**Attendees**

**Delaware Cancer Consortium**

**Advisory Council**

**January 8, 2018**

**Minutes-APPROVED**

**The Outlook at the Duncan Center**

**500 West Loockerman Street**

**Dover, DE**



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| **Members** |  |
| Attended | Katy Connolly - Chair |
| Did not attend | David Bentz – DE House of Representatives |
| Attended-phone | Ruth Briggs-King – DE House of Representatives |
| Attended | Stephen Grubbs, MD – American Society of Clinical Oncologists |
| Attended-phone | Bethany Hall-Long, RNC, PhD – University of Delaware/Delaware Lt. Governor |
| Attended | Patricia Hoge, PhD |
| Attended | Javier Horstmann – Governor’s Office |
| Attended | Gregory Lavelle – Delaware Senate |
| Did not attend | Meg Maley, RN, BSN – Welldoc, Inc. |
| Did not attend | David McBride – Delaware Senate |
| Attended | Nicholas Petrelli, MD –Christiana Care - Helen F. Graham Cancer Center |
| Attended | Karyl Rattay, MD – DE Department of Health and Social Services - DPH |
| Attended | Rishi Sawhney, MD – Bayhealth Medical Center |
| Attended | James Spellman, MD, FACS, FSSO – Beebe Medical Center - Tunnell Cancer Center |
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| **Staff** |  |
| Attended | Lisa Henry – Delaware Division of Public Health |
| Attended | Heather Brown – Delaware Division of Public Health |
| Attended | Helen Arthur – Delaware Division of Public Health |
| Did Not Attend | Cassandra Codes-Johnson – Delaware Division of Public Health |
| Attended | Rosemary Doughten – Delaware Division of Public Health |
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| **Public/Guests** |  |
| Attended | Tanner Polce – Lt. Governor’s Office |
| Attended | Jeanne Chiquoine – American Cancer Society |
| Attended | Lisa Schieffert - DEHA |
| Attended | Meg Williams - DEHA |
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**Welcome/Review/Approval of minutes**

**Review/Approval of Minutes**

Katy Connolly, new chair of the Delaware Cancer Consortium, called the meeting to order at 8:30 am. She introduced herself and told the group they had a very impressive list of accomplishments but there is still a lot of work to do. She is open to all suggestions from the members. Dr. Grubbs motioned to accept the October 9, 2017 minutes as written, Dr. Petrelli seconded the motion and all in attendance voted yes as well.

**HPV Workshop – Action Items/Next Steps**

Dr. Grubbs advised that there were over 50 attendees at the HPV workshop in November. Attendees included representatives from the American Society of Clinical Oncologists (ASCO) and chair, Dr. Howard Bailey made his presentation via phone because of some travel difficulty. Delaware’s numbers are good with respect to number of people getting the HPV vaccine. It has been found that the effectiveness of the vaccine is greater in children than adolescents. The total dosage for the HPV vaccine is now two, down from the original three. Members of this committee as well as attendees to the workshop questioned whether the HPV vaccine should become mandatory. Dr. Grubbs stated that nationally the vaccine has not been endorsed but that ASCO continues to push education and move towards making it a mandatory vaccine. He continued saying if we have tools that work and save lives while reducing health care costs, we need to implement the tool so all have access to it. Members of the Advisory Council agreed that making the HPV vaccine mandatory is a big step that would need to be a multi-year project. Political leaders would need to be engaged and asked if solving cancer problems is the right thing to do – the group believes the answer is yes. Dr. Petrelli added that there is a lot to be done in terms of increasing HPV vaccine uptake in males. He agreed that the vaccine should be mandatory but “mandatory leads to compromise”. Dr. Grubbs mentioned that there is a rise in the numbers of rectal cancer and that increase could be connected to HPV. Dr. Hoge emphasized making the HPV vaccine mandatory must be a multi-year event starting with building community support. A concern is to not move too fast because we don’t want it stopped. Dr. Hoge added that the Council must look back at efforts in colon cancer and tobacco prevention and start at the grassroots level to educate people. Via the phone, Lt. Governor Bethany Hall-Long advised that she would be happy to offer any assistance from her office and suggested a possible resolution. She did mention the possibility of push back from the public if he group were to move forward with mandatory vaccination right now. Also via the phone, Representative Briggs-King suggested identifying groups most opposed to making HPV a mandatory vaccine and meeting with them in small groups to provide testimony from individuals. Reaching out to small groups to build a coalition may also be a way to move forward. Another suggestion from Dr. Grubbs would be to project the face of cancer in the next 15-20 years and what it would mean in health care dollars. Dr. Rattay stated that HPV is greater than people think and from a public health prospective she suggested an incremental approach so as to not stir up opposition from those who oppose the vaccine. She making the HPV vaccine mandatory is a good goal to work towards. Policy information on states and where they stand will be sent electronically by Dr. Grubbs. Dr. Sawhney inquired if there are any models to incentivize healthcare providers to discuss the vaccine. Dr. Rattay responded that the state innovation work includes provider scorecards and it may be a good idea to make that an indicator or measure. A suggestion by Dr. Grubbs is that the incentive could be a positive as opposed to a negative with no penalty if the physician doesn’t mention. Adequate funding would need to be available to cover the cost of the vaccines. Dr. Grubbs offered that ASCO has a great marketing program as the DCC moves forward building a program.

