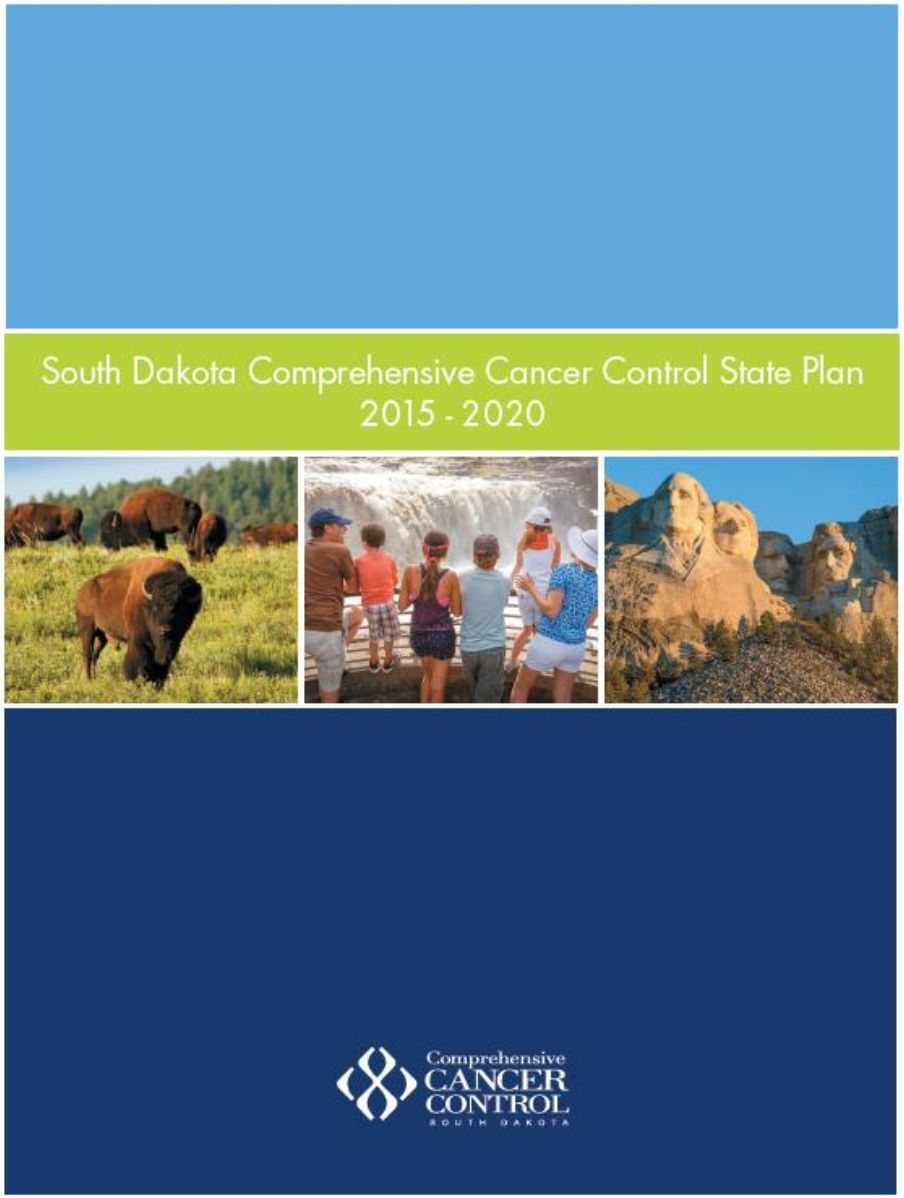


Reducing the Burden of Cancer in SD: Lessons Learned from the SD Cancer Coalition

Website: cancersd.com

Comprehensive CANCER CONTROL SOUTH DAKOTA

SOUTH DAKOTA DEPARTMENT OF HEALTH

Learning Objectives

By the end of the session, participants will be able to:

- Describe how the SD Cancer Coalition utilized strategic planning and program evaluation to revise the coalition structure and develop a new 5-year strategic plan
- Describe best practices and lessons learned for implementing and evaluating evidence-based interventions and policy, system and environmental changes for cancer prevention and control
- Identify the opportunities and benefits of being a SD Cancer Coalition member

Program Background

National History

- In 1998, CDC established the National Comprehensive Cancer Control Program (NCCCP) to support comprehensive cancer control in U.S. states, Pacific Island Jurisdictions, territories, and tribes and tribal organizations
- NCCCP provides funding and technical advice to create, carry out, and evaluate comprehensive cancer control plans, which focus on issues like prevention, detection, treatment, survivorship, and health disparities
- Today, CDC funds CCC programs in all 50 states, the District of Columbia, 7 tribes and tribal organizations, and 7 U.S. territories and Pacific Island Jurisdictions

