**Delaware Cancer Consortium**

**Advisory Council**

**April 12, 2021**

**APPROVED - Minutes**

**VIRTUAL MEETING**



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| **Members** |  |
| Participated | Katy Connolly – Chair |
| Participated | Heather Bittner-Fagan – Christiana Care Health System |
| Did not participate | Ruth Briggs-King – Delaware House of Representatives |
| Participated | Deborah Brown, CHES – American Lung Association |
| Participated | Joe Bryant – Governor’s Office |
| Participated | Stephen Grubbs, MD – American Society of Clinical Oncologists |
| Participated | Bethany Hall-Long, RNC, PhD – University of Delaware/Delaware Lt. Governor |
| Did not participate | Ernesto Lopez – Delaware Senate |
| Did not participate | Meg Maley, RN, BSN – Welldoc, Inc. |
| Participated | Nicholas Petrelli, MD – Christiana Care - Helen F. Graham Cancer Center |
| Did not participate | Marie Pinkney – Delaware Senate |
| Participated | Tim Ratsep – Delaware of Natural Resources and Environmental Control |
| Did not participate | Karyl Rattay, MD, MS, FAAP – Delaware Department of Health and Social Services – Division of Public Health |
| Participated | Rishi Sawhney, MD – Bayhealth Medical Center |
| Participated | James Spellman, MD, FACS, FSSO – Beebe Healthcare - Tunnell Cancer Center |
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| **Staff** |  |
| Participated | Heather Brown – Delaware Division of Public Health |
| Participated | Lisa Moore – Delaware Division of Public Health |
| Participated | Helen Arthur – Delaware Division of Public Health |
| Participated | Cassandra Codes-Johnson – Delaware Division of Public Health |
| Participated | Rosemary Doughten – Delaware Division of Public Health |
| Participated | Melissa Keiper – Delaware Division of Public Health |
| Participated | Christina Gardner – Delaware Division of Public Health |
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| **Guests** |  |
| Participated | Read Scott – Support Staff to Senator Pinkney |
| Participated | Nora Katurakas – Christiana Care |
| Participated | Nicole Freedman-Morris James LLP |
| Participated | Rita Williams – Beebe HealthCare |
| Participated | Brian Bourbeau - American Society of Clinical Oncologists (ASCO) |
| Participated | Walter Birch – American Society of Clinical Oncologists (ASCO) |
| Participated | Noel Duckworth- University of Delaware |
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**Welcome/Review/Approval of minutes**

**Review/Approval of Minutes**

Chair, Ms. Katy Connolly began the virtual meeting at 8:30 am. Dr. Nicholas Petrelli made a motion for the January 2021 minutes to be approved and Lt. Gov. Bethany Hall-Long seconded the motion. The minutes were approved with no changes.

**DCTP Spending Update**

Ms. Heather Brown, Chronic Disease Bureau Chief, provided an update on the number of people participating in the Delaware Cancer Treatment Program (DCTP). In 2019, DCTP received 107 applications with 59 being approved and 48 denied as not eligible. The program received 75 applications in 2020 with 43 being approved and 32 not approved. Currently there are 56 clients enrolled with 35 of them coming under the financial hardship waiver. About 80% of the population approved for financial hardship waiver are Medicare clients. As agreed upon for the fiscal year 2021 budget, there was $3.5mmallocated for DCTP spending which includes a $200,000 cost for the administration of claims by the Division of Medicaid and Medical Assistance (DMMA) transferred to DMMA each year as agreed upon in a memorandum of understanding. Total spending to date is $540,000 for claims which equates out to about $23,000/week average. Payments of claims is set up on a purchase order of $2.5mm. If the claims amount remains at the current weekly average, this equates to being able to pay them June 30, 2022. During the last meeting of the Advisory Council (AC) discussion surrounding covering surveillance in which after further discussion prior to this meeting, it was decided that the council would not move forward on the possibility of re-allocating any remaining funds to cover surveillance since rules and regulations would need to be changed. Physician AC members and Chair Katy Connolly asked about potential projects if a decision is made to re-allocate funds. Ms. Brown responded that there is $800,000 in reserve that is not encumbered, and the program would like to keep at least $200,000 available which would leave $600,000 to re-allocate now with a potential for more in the future. She proposed over the next six to eight weeks that the program would have a better idea if the weekly expenses will go up. Dr. Petrelli requested clarification for the average/claim weekly payment to take care of all clients in the program since last year it was $60,000-$80,000/week. Ms. Brown responded that yes, last year the average payments per week were $60,000-$80,000/week and continued saying as most are aware that many people missed cancer screenings and the AC agreed to halt all outreach and education campaigns during the pandemic. Ms. Brown shared a proposal for projects for the $600,000 to be reallocated now and any future reallocations in a tiered approach.

