



Delaware Cancer Consortium
Quality Cancer Care, Quality of Life
July 20th, 2009
Delaware Technical & Community College
Dover, DE

Attendees

Members - QCC

Attended	Christopher Frantz, MD, A.I. duPont Hospital for Children
Attended	Wendy Gainor, Sr. Director Professional Services, Medical Society of DE
Did Not Attend	Sean Hebbel, The Wellness Community - Delaware
Attended	Eileen T. McGrath, American Cancer Society
Did Not Attend	James Monihan, MD, Allied Diagnostic Pathology Consultants, PA
Attended	Nicholas Petrelli, MD, Helen F. Graham Cancer Center
Did Not Attend	Cheryl Rogers, Bayhealth Medical Center
Did Not Attend	Ola Ruark, Department of Veterans Affairs Medical Center
Attended	Ed Sobel, DO, Quality Insights of DE
Did Not Attend	Donna Stinson, Bayhealth Medical Center
Did Not Attend	Janet Teixeira, Cancer Care Connection
Attended	Donald Tricarico, Nanticoke, Memorial Hospital

Members - QOL

Did Not Attend	Victoria Cooke
Did Not Attend	Mary Lou Galantino
Did Not Attend	Theresa Gillis
Did Not Attend	Sean Hebbel, The Wellness Community - Delaware
Did Not Attend	Madeline Lambrecht
Attended	Susan Lloyd, DE Hospice
Attended	Anna Maloney, DE Helpline
Attended	Judith Ramirez, Tunnell Cancer Center
Attended	Michelle Sobczyk, Leukemia/Lymphoma Society
Did Not Attend	Janet Teixeira, Cancer Care Connection
Did Not Attend	Jo Wardell

Guests

Attended	Betsy Cromartie, Macro International-Delaware Cancer Registry
Attended	Jessica Perry, Cancer Care Connection
Attended	Stephanie Feyler, American Cancer Society

Staff & Other Committee

Liaisons

Attended	Crystal English, DPH/Delaware Cancer Registry
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Dr. Frantz called the meeting to order at 10:00 a.m.

Since this was the first combined meeting to the QCC and QOL since the two committees were separated Dr. Frantz asked for each person to introduce him/herself and give their affiliation. The minutes from the March 2009 meetings of both committees were then opened for review. There were no additions or objections to the minutes of either committee; the minutes for both committees were approved.

Old & New Business

Academic Detailing (Objective 1A)

Dr. Frantz requested a comparison of the CRC screening manual published by the ACS (http://www.cancer.org/docroot/PRO/content/PRO_4_1x_ColonMD_Clinicians_Manual.pdf.asp) to what has already been issued by the DCC to DE physicians. Crystal English will follow up.

Explore/evaluate coverage provided by self-insured employers (Objective 1A)

The QCC inquired regarding getting assistance from the Workplace/Workforce committee in completing the task of determining what kind of cancer care related health insurance coverage is offered by DE's self-insured employers. Crystal English reported that there was not much to report. The WP/WF surveyed employers last year. Unfortunately this survey did not include questions regarding coverage provided by self-insured employers. The survey has been revised and plans are underway to re-issue it later this year. Crystal will follow-up with the survey results upon availability.

Wendy Gainor commented as to whether the DE Chamber of Commerce is a source for getting information regarding cancer healthcare coverage offered by self-insured employers. Dr. Frantz commented that the QCC had approached the Chamber about this some time ago, but the Chamber did not have the information. Michelle Sobczyk commented that she sits on the Advocates of Hope (AOH) planning committee. The AOH is the vehicle through which DE employers are being educated about cancer healthcare coverage for their employees. This year's annual summit will be different from prior years and will involve going into various businesses and making presentations. Michelle will follow-up with the AOH planning committee to determine whether the current state of the employers' healthcare coverage can be assessed when meeting with the employers.

Assess statewide availability of appropriate healthcare providers (Objective 1B)

Crystal English reported both the Medical Society of DE and the WP/WF committee were contacted about this task. The Medical Society of DE credentials, but does not track physician privileges. The WP/WF committee only tracks the insurance related aspects, not the medical specialty of the physician. Since this information is not readily the QCC will need to decide whether it will pursue getting this information directly or abandon the task completely.