South Dakota History

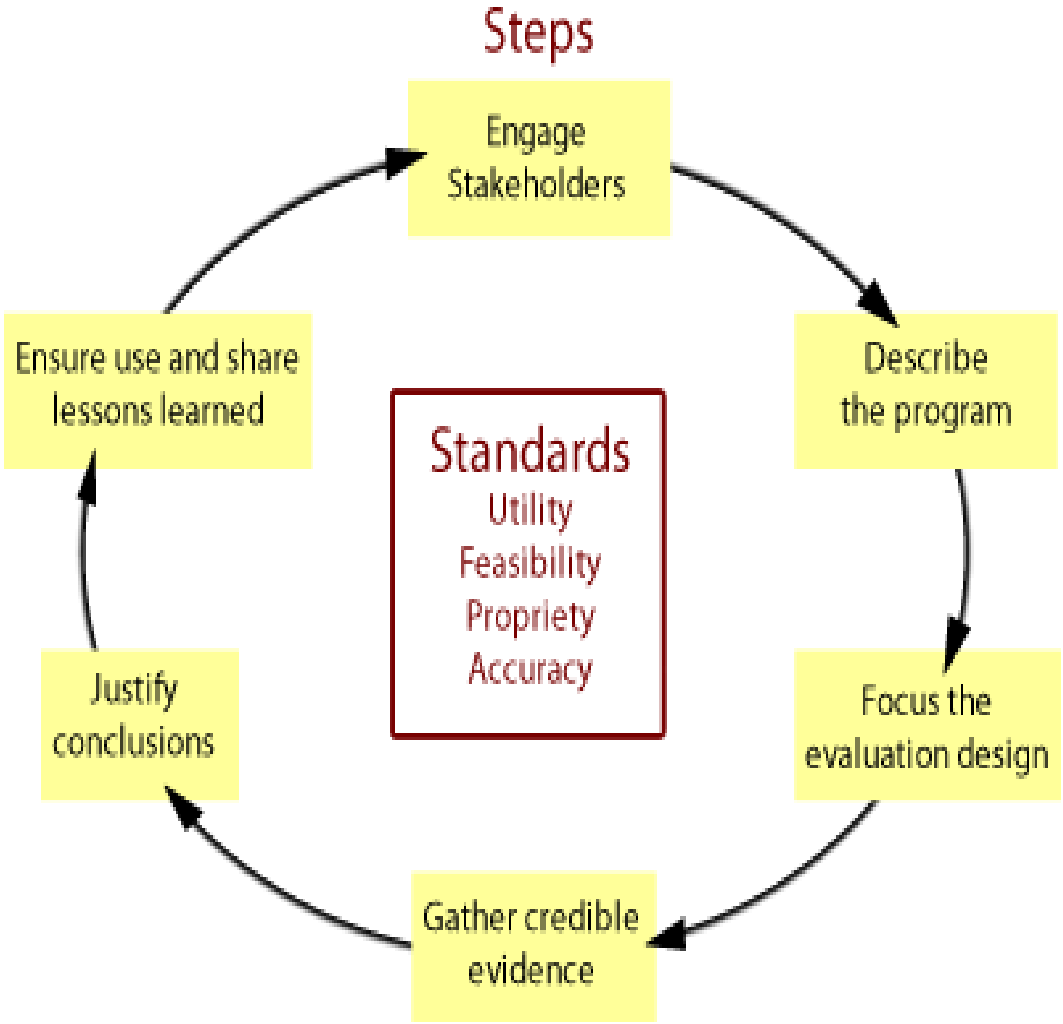
- In 2002, a group of representatives from agencies focused on cancer control began to make the comprehensive cancer control vision a reality in South Dakota
- In October 2004 over 75 partners convened to begin the process of planning a comprehensive cancer control initiative
- The first South Dakota Comprehensive Cancer Control Plan was published in June of 2005

Program Evaluation

SD CCCP has made a commitment to ongoing evaluation of the program.

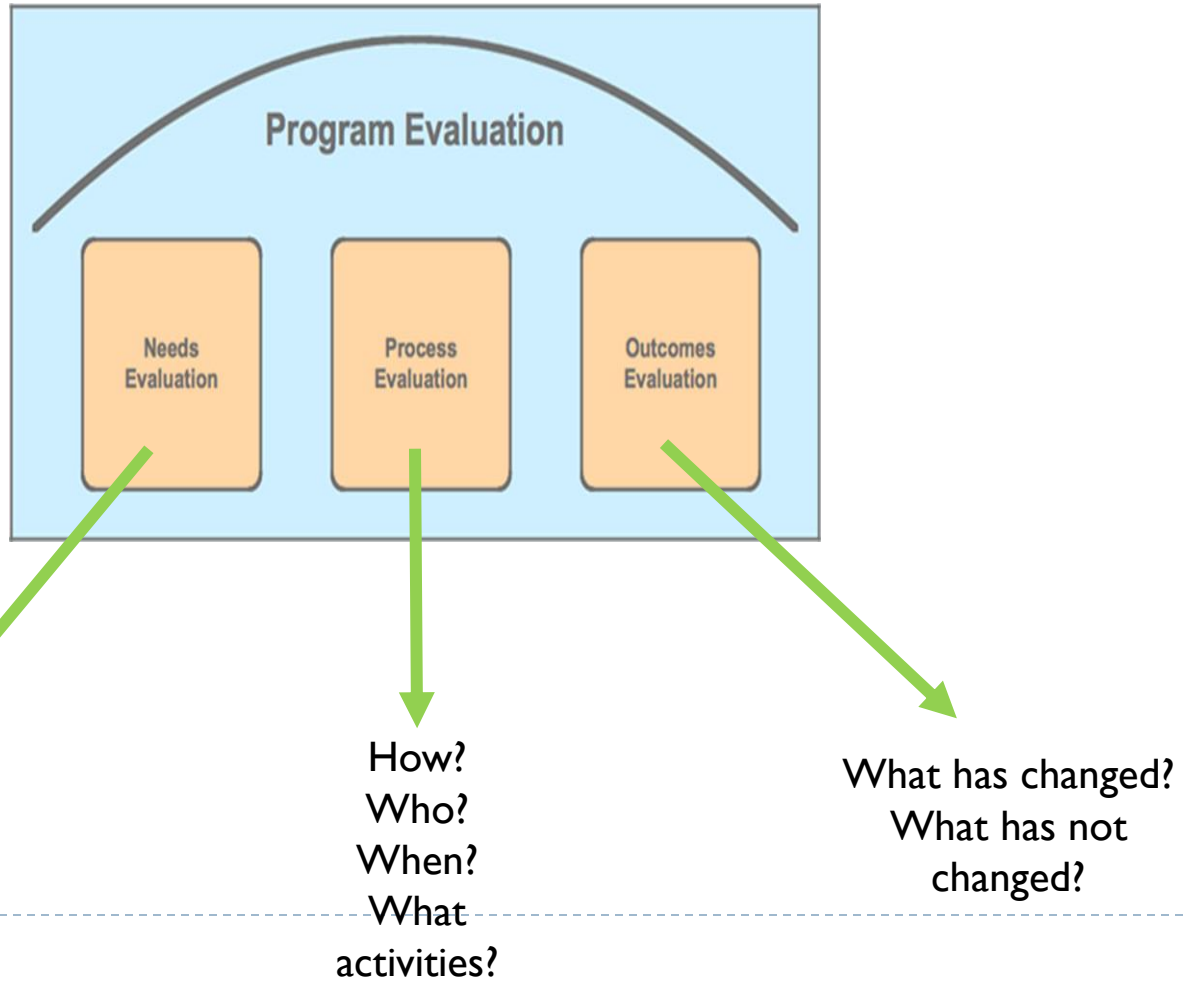
- Evaluation is a structured process of assessing the success of a program/project in meeting its goals.
- Monitors activities and outcomes
- Assigns a value
- Reflects on the lessons learned to improve a program/project
- Required by CDC grant

