus group process. A vendor, Research Triangle Institute (RTI), will be used to interview both CCCs and clients regarding services and how each group perceives the degree to which client needs are being met. Donna Stinson stated that the missing piece is not having feedback from the client; we need to capture how the client perceives/values these services, and perhaps even expand the focus group process to include referring/primary care physicians. Sandy Zorn agreed that this was a good idea and added that Nanticoke has a patient satisfaction survey that is used for radiation oncology. This survey includes specific a question(s) regarding the CCC and his/her efforts. Nanticoke has found that it is not the patient population that has the greatest need, but it is the medical oncology community. Historically this group does not get surveyed because it is a private practice. Ninety percent of Nanticoke’s CCC efforts are directed toward medical oncology, not radiation.

Wendi Gainor asked a follow-up question in regards to the transportation issue discussed earlier. Is the transportation service offered at Christiana provided by the hospital’s transportation department or is the service subcontracted? Dr. Petrelli replied that the service it spread among several organizations (e.g. American Cancer Society), but the hospital’s transportation department is not used.

Dr. Frantz commented that he was under the impression that all the CCCs had mechanisms in place within the hospital to notify them about all cancer patients admitted to the facility. Sandy Zorn said that if a cancer patient is admitted to a facility he/she will normally appear on the Daily Malignancy Report, a listing of all patients with a cancer diagnosis that have been admitted to the facility. The CCCs have access to this

report. This malignancy reporting very likely varies by facility. Valerie Pletcher indicated that this process may not be in place at St. Francis.

- **Promote use of extended services among those receiving Cancer Care Coordinator's services.** Dr. Frantz questioned regarding administrative assistants' time being used to make phone calls for follow ups and if that was a common issue at all hospitals. Donna Stinson reported that most of the admin assistant's time is being spent making follow up calls, screening follow up calls, and data entry. Dr. Frantz made a suggestion that perhaps a central used of email/letters offering an automated delivery to maintain contact with the cancer care coordination process and to save some of the CCCs' time. Sandy Zorn noted that an automated follow-up system is used; however, it is the personal contact with the patients that helps with cancer care coordination. Dr. Frantz requested that Katie Hughes be asked about this as well.

OBJECTIVE 3C: Expand and enhance capture of Cancer Care Coordinator patient contact data.

Year 1 Accomplishment(s)

- **Contract with vendor through RFP to expand current colorectal Cancer Screening Nurse Navigator database to include client-specific, electronic database for use by Cancer Care Coordinators.** A contractor (RTI) is in place to begin development of the Cancer Care Coordination database.
- **Implement client-specific, electronic database for use by Cancer Care Coordinators.** Cancer Care Coordination Database – An assessment tool was drafted that identifies/assesses barriers, functional status, patient comorbidities, and ultimately increases the long-term involvement of clients. Additionally, there is a planned meeting with the Cancer Care Coordinators to get their input/comments. Implementation is to occur in Year 2.

DE Health Care Education Programs

See comments under Other.

Delaware Cancer Registry Advisory Committee – Update on Activities: (Goal 3)

This item was moved to the November 2008 meeting agenda.

Other

Since the committee did not get to several items on the 9/15/08 agenda; these items will be moved to the November 2008 meeting.

- Purple Book Year I, 2 Activities Review for Goal 4
- DCRAC review
- QCC committee membership review

Dr. Frantz asked if there were any additional items/issues/information. Sandy Zorn gave an update on the DE Health Care Education Program agenda item. The discussion was limited to Sandy's investigation of the available cancer registrar education programs in Delaware. Normal attrition at Del Tech has left the New Programs director position vacant. However, Dr. Ann DelNegro does a similar task at Del Tech and she entertains new programs. A full registry program curriculum must be developed and ready to present to her. She would then review the curriculum and determine whether the program is feasible and the resources required. Sandy made no commitments with Del Tech at the time of the conversation. A second avenue of approach is through Dr. John Kreitzer of the Sussex Tech Adult Education Division who said he is willing to look into this matter as well.

Sandy noted that a meeting with the schools is necessary since future trends in cancer registry require that applicants have at least an Associates degree. It is noted that the state could benefit from having a program. Dr.

Frantz commented that state could benefit by having a program of this sort given the existing national shortages in cancer registry making future recruitment difficult. Also, this will be an important contribution to the QCC committee's achieving Goal 4. Sandy replied that Sussex Vo-tech school system may present an issue if an Associates degree is required. Sandy further reported that the only place she found on eastern half of the country that offers an on-site cancer registry program is in Vermont; other programs are on-line. If Delaware had an on-site program, it would be a unique offering on the eastern seaboard. Given the registrars vacancies in DC, MD, PA, and VA there would be a market for it.

Wendi Gainor volunteered to check with Burlington County College in NJ since they had a cancer registry program in the past. Crystal English agreed that Burlington did have an on-site program in the past but was unsure whether it was still accredited per the National Cancer Registrars Association (NCRA). The NCRA is the credentialing organization that certifies cancer registrars and the standards for sitting for the certification exam are shifting. 2008 is the last year that candidates without an Associates degree can sit for the Certified Tumor Registrar (CTR) exam. Dr. Frantz asked whether formal training in cancer registry could be part of an existing 2-year degree program. Crystal replied that while one would hope that it could, the critical point is to make sure that a formal registry program aligns with what is required to sit for the CTR exam as per the NCRA. Sandy commented that it would make sense to make it part of an existing 2-year degree. Crystal then added that if Delaware does make the effort to set up an on-site program we should try to include an on-line component as well. Sandy added that another key issue will be finding resources to teach in the program. Teaching resources may likely be harder to come by for an on-site versus on-line program. Sandy further commented Del Tech likely presents a more economical solution for students than institutions such as the University of Phoenix. Wendi Gainor mentioned that Arcadia may also be an institution to consider. Dr. Frantz asked Crystal to take over responsibility for the CTR education project since she had a recently completed a formal registry program. Wendi recently established a contact at Arcadia and volunteered to forward information training needs to them; Wendi asked that training background information be emailed to her.