* TIER 1 PROPOSAL:
  + Translating the entire HealthyDelaware.org website into Spanish and working with vendor about the possibility of translating into other languages such as Haitian Creole.
  + Small media campaign to raise awareness about the importance of safely resuming scheduling of recommended cancer screenings
  + Breast & Cervical-specific campaign proposed due to an observed 58% decrease in breast cancer screenings between March 2020 – February 2021, and a 68% decrease in cervical cancer screenings through the Screening for Life program. Discussed implementing a public relations and grassroots outreach campaign using existing media toolkits to complement the workforce initiative targeting women in the retail and transportation industries.

Dr. Grubbs commented that the council needs to stimulate people back to cancer screening. Dr. Petrelli added the need to get word out that it is safe to get back to cancer screenings. Ms. Brown went on to share the tier 2 proposal as described below:

* + There are no dedicated funds for the self-management programs, which are: Cancer, Thriving & Surviving, Chronic Disease Self-Management, Chronic Pain Self-Management, and Diabetes Self-Management. There were about 1300 participants in FY19 where there was no COVID-19 pandemic, and 600 participants in FY20. Currently there are 34 people participants in FY21. This proposal is requesting an allocation of funds to promote the self-management programs.
  + Provider office campaign with a company called Outcome Health that would provide infographic video spots through the year in 55 primary care provider offices in places such as their waiting rooms, exam room wall boards, and tablets.
  + Partnership with the Division of Motor Vehicles utilizing 30-second weekly spots at the Wilmington, Dover, Delaware City, Georgetown offices. Spots run daily every 15-minutes to promote cancer screenings.

Lt. Gov. Hall-Long proposed creating a flyer to hand out to people to read during the 15-minutes they are waiting after their COVID-19 vaccinations since they would be a captive audience. This would be a great opportunity to remind people it is safe to go get their cancer screenings. Ms. Helen Arthur advised the group that a request had been received from the Delaware Prostate Cancer Coalition asking to provide brochures to be given out at state run vaccine events. Ms. Arthur continued saying that she inquired if that would be allowed and was told “no”. In response, Lt. Gov. Hall-Long stated that state approval to hand out brochures is not required in hospital settings. More discussion took place on the Self-Management Programs and all SMP’s do encourage cancer screenings. Chair Katy Connolly commended the group and stated that all things discussed are great ideas. She asked for a motion to approve the proposed re-allocation of spending for Tier 1 and if necessary, Tier 2 as well. Dr. Grubbs made the motion to approve. Dr. Petrelli seconded the motion and all members participating in the virtual meeting agreed to pass the motion.

**FY22 Budget**

Ms. Heather Brown advised that there was a small decrease in what the DCC requested and what was proposed to be awarded in the Governor’s Recommended Budget. The FY 2022 proposed budged, approved on 7/13/20 by the DCC AC, was $9,410.30 and the FY2022 proposed, based on the Governor’s Recommended Budget, is now $9,290.10. Decreases are shown in the attached DCC Draft FY22 overview on Line 6 of media placement of 74K and Line 38 decrease of 120K due to reduction to DCTP and keeping all other initiatives level. As stated earlier in the meeting, the DCTP has enough funds to cover through June 2022. Dr. Grubbs stated that it looks good, but that it will also be interesting to see if in a year to year and a half, if cancer rates go up and spending goes up. A question was posed by Dr. Petrelli on the environmental risk and where the DCC stands. Ms. Brown responded that the DCC provides funding the DPH Office of Health Systems Protection (HSP) to help reduce exposures to indoor environment concerns. She went on to say that the council can request a representative of HSP provide a presentation on what they do with the DCC funds they receive. The AC group advised they are interested in having a presentation from HSP. Dr. Grubbs motioned to approve the budget and Dr. Petrelli seconded the motion.

**Analysis of outpatient care delivery system for medical oncology – Dr. Stephen Grubbs**

Dr. Stephen Grubbs provided a presentation on Quality Cancer Care and covered the following topics: American Society of Clinical Oncologists (ASCO) Quality Measurement, ASCO Quality of Care Certification Programs, and ASCO Oncology Payment Reform. The Institute of Medicine 1999 – “The National Cancer Policy Board (NCPB) has concluded that for many Americans with cancer, there is a wide gulf between what could be construed as the ideal and the reality of their experience with cancer care.” There has been an evolution of the quality of cancer care since ASCO developed guidelines. Benchmarks were created with quality measures or QOPI (Quality Oncology Practice Initiative) through ASCO. Quality Measurement, Certification and Payment Reform are all part of cancer care delivery. Certification Standards are categorized into four domains.