CDC Evaluation Framework



Three Types of Evaluation

"The purpose of evaluation is to improve, not prove." (D.L. Stufflebeam)



Key Stakeholders for the SD CCC Program

- Centers for Disease Control and Prevention Program staff
- Department of Health staff
- Cancer centers/health systems
- Community organizations (e.g., ACS, Susan G. Komen, SDMA)
- Cancer patients
- You (all of us)

Evaluation structure in the SD CCCP

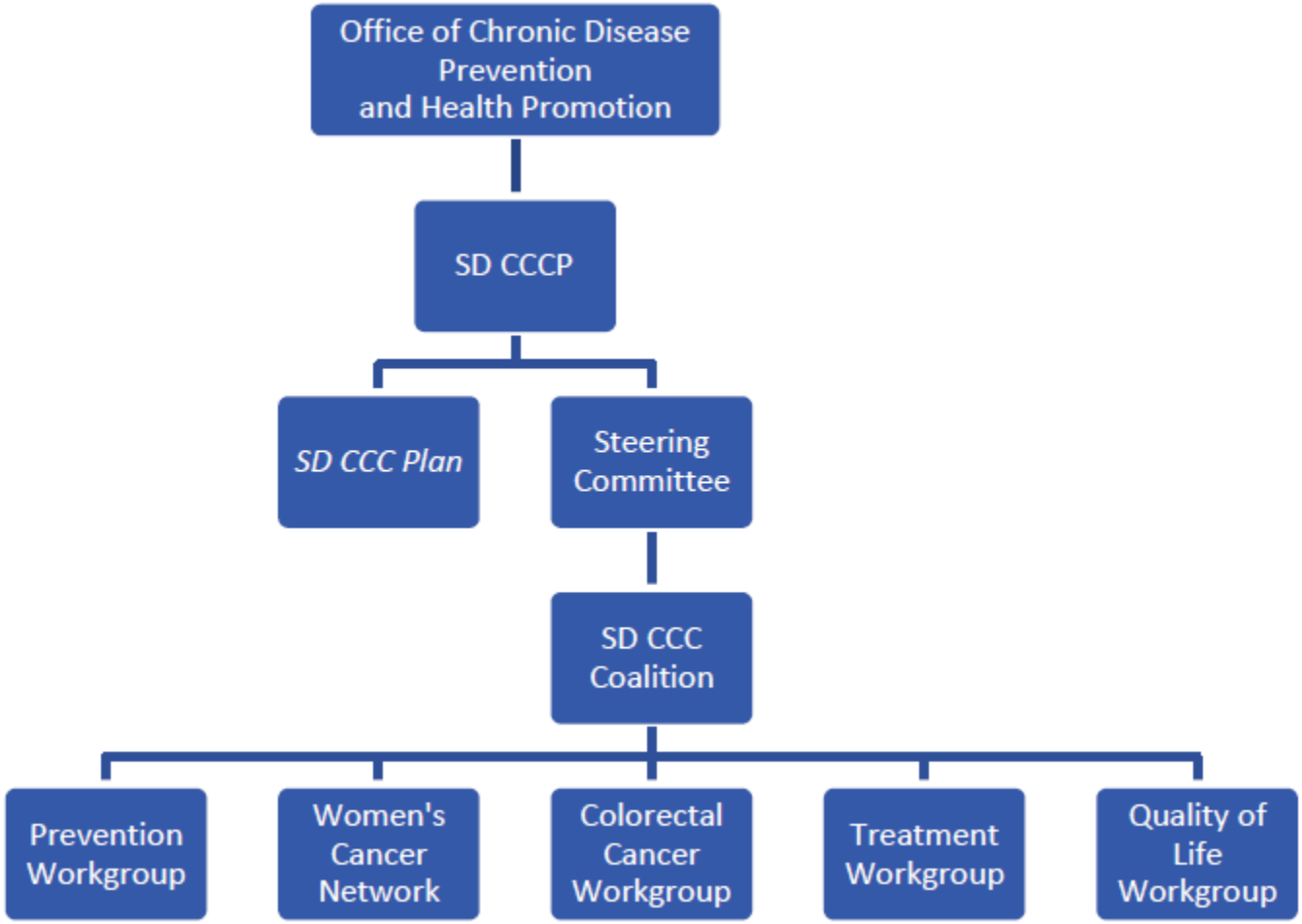
Evaluation Team Role

- Monitor activities through data collection
- Provide evidence that program is implemented as planned
- Answer questions
- Determines value
- Offer recommendations
- Share findings

Stakeholder Role in Evaluation

- Ask questions
- Complete or provide requested information
- Provide honest feedback
- Offer suggestions
- Apply and share evaluation findings