Donna Stinson asked what the process was for adding new members. Dr. Frantz said he normally sends an email request to Bill Bowser. Sandy Zorn pointed out that there is an application that must be completed. Crystal agreed and added that Lisa Henry is the DPH resource responsible for DCC oversight and can provide guidance.

Follow up

Increase Cancer Screening in Primary Care Office Practices	Person(s) Responsible	Timing
Ensure that the final colon cancer screening tool gets to the Medical Society of DE's Board of Trustees meeting for review.	Wendi Gainor	TBD (once tool is finalized)
Meet with Lisa Henry to review the tool	Crystal English	Nov08 QCC mtg
Use EDP committee's feedback on the colonoscopy screening tool as input for the development of other tools (e.g. prostate).	QCC	Year 2

Implement ASCO / NCCN Quality Measures for Breast & Colorectal Cancers	Person(s) Responsible	Timing
Move colon cancer study forward with physician review team and hospital registries. <ul style="list-style-type: none"> ▪ issue letter to hospital registries 	Karen Nunley	TBD
<ul style="list-style-type: none"> ▪ finalize physician review schedule 	Karen Nunley, Dr. Petrelli	TBD

Clinical Trials Update: Meetings with Clinical Trials Point-people	Person(s) Responsible	Timing
Mail ACS' matching service informational materials to CCCs.	Eileen McGrath	By next QCC mtg
Contact CCCs' group leader (Katie Hughes) to arrange teleconference for training on the ACS' CT matching service.	Eileen McGrath	By next QCC mtg

Clinical Trials Update: CT Awareness Training for Patients	Person(s) Responsible	Timing
Investigate possibility of shortening the NCI video for use by the cancer care coordinators; determine what approvals are required.	Crystal English	By Nov08 mtg
Distribution of NCI CT video <ul style="list-style-type: none"> ▪ Determine when CCCs began distributing the video ▪ Get CCC's to provide a list of places where it would be appropriate to have the video. 	Crystal English	By Nov08 QCC mtg

DE Health Care Education Programs	Person(s) Responsible	Timing
See comments under Other		

Purple Book Review: Year 1 Accomplishments, Year 2 Tasks	Person(s) Responsible	Timing
Objective 1A <ul style="list-style-type: none"> ▪ Explore and evaluate coverage provided by self-insured employers <ul style="list-style-type: none"> ○ Survey of employers to be conducted by the Workplace/Workforce committee; low priority 	QCC, Valerie Pletcher	Ongoing
Objective 1B <ul style="list-style-type: none"> ▪ Assess statewide availability of appropriate health care providers <ul style="list-style-type: none"> ○ Make this a low priority item for the QCC 	QCC	Ongoing
Objective 1C <ul style="list-style-type: none"> ▪ As ASCO/NCCN quality measures are published, implement them for cervical, lung/bronchus, and prostate cancers, check validity of ACoS-provided data by chart review <ul style="list-style-type: none"> ○ Share QOPI project details with Dr. Sobel 	Dr. Petrelli	TBD
Objective 2A <ul style="list-style-type: none"> ▪ Assess the need for and recommend statewide infrastructure to support clinical trial enrollment <ul style="list-style-type: none"> ○ Secure one (1) circuit riding CT nurse to support hospitals throughout the state 	QCC	Year 2
Objective 2B <ul style="list-style-type: none"> ▪ Implement agreed upon approach: track and monitor (via database) patient contact and enrollment statistics at a facility-specific level on a quarterly basis 	QCC	Year 2
Objective 3B <ul style="list-style-type: none"> ▪ Evaluate extent interest among patients served to continue relationship with CCC beyond treatment phase of care <ul style="list-style-type: none"> ○ Determine questions to be used in the focus group 	Crystal English	

<p>sessions led by RTI</p> <ul style="list-style-type: none"> ▪ Ensure sufficient services of CCCs so that all Delawareans with cancer who desire care coordination services are able to access them <ul style="list-style-type: none"> ○ Request an update regarding CCC services from Katie Hughes ▪ Promote use of extended services among those receiving CCC services <ul style="list-style-type: none"> ○ Request an update regarding CCC services from Katie Hughes 	<p>Crystal English</p> <p>Crystal English</p>	<p>By Nov08 mtg</p>
<p>Objective 3C</p> <ul style="list-style-type: none"> ▪ Implement client-specific electronic database for use by CCCs 	<p>QCC</p>	<p>Year 2</p>

Other	Person(s) Responsible	Timing
Resend Purple book Year 1 summary to the QCC for review.	Crystal English	Prior to Nov08 mtg
<p>Cancer registry formal education program for DE</p> <ul style="list-style-type: none"> ▪ Contact education program resources at Burlington County College and Arcadia ▪ Send cancer registry education information to Wendi Gainor ▪ Assume lead this education project ▪ Follow-up with education institution leads Sandy Zorn provided 	<p>Wendi Gainor</p> <p>Crystal English</p> <p>Crystal English</p> <p>Crystal English</p>	<p>By Nov08 mtg</p>

Documentation

Meeting agenda and minutes are available at your request. Any requests for documents should be emailed to Crystal English at crystal.english@state.de.us or call 302-995-8605.

Future Meeting(s)

The next Delaware Cancer Consortium Communication & Public Education Committee meeting is scheduled for November 17, 2008 at Delaware Technical & Community College, Dover, DE.

Future Meetings

January 20, 2009

March 16, 2009

May 18, 2009