Domain I: Creating a Safe Environment – Staffing and General Policy

Domain 2: Treatment Planning – Patient Consent and Education

Domain 3: Ordering, Preparing, Dispensing and Administering Chemotherapy

Domain 4: Monitoring After Chemotherapy is Given, Including Adherence, Toxicity and Complications

There is success in value-based care and statewide measurement. The QOPI system now has grants for practices serving in underserved communities. The government is trying to make a move to value-based care so practices are rewarded for what they produce, and they must have a well- designed patient care delivery system. From the slides the Oncology Medical Home Concept is a care delivery model (not a payment model) designed around patient needs and aims to improve access to care, increase care coordination and enhance overall quality, while simultaneously reducing costs. Specific goals include:

* Improved care coordination within practice, among other providers, and with the community and patients
* Improved access and providing equitable care
* Standardization-symptom triage and treatment pathways
* Reducing ED usage and hospitalization
* Improved patient/family satisfaction
* Measuring and improving quality and outcomes

ASCO and Community Oncology Alliance are introducing a Cancer Care Delivery Pilot by July to test document review, using a decision support tool and also submission and analysis of electronically capturable quality measures for performance analysis and comparison.

Payment reform system is a certification program that focuses on care model by incentivizing quality of care. This is community driven implementation with stakeholder collaboration using an all payer claims database as a clinical repository. ASCO is a resource. Quality has to be maintained, not just containing the costs – it is concentrated on what physicians can control – what they can’t control is the cost of drugs from pharma. We must all work on quality and cost at the same time. Dr. Grubbs said that the State of Delaware has done a remarkable job in moving forward. Dr. Petrelli inquired what type of infrastructure support is necessary for practices. Quality measures that are published in the National Quality Measures must be chosen and as we look at adding measures, we have to make sure they are in the EMR. Dr. Grubbs stated that as transformation of practices goes to team-based care workers, the work flow will change. (PPT presentation attached)

**Advancing Healthy Lifestyles – based on HLSC report and next steps**

Ms. Helen Arthur, Health Promotion & Disease Prevention (HPDP) Section Chief, provided an update on the Advancing Healthy Lifestyles (AHL) work. To recap: Healthy Lifestyles (HLSC) is a subcommittee of the Cancer Risk Reduction Committee and work is focused on two of that committee’s goals. The first goal is to encourage healthy lifestyles and reduce risky behaviors. The second goal being focused on is to implement a statewide initiative to address physical activity, nutrition, and obesity prevention. The charge is to be responsible for developing actionable policy recommendations to the Office of the Governor to positively influence healthy lifestyles in Delaware. Three priority areas were determined to be: 1) Birth to 18; 2) Workplace Wellness; 3) Community Level Policies. A total of 14 policy recommendations were established. Chairs of the HLSC met to discuss next steps and HPDP will provide facilitators to support the work. A Request for Proposal (RFP) was released through the Physical Activity Nutrition Obesity Prevention (PANO) Program and Mathematica received the award. They will partner with Concept Systems to meet the deliverables. Dan Finklestein is the project manager and will be the point of contact.

Advancing Healthy Lifestyles Initiative Project Structure is as follows:

A Project Facilitation & PANO Program Support

B Coordinated school health & wellness

C Community Capacity Building

D Workplace/Employee Wellness

Partnerships will be with Department of Education and the Statewide Benefits Office. Surveys will be sent out and then “World Cafés” held. There will also be learning series and workplace wellness work groups. Topics to be covered include equity, health, COVID-19, PANO, aging populations. There are opportunities for various topics. Chair Katy Connolly stated that she is extremely impressed with the work Ms. Arthur’s team has accomplished and plans to do in the future, especially during a pandemic.

**Sharing Time**

Ms. Heather Brown announced that the HealthyDelaware.org website, which houses the Delaware Cancer Consortium information, has been revamped and is now up and running. She encouraged everyone to visit the site where DCC information including minutes and reports can be found.

Dr. Steve Grubbs advised the group that the CEO of American Society of Clinical Oncologists (ASCO) is giving her Presidential speech on the topic of Health Equity. He encouraged all to view the speech.

**Public Comment**

No items were discussed.

**Adjournment**

Chair Connolly thanked everyone for being available for the call. The meeting was adjourned at 9:45 am.

**Attachments – (includes the American Lung Association lunchtime presentation)**

   

Meeting documentation is available on the DCC website (www.healthydelaware.org) or by contacting Rosemary Doughten (Rosemary.Doughten@delaware.gov or 302-744-1000).

**Future Meeting (s)**

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| **Next Meeting:**  **Monday, July 12, 2021 - VIRTUAL** | **2021 meetings:**  **Monday, October 11, 2021 – location TBD** |