2014 Program and Coalition Structure



South Dakota Comprehensive Cancer Control Program 2014 Annual Survey Results

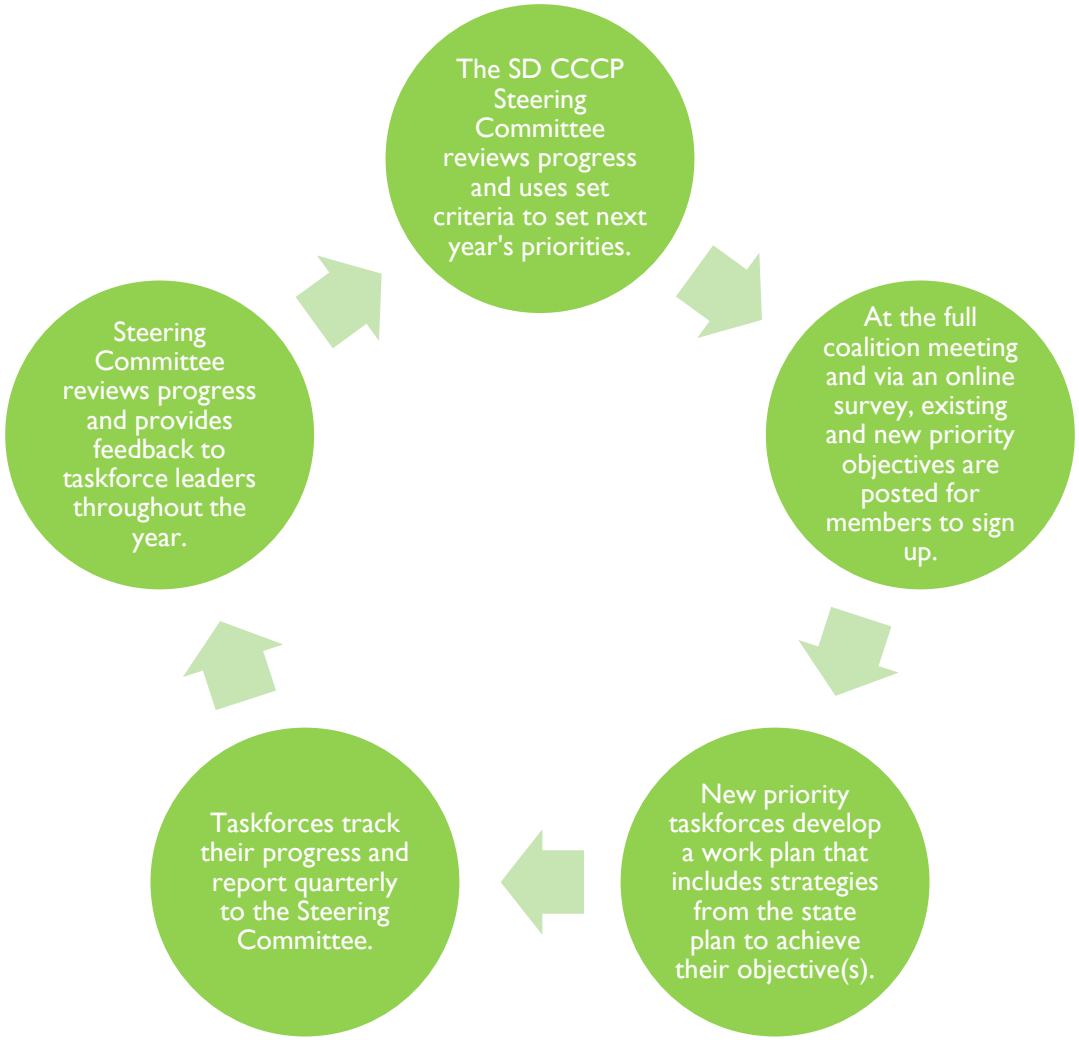
- Member comments for how the workgroups could be improved included:
  - Determine one specific item or topic for each call
  - Simplify the workgroup goals and clarify the overall goals of the SD CCCP

"38% of members indicated confusion surrounding their role in the workgroup function"

- Suggestions from members to strengthen cancer prevention and control activities included:
  - Fund and support system level changes
  - Follow evidence-based decision making
  - Identify priorities and maintain a smaller focus

Program Improvement

- Steering Committee decided to
  - Develop a new 2015-2020 SD Cancer Plan
  - Revise coalition structure



Development of the 2015-2020 SD Cancer Plan

- **Summer 2013:** Community Listening Session held for the purpose of gathering input from South Dakotans about the 2011-2015 SD Cancer Plan and assessing the needs of residents affected by cancer in their communities
- **Fall 2013:** Steering Committee self-assessment of the 2011-2015 SD Cancer Plan
- **Fall 2014:** Strategic Planning Session
- **Winter 2014-Spring 2015:** Conference calls with stakeholders to develop and refine the SD Cancer Plan goals, objectives, and strategies

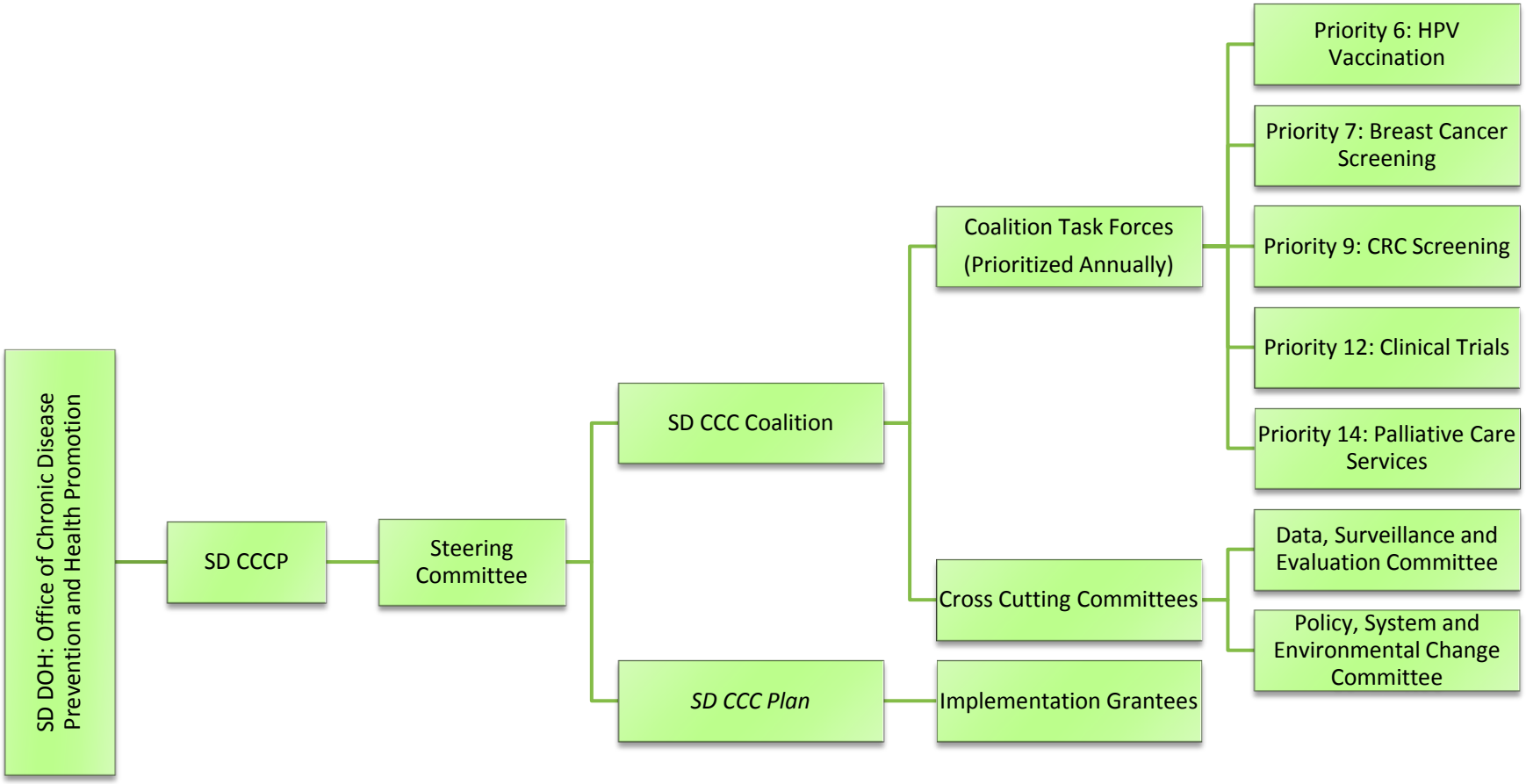
Strategic Planning Process

Full Day Strategic Planning Session: September 17th 2014

30 individuals in attendance representing the Steering Committee and other cancer prevention and control stakeholders in South Dakota