Assess need for/recommend statewide infrastructure for support CT enrollment (Objective 2A)

Crystal English reported that this task was discussed in prior QCC meetings and the decision made to recommend getting a circuit CT nurse. Dr. Petrelli asked for the reasoning behind the circuit CT nurse recommendation. Dr. Frantz commented the recommendation came from that many hospitals have been unable to develop a CT program due to lack of expertise or the expertise has disappeared at times. For example, if a facility lost its one and only CT nurse then this circuit CT nurse could assist the facility until a replacement was secured. Dr. Frantz would like to place this item on hold until budget constraints relax. Crystal asked how the proposed circuit CT nurse position was to be funded since the task of the QCC was to make a recommendation regarding the need for a statewide infrastructure. Suggestions were made the QCC could make a recommendation to establish a circuit CT nurse for Delaware and let the state make the determination regarding whether to fund it. It was also suggested that funding of this position really is the responsibility of the hospitals. With the exception of three facilities, all DE hospitals have a functioning CT program so is there really a need for a statewide CT infrastructure. It was suggested that the CCCs could be the conduit through which patients at

these three facilities can be informed about CTs options. Don Tricarico commented that Nanticoke Memorial was in the process of developing its CT program. He agreed that it is primarily the institution's responsibility to establish a CT program; however it does make sense to have interim availability to provide continuity. Dr. Petrelli commented that this interim continuity would be established after facilities established their CT program versus having the state come in to get things established. It was discussed whether facilities had staff in other areas that could backfill in the interim if a facility lost its CT nurse. This flexibility in staff was really facility dependant. It was also noted that having available staff to backfill in the interim can be difficult because of transitioning to a CT nurse is not a straightforward process.

The motion was passed not to make a recommendation in support a statewide CT infrastructure at this time; due to budget constraints other priorities should prevail. Wendy Gainor asked whether the committee should agree to a timeline at some point in the future when this item should be revisited. Dr. Petrelli commented that the committee is agreeing that the state should not establish the facility's CT program; however, should an established CT program lose its CT nurse then the state should provide the needed interim support.

Evaluate extent of interest among patients served to continue relationship w/CCC beyond treatment phase of care (Objective 3B)

Crystal distributed 7/20/09 Purple Book Goal 3 handout (HO-1). HO-1 is a complete update on all CCC goals, not just Objective 3B. The CCC program assessment process was hindered due to staff reallocation resulting from the swine flu activities. An online survey is being prepared. Survey will be administered when staffing permits; currently there is a 50% vacancy in the Comprehensive Cancer program). Due to high staffing vacancy resources are directed toward those activities that directly impact services to Delawareans.

Dr. Frantz asked about the status of the contract to conduct the assessment. Crystal reported that there is an established contract with RTI for this service. RTI is also developing the Nurse Navigator database which is very near completion. Development of the CCC database will begin once the Nurse Navigator database is complete. Dr. Petrelli asked whether we know where the hospitals stood with their CCC programs and how they have evolved, especially since survivorship and continuity of care have become so prominent. Judith Ramirez commented that any analysis of care beyond the Tx phase is really looking at survivorship care planning which is separate from Tx. The CCCs make sure patients don't fall through the cracks and that their needs are being met. Survivorship care after Tx takes more than a CCC as it is a multi-disciplinary process. Dr. Frantz commented that we currently do not know whether hospitals have survivorship programs already established as this has never been assessed. The current assessment that is planned will cover how the CCCs feel about the service they provide and whether the patient feels the services offered are what they need. Dr. Petrelli added that this may be an indirect way of assessing whether pts are getting the necessary continuity of care. Dr. Frantz commented that this was why the client assessment is necessary to develop an understanding of follow-up. The survey should be similar to the CT assessment and use CCCs to identify proper people to participate.

DCRAC Update

Betsy Cromartie reported the following.

- DE Cancer Registry received NAACCR Gold certification for 2006 incidence data.
- Additionally, all standards of the CDC's National Program of Cancer Registries were met for 2006 incidence data.
- DCR webpage has been launched.
- DCRAC activities
 - a letter will be sent from the DCRAC to hospital cancer program administrators requesting them to support continuing education training for their registrar staff.
 - DCR Certificate of Achievement being developed. This is being done just to recognize "a job well done".
 - An article clarifying the DCR's reporting requirements is being drafted and will be submitted to DE Medical Society journal. The intent is to address any questions regarding what is required and to increase reporting from physicians who may still be unaware of cancer reporting responsibilities.
 - DCRAC along with the DCC Research committee are working on a state cancer report card. The tool will be based on the state CoC e-QulP reports. A report card of this sort could potentially show how DE is doing in providing certain standard of care for particular cancers.