- **Where Are We Now?**
  - Part 1: The South Dakota Comprehensive Cancer Control Plan, 2011-2015: Celebrating Successes and Identifying Ongoing Opportunities
  - Part 2: Vision, Goals, and Environmental Changes
- **Where Are we Going?**
  - Part 1. State Plan Priority Setting Technique and Developing Strategic Goals and SMART Objectives
  - Part 2. Sharing Strategic Goals and SMART Objectives
- **How Will We Get There?**
  - Part 1. Developing Strategies
  - Part 2. Sharing Strategies
- **How Will We Measure Our Progress?**

2016 Structure



2015-2020 SD Cancer Plan

- Released on May 20th 2015
- A collaborative framework for action to guide all cancer prevention and control stakeholders in their efforts to reduce the burden of cancer in South Dakota
- Developed by cancer prevention and control stakeholders in SD
- Third plan developed and released by this collaborative group
- Contains five over-arching goals and 15 priority areas
- Identifies measureable objectives and the associated evidence-based strategies to achieve them

2015-2016 Coalition Structure

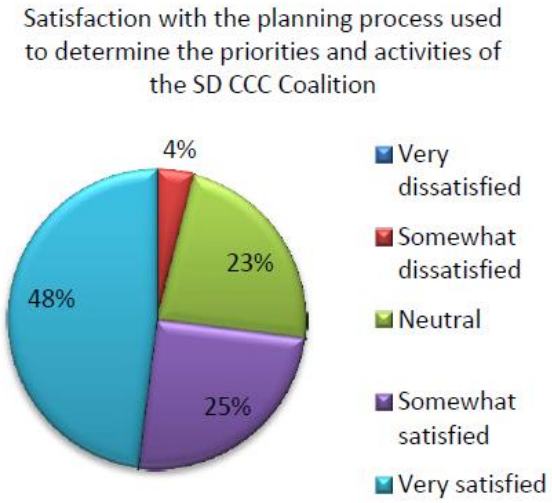
Coalition task forces

- Priority 6: Increase HPV vaccination rates.
  - Chair: Stacie Fredenburg
- Priority 7: Increase risk-appropriate screening for breast cancer.
  - Chair: Mary Kolsrud
- Priority 9: Increase risk-appropriate screening for colorectal cancer.
  - Chair: Jill Ireland
- Priority 12: Increase participation in cancer clinical trials.
  - Chair: Charlene Berke and Lora Black
- Priority 14: Improve availability of palliative and end-of-life care services.
  - Chair: Lexi Haux

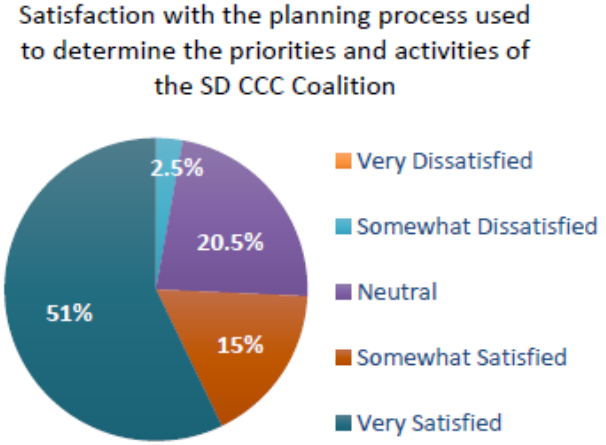
- Cross-Cutting Committees:
  - Data, Surveillance, and Evaluation Committee: Chaired by Ashley Miller, Chronic Disease Epidemiologist and Kay Dosch, SD Cancer Registry Coordinator
    - Roles include monitoring cancer data and emerging cancer data issues, reporting this data to the steering committee and coalition, increasing the use and timely dissemination of available data, and monitoring the SD Cancer Plan implementation
  - Policy, System, and Environmental (PSE) Change Committee: Chaired by Jill Ireland
    - Roles include providing educational opportunities and technical assistance on PSE approaches and evidence-based intervention implementation to the coalition

Satisfaction with the planning process 2014 vs. 2015

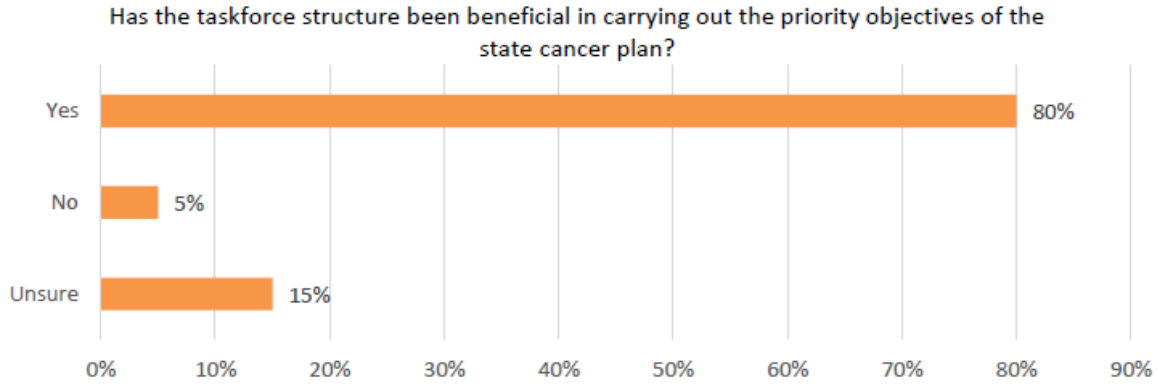
2014



2015



2015



Evidence-based Interventions and PSE Approaches

- Evidence-based interventions are integrated into the SD Cancer Plan wherever possible to support achievement of long-term health outcomes for cancer prevention and control
  - Evidence-based strategies are those that have been evaluated and proven to be effective in addressing the problem being targeted
- Policy, systems, and environmental change approaches are incorporated into the SD Cancer Plan to ensure cancer prevention and control efforts are long-lasting
  - Encourage change in policies, systems, and/or environments to make the healthy choice, the easy choice

Task Force Efforts vs. Implementation Grants

- Task Force
  - Utilized to determine a plan of action
  - Carry out collaborative projects
  - Serve as a convener group to share best practices
  - Monitor implementation efforts and outcomes
  - Opportunities to generate new ideas
- Implementation Grant
  - Partnership with an organization to implement an EBI and/or PSE approaches
  - Limited coordination required among multiple partners

2015-2016 Task Force Efforts

- Developed a Worksite UV Protection Model Policy
- Developed a HPV Immunization Model Policy, convened the HPV Roundtable, developed a HPV Infographic, hosted an HPV Immunization webinar series
- Developed a Breast Cancer provider education video and one page provider handout
- CRC screening provider education video, coordinating best practices to expand FluFIT
- Systematic collection of statewide Clinical Trial accrual rates and developed videos to enhance Clinical Trial accrual rates
- Hosting tailored education on Palliative Care in Oncology
- Guide the development of RFA's

Prevention Efforts: Implementation Grant

2016: Worksite UV Policy Project

- Goal:
  - Implement Worksite UV policies and interventions to reduce sun exposure and skin cancer incidence
  - Project Period: March 2016 - September 2016
  - Both sites have adopted policies and are implementing UV protection interventions

Prevention Efforts: Implementation Grant

2015-2016: Sanford Health: HPV Vaccination

- Goal:
  - Implement evidence-based interventions (client reminders, provider assessment and feedback, and community-based interventions) to increase HPV vaccination rates among boys and girls ages 11-26
  - Project Period: July 1, 2015 - June 30, 2016
  - After 9 months of implementation:
    - over 40,000 client reminders have been distributed
    - over 4,200 doses of HPV vaccine have been administered
    - 10% decrease in adolescents ages 11-26 with zero doses of HPV vaccine administered
    - 5% increase in adolescents who have completed the three doses series
    - Hosted "Someone You Love: the HPV Epidemic" Documentary Screenings at colleges and for the public in Sioux Falls

Colorectal Cancer Screening Capacity Assessment

- **Statewide Capacity for Colorectal Cancer Screening Report**
  - Purpose: Evaluate the state of South Dakota's current CRC screening practices and capacity indicators

Key Findings:

- 87 facilities participated in the study
- Nearly two-thirds (63%) offered the guaiac testing of a digital rectal exam (DRE) specimen
- Fecal immunochemical testing (FIT/iFOBT) was offered by 51% of facilities.
- Flexible sigmoidoscopy was performed by 19% of facilities and 32% of facilities performed colonoscopies.
- The most frequently reported CRC screening procedure was colonoscopy (56%) followed by a guaiac test of a DRE specimen (25%).
- 5% had a written protocol or practice standards in place for CRC screening
- Ten facilities had a system in place to distribute provider feedback on their rates of CRC screening.

Recommendations:

- Educate healthcare providers in the state of South Dakota about current clinical practice guidelines for CRC.
  - -Screening tests for CRC that follow the guidelines.
  - -Screening tests that do not follow the current CRC screening guidelines.
  - -Available resources to assist with CRC screening cost barriers.
- Develop CRC screening protocols and educational resources for healthcare facilities and providers.

Link to full report: http://cms.bpro.com/files/12/CRC%20Capacity%20Report%20Final.pdf

CRC Screening Provider Video

- Partnership with American Cancer Society and the South Dakota Council on Colorectal Cancer
- Video focuses on educating healthcare providers on CRC screening best practices
- Motivational messages – you make a difference
- Contains a pre and post survey on the CRC screening options they recommend to patients as well as the USPSTF recommended screening tests

Link to video: http://www.getscreenedsd.org/provider

CRC Implementation Grant

- **2014-2015: Colorectal Cancer Screening**
  - The SD CCCP and GetScreenedSD programs collaborated to released a targeted funding opportunity focusing on the implementation of evidenced-based interventions and system and policy changes to increase CRC screening rates. Each grantee received $15,000 to support evidence-based intervention implementation. Project Period: September 2014 - August 31, 2015

Funded Organizations:

- Community Health Center of the Black Hills (2 sites)
- Coteau des Prairies Health Care System (3 sites)
- Horizon Health Care, Inc (13 sites)
- Sanford Health (all Sanford clinics in SD)

National Data on CRC Screening Rates by Facility

	Baseline CRC Screening Rate	2014 CRC Screening Rate
System 1	18.3%[1]	34.6%
System 2	41.4%[1]	51.4%
System 3	NA[3]	NA[3]
System 4	58.2%[2]	67.4%

[1] Baseline Reporting Period: January 1, 2013-December 31, 2013
[2] Baseline Reporting Period: July 1, 2013-June 30, 2014
[3] Due to EHR limitations, it was not possible to collect accurate CRC screening data for the reporting period

CRC Implementation Grant: Outcomes

- One grantee reported a 98% increase in the number of patients screened for CRC from baseline to end of project
- One grantee developed an electronic reporting process vs. having to conduct chart audits
- One grantee added the ability to track FIT/FOBT screening kits distributed (not only those returned) to the measurement of screenings offered to eligible patients
- Provider reminder processes were enhanced to alert providers at every clinic and every appointment type when a patient is overdue for CRC screening in one grantee system
- One facility nearly doubled the number of colonoscopy screenings from baseline to the end of project

Early Detection Efforts

2015: SD State Employee Reminder Card Project

Reminder Topic	Date Distributed	Number Distributed/Eligible
Colorectal Cancer Screening	December 2014	2,938
Breast Cancer Screening	March 2015	1,956
Cervical Cancer Screening	April 2015	3,143
HPV Vaccination	May 2015	1,998 *

Bi-fold Card: Front Cover

Bi-fold Card: Inside

1 in 20

PEOPLE WILL BE DIAGNOSED WITH **COLORECTAL CANCER***

When caught early, colorectal cancer is one of the most treatable cancers in men and women. Early screening can find precancerous polyps so they can be removed **BEFORE** they turn into cancer.