- Summer 2009 DCRA Newsletter is released and posted on the DCC website. CCHS assists with editing the newsletter.
- Non-hospital reporter training continues. The training is focused on education physicians' offices, surgery centers on the DCR's reporting requirements. Kent County surgery centers will be trained in July 2009.
- Data quality audit – Macro International conducted a re-abstracting audit during Spring 2009. A Macro auditor recoded a sample of records at each hospital and a comparison was made between the recoded cases and the ones originally submitted by the hospital to the DCR. A final report will be issued upon review by the State.
- Tx collection standards review – HO-2 summarizes the standards and guidelines that both hospital cancer data and the state registry data must meet. A goal of the DCR is to collect as much complete 1st course Tx data as is available so that the DCR database can be used more to evaluate the standard of care. Historically within the industry, central registries do not do this. The DCR is looking at migrating to electronic, web-based reporting. Seven of eight DE hospitals are CoC programs. CoC standards require more detailed Tx data collection, but the DCR does not come under the CoC. Dr. Frantz asked whether any thought was being given to using the CoC standards within the DCR. Betsy stated the DCR has been working with hospitals to submit the additional Tx data they receive on a case even when the case has been already been submitted to the DCR. Betsy's then reviewed HO-3, Alternatives for Collecting Complete 1st course of Tx. Currently hospitals send additional Tx data on paper using a Data Exchange Form (DEF). Uploading the paper DEFs takes just a few hours per week and has been going on for about a year. The additional Tx data is made to approximately 10% of the DCR's annual submissions from hospitals. The DCR's software vendor is looking at ways to automate this process. Dr. Petrelli commented on the relevance of the CoC data. Data understatement in the registries occurs due to not having direct communication between physicians' offices and registries, hospital and central. To get a clear picture you have to consider the data after first reviewing records at physicians' offices. E-QuIP reporting has been helpful in providing a more accurate picture of where DE stands as a state nationally, and also takes some pressure off the DCR regarding 1st course of Tx data collection. As a reminder of what e-QuIP is Crystal will resend the e-QuIP handout Dr. Petrelli submitted at the Mar09.

The DCR's goal will continue to collect complete 1st course Tx data. The DCR currently has Request for Proposal developed for new registry software. Betsy commented that even so no registry software vendor has developed a way to seamlessly bring in 1st course of Tx data. In the meanwhile, the DE will proceed with manual upload.

QOL Update

Susan Lloyd reviewed HO-4 submitted by Madeline Lambrecht summarizing the ELNEC Project. Dr. Frantz congratulated Susan and Madeline on the work achieved.

Dr. Frantz reviewed HO-5 submitted by Lisa Henry. Wendy Gainor added that Lisa was put in touch with the appropriate Medical Society of DE staff to address the QOL's interest in placing survivorship and end of life care issues in the MSD's blast faxes or newsletter. The question was raised whether there could be opportunity for the End-of-Life Coalition to work through the MSD's communication tools. There are strict standards to meet to be publicized in the MSD's blast faxes, newsletter, or website. The MSD will be moving to the Bowman Center at the MBNA building located near Christiana Hospital in 2010.

Other

ENACCT

The Education Network to Advance Cancer Clinical Trials (ENACCT) is advertising clinical trials training opportunities (HO6-9). Wendy asked for copies so that this could be communicated this through the MSD. Crystal will electronically forward the ENACCT flyers.

QCC-QOL integration

Due to staffing shortages in the Comprehensive Cancer organization several DCC committees were recently merged: QCC /QOL and the WPWF/C&PE (Workplace/Workforce/Communication & Public Education). Dr. Frantz asked for suggestions as to how the QCC-QOL can best use the 90 minutes of meeting time to effectively cover the goals/objectives of both committees. Suggestions included

1. Limiting each meeting to a review/discussion of a few selected goals from QCC-QOL rather than trying to cover all goals. Reviewing all goals at each meeting will be unmanageable.
2. Revise the QCC and QOL Purple book goals given economic conditions and staff shortages in Comprehensive Cancer
3. Devote the Sep09 meeting to reviewing what the QCC-QOL goals should be.

Time did not permit review of the Year 2 accomplishments for either QCC or QOL. The committee agreed to do the review offline and bring their feedback to the Sep09 meeting. Crystal will issue the necessary materials.

Follow up

7/20/09 QCC-QOL meeting	Person(s) Responsible	Timing	Status
Compare ACS' CRC manual to what DCC issues to DE physicians	Crystal English	Sep09	
AOH planning committee - Determine whether the current state of the employers' healthcare coverage can be assessed when meeting with the employers	Michelle Sobczyk	Sep09	
Resend Dr. Petrelli's e-QuIP handout issued at the Mar09 meeting	Crystal English	Sep09 mtg	
Electronically forward the ENACCT flyers to Wendy Gainor	Crystal English	before Sep09 mtg	Done
Issue Year 2 Accomplishment s to QCC-QOL for review offline.	Crystal English	Sep09	Done