As part of your South Dakota State Employee Health Plan, your preventive colorectal cancer screenings are a free service if you are eligible.**
Call 800.831.0785 or visit
http://benefits.sd.gov/preventivecare.aspx
to find out if a screening is available to you and then follow up with your physician.

DON'T BECOME A STATISTIC.
Get Screened South Dakota.

DAS
DAKOTACARE ADMINISTRATIVE SERVICES, INC.

* Source: Centers for Disease Control and Prevention
** There are several types of colorectal cancer screenings. To find out what screenings are covered, visit http://benefits.sd.gov/preventivecare.aspx
Funded by Cooperative Agreement #3U58DP003943-03S1 from the Centers for Disease Control and Prevention.

- ** includes duplicates per household; only one card sent per household*

Prevention Efforts: Implementation Grant

2016-2017: Breast Cancer Screening

- RFA released targeting healthcare facilities to implement evidence-based interventions and policy and system changes to increase breast and cervical cancer screening rates

- Proposed EBI's include:
  - Client Level Intervention Options
    - -Client Reminders
    - -Reducing Structural Barriers for Clients
  - Provider Level Intervention Options
    - -Provider Assessment and
    - -Provider Reminder and Recall Systems

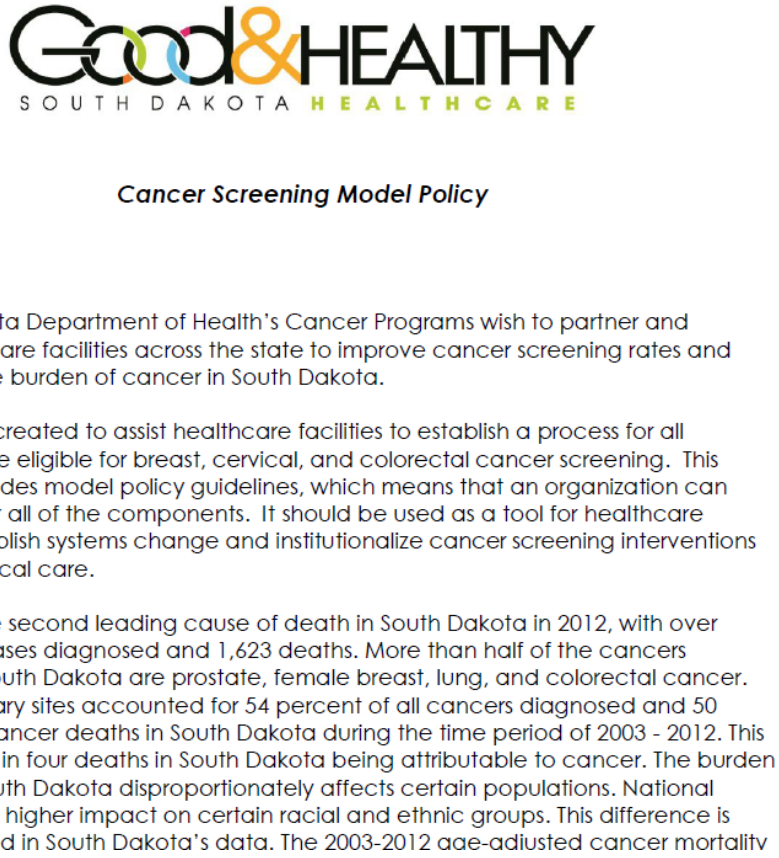
- Funding up to $7,500 per facility or $15,000 maximum per health system was available

- Two health systems were awarded

Early Detection Efforts

2016: Model Policy Development

- Cancer Screening and HPV Vaccination Model Policies
  - http://goodandhealthysd.org/healthcare/practice-guidelines/



Good&HEALTHY
SOUTH DAKOTA HEALTHCARE

Cancer Screening Model Policy

Rationale

The South Dakota Department of Health's Cancer Programs wish to partner and support healthcare facilities across the state to improve cancer screening rates and help reduce the burden of cancer in South Dakota.

This policy was created to assist healthcare facilities to establish a process for all patients who are eligible for breast, cervical, and colorectal cancer screening. This document includes model policy guidelines, which means that an organization can include some or all of the components. It should be used as a tool for healthcare facilities to establish systems change and institutionalize cancer screening interventions into routine clinical care.

Cancer was the second leading cause of death in South Dakota in 2012, with over 4,180 cancer cases diagnosed and 1,623 deaths. More than half of the cancers diagnosed in South Dakota are prostate, female breast, lung, and colorectal cancer. These four primary sites accounted for 54 percent of all cancers diagnosed and 50 percent of all cancer deaths in South Dakota during the time period of 2003 - 2012. This equates to one in four deaths in South Dakota being attributable to cancer. The burden of cancer in South Dakota disproportionately affects certain populations. National statistics show a higher impact on certain racial and ethnic groups. This difference is similarly reflected in South Dakota's data. The 2003-2012 age-adjusted cancer mortality

Palliative and End of Life Care in South Dakota

Employees Trained in Palliative and End of Life Care by Facility Type

	Trained staff	
Palliative Care	**No**	**Yes**
Clinic (n=138)	89%	11%
Assisted Living (n=100)	71%	29%
Hospice/Home Health (n=40)	55%	45%
Hospital (n=37)	78%	22%
Nursing Home (n=30)	73%	27%
Nursing Home/AL (n=35)	80%	20%
Specialty Clinic (n=42)	93%	7%
Other (n=14)	93%	7%
Total (n=436)	**80%**	**20%**
End of Life Care	**No**	**Yes**
Clinic (n=138)	85%	15%
Assisted Living (n=99)	67%	33%
Hospice/Home Health (n=39)	38%	62%
Hospital (n=37)	81%	19%
Nursing Home (n=29)	59%	41%
Nursing Home/AL (n=35)	63%	37%
Specialty Clinic (n=42)	91%	9%
Other (n=14)	93%	7%
Total (n=433)	**73%**	**27%**

- Of the participating facilities, 80% reported that there were no staff members who had completed training in palliative care
- 73% identified the same lack of staff members with training in end of life care
- Over one-half of the responding facilities reported not having a specific person as the point of contact for palliative care, end of life services, and advance directives.

Source: Minton, M., Kerkvliet, J., Mitchell, A., & Fahrenwald, N. (April, 2013). Palliative and End of Life Care in South Dakota [Research Report]. South Dakota State University, Office of Nursing Research.

SD CCCP Efforts

- SD CCCP partnership with LifeCircle SD to conduct a one day palliative and end-of-life care educational training workshop that was provided to an interdisciplinary team of 36 health care professionals
  - Of the 3 month respondents, 44% said that since participating in the workshop they have been able to begin implementing palliative and end of life care services in their own facilities.
- SD CCCP partnership with SDSU to provide culturally specific advance directive educational sessions for elders on the Pine Ridge Reservation with an aim of increasing the percentage of elders with an advance directive in their medical record

Increasing the Implementation of Evidence-Based Cancer Survivorship Interventions to Increase Quality and Duration of Life among Cancer Patients

- Received a three year cooperative agreement from CDC
- Project Period: 09/30/2015-09/29/2018
- Partnering with three health systems representing six cancer treatment centers
  - ✓ Avera Cancer Institute Aberdeen
  - ✓ Avera Cancer Institute Mitchell
  - ✓ Avera Cancer Institute Sioux Falls
  - ✓ Avera Cancer Institute Yankton
  - ✓ Sanford Cancer Center (Sioux Falls)

Background

- In 2013, 4,417 South Dakotans were diagnosed with invasive, reportable cases of cancer
- **SD cancer survivors report fair or poor health status at a considerably higher rate** than those without a cancer diagnosis (28.5% vs. 12.3%)
- SD Cancer survivors continue to smoke at a rate of 18.3%
- SD Cancer survivors report a greater rate of no leisure time physical activity in comparison to those who have no previous diagnosis (31.1% vs. 23.9%)

Source: (BRFSS 2011-2013)

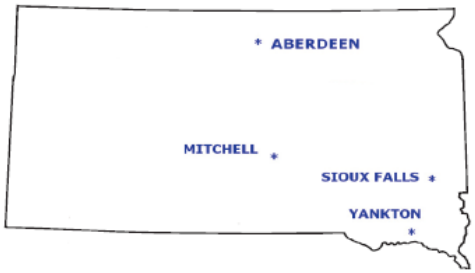
CoC Standard 3.3

- The CoC's survey of accredited programs found that just 37% of responding cancer programs felt "completely confident" that their program would be able to implement Standard 3.3 by 2015
- Only 21% indicated that a survivorship care plan process had been developed
- Because of the concerns expressed by SD facilities, the SD DOH decided to apply for the survivorship cooperative agreement
- Only two sites had started implementing survivorship care plans at the initiation of the project

Cancer Care Landscape in SD

- Seven total cancer treatment centers
- Five CoC accredited cancer treatment centers
- Program is partnering with all five CoC accredited centers
- **Avera Cancer Institutes (Aberdeen, Mitchell, Sioux Falls, Yankton):** All four facilities are CoC accredited cancer programs; Avera Cancer Institute Sioux Falls is also NAPBC accredited
- **Sanford Cancer Center/Sanford Clinic (Sioux Falls):** NCI Community Oncology Research Program, CoC accredited cancer program, and NAPBC accredited
- Project sites combined serve approximately 4,000 cancer patients each year

Figure 1. Communities Where Identified Partner Cancer Treatment Centers are Located



Cancer Survivorship

- Facilities are implementing systems changes to implement evidence-based survivorship interventions
- Implementation of policies for survivorship care plans
- Grant targets align with 2016 Commission on Cancer Program Standards
- Eight reporting measures developed

	Year 1 Target (9/30/15-9/29/16)	Year 2 Target (9/30/16-9/29/17)	Year 3 Target (9/30/17-9/29/18)
Provide survivorship care plans to eligible cancer survivors	25%	50%	75%
Provide the specified patient navigation services to eligible cancer survivors	25%	50%	75%
Ensure eligible survivors who are tobacco users receive a referral for tobacco cessation services	40%	65%	85%
Ensure eligible survivors not up-to-date for colorectal cancer screening receive a referral for colorectal cancer screening	20%	40%	60%
Ensure eligible survivors receive a referral for nutrition and physical activity programs	20%	40%	60%

Identification of Eligible Patients for SCPs

- Eligibility criteria:

NUMERATOR SPECIFICATION:	NUMERATOR: (September 30, 2015-September 29, 2016)
Number of eligible survivors in the denominator who received a survivorship care plan*. *Receipt of a survivorship care plan is met if the survivorship care plan is given and discussed with the patient upon completion of active, curative treatment and recorded in the patient medical record. The timing of delivery of the SCP is within one year of the diagnosis of cancer and no later than six months after completion of adjuvant therapy (other than long-term hormonal therapy). The 'one-year from diagnosis' requirement to have a SCP delivered is extended to 18-months for patients receiving long-term hormonal therapy. Providing the SCP by mail, electronically, or through a patient portal without discussion with the patient does not meet the standard.	Click here to enter text. B
DENOMINATOR SPECIFICATION:	**DENOMINATOR**: (September 30, 2015-September 29, 2016)
Total Eligible Survivor Population: Analytic cases with Stage I, II, or III cancers that are treated with curative intent for initial cancer occurrence and who have completed active therapy. Exclusions: ▪ Patients with Stage 0* or IV or metastatic disease, though survivors by varying definitions are not required to receive a SCP under Standard 3.3. However, programs may choose to provide SCPs to metastatic patients. ▪ Patients who are pathologically diagnosed but never treated or seen for follow-up by the accredited program are not required to receive a SCP from the facility providing diagnosis. For additional clarification, please see the Commission on Cancer (CoC) Cancer Program Standards (2016 Edition) specifications for Standard 3.3 Survivorship Care Plan at https://www.facs.org/quality%20programs/cancer/coc/standards.	Click here to enter text.
	PERCENTAGE: (September 30, 2015-September 29, 2016)
	Click here to enter text.

*Note: Since two centers are NAPBC accredited, patients with DCIS are included for those centers.

Summary

- Routine evaluation and data collection is critical
- Involve and listen to your stakeholders
- Consider process/structure revisions
- Seek out new opportunities to satisfy unmet needs

Join the SD Cancer Coalition Today!

http://www.cancersd.com/join_us.htm

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