Next steps discussed include:

* Extending invitation to Immunization Coalition for a representative to attend the next DCC AC meeting in April.
* Extending invitation to the Immunization Program of Division of Public Health for a representative to attend the next DCC AC meeting in April
* Coordinate a meeting with stakeholders with goal of having a 3-5 year plan developed by the July DCC meeting in collaboration with an immunization coalition

**Tobacco 21 update/discussion**

Jeanne Chiquoine of the American Cancer Society advised that volunteer groups of health organizations are working on legislation for Tobacco 21. She continued by saying it would be nice to have a bill by April or May and that it may be a two year effort. In order to get the bill through, it is important for legislators to hear testimony from survivors. Tobacco 21 could make a large impact and currently there are five states that have passed legislation. Tanner Polce of the Lt. Governor’s office added that the Council must be realistic about the realities and that there will be some in depth discussions. He continued by saying they are looking at the 150th General Assembly to possibly pass the bill and that essentially it would be taking away three years of consumers given the loss of those age 18 through 20 being permitted to purchase tobacco products if the law were to pass. It will be necessary to show the cost savings in the long run. Dr. Petrelli stated that the reality is that over 30% of cancer deaths are from lung cancer. Ms. Chiquoine advised that April 18 is slated for Impact Day with the legislators. Senator Lavelle inquired as to what would be the revenue loss and could we have the Controller General’s office give a dollar amount. Mr. Polce concluded the discussion saying the goal is to present the facts.

**FY18 Budget Status**

Heather Brown responded to a question posed at the last DCC AC meeting as to how much money is actually spent for the financial waiver hardship component of the Delaware Cancer Treatment Program (DCTP). She advised that there have only been six DCTP clients approved for the waiver process. Just over $500,000 has been billed and a total of $240,000 has been paid to cover co-pay, deductibles, and co-insurance since 2015. Lisa Henry added that spending projections of DCTP in FY18 indicate a projected savings in which funds could be reallocated to other projects. A conservative estimate would be $1.2 million to re-allocate to other activities. Some ideas and suggested transfers are listed below:

* Health Care Provider Quality Improvement projects - $363,791
  + Include continued work with Quality Insights engaging and partnering with health care providers on reporting and achieving National Quality Forum measures related to colorectal cancer, breast cancer, cervical cancer, lung cancer as well as physical activity and nutrition measures for children/adolescents.
* HPV - $181,500
  + Includes educating providers on the immunization information system for HPV, educating providers on reporting of HPV vaccine, and educational media campaign placement using previously developed materials.
* Various awareness campaigns - $372,973
  + This includes lung cancer, colorectal cancer symptoms, Delaware Cancer Treatment Program (DCTP) provider materials, breast and cervical awareness video placement and placement of CDC developed PSA campaign materials.
* DCC miscellaneous activities - $35,095
  + This includes website activities such as blog updates, webpage updates, meeting expenses and media campaign analysis.

Dr. Petrelli asked if there is an opportunity to be more aggressive with the HPV information. He also commented that he didn’t see anything on physical activity and that is what the focus of the DCC Retreat was on last year. Ms. Henry advised that in FY19 there will be opportunity to develop new marketing materials for HPV awareness and education after staff meet with target groups that may be opposed to the HPV vaccine. Chair, Katy Connolly requested a motion and Dr. Hoge moved to approve the reallocation of funds to the projects indicated above and to use $246,641 split between tobacco, obesity and physical activity projects. Dr. Petrelli and Dr. Sawhney both seconded the motion. Dr. Rattay and Dr. Petrelli both added that two big problems are tobacco and obesity and that we need to look at lifestyle related factors. Dr. Hoge suggested we do a predictive analysis of future years of what the cancer picture would look like if we didn’t have smoking and we didn’t have obesity.

**Cancer Contracts follow-up items**

With regard to the Epilogue contracts discussed at the last DCC AC meeting, Heather Brown advised that a letter had been sent to Delaware Health and Social Services Secretary Dr. Kara Odom-Walker expressing concern of duplicative services being funded by these contracts. Dr. Petrelli stated that this is an issue of adapting and changing with the times because many of the services these contractors offer is now available other places. Ms. Henry advised that the DCC AC recommended for FY19 that the Health Fund Advisory Committee (HFAC) and Dr. Walker, as Chair, look at the HFAC application process and applications. She added that the HFAC agreed to take a broader look at Health Fund allocations and also to meet more often to look at the impact and reports. They will also make possible assessments of duplicative services. Currently it looks like the funding will stay the same. Katy Connolly suggested having a conversation with Janet Teixeira who is head of Cancer Care Connection.

All AC members were provided the Women’s Mobile Health Screening Annual Report, 2017 for the mammography van. The statistics have not changed as the van keeps going back to the same places partly out of fear and security. Dr. Petrelli asked if we are really reaching the populations of underserved people that need screening services. Ms. Henry stated that the majority of the money that supports the van is Health Fund dollars and it doesn’t come through the DCC. The DCC funding is supplemental but doesn’t fund it totally. Senator Lavelle suggested hiring off duty police to accompany the van.

**Delaware Cancer Treatment Program follow-up items**

Heather Brown presented the revised cancer treatment poster which now has eligibility criteria added as requested. Ms. Brown also shared the draft RX pad for healthcare providers to use when referring patients to the DCTP. The RX pad uses a unique phone number so that calls to the cancer treatment program can be tracked in an effort to evaluate the effectiveness of this outreach tactic. The pads and posters will be distributed to medical providers, social workers and navigators.

**Sharing Time**

Chair, Katy Connolly advised that she will be unable to attend the meeting on April 9 and asked for a volunteer to fill in her position. It was decided that Dr. Petrelli will chair the next meeting in Ms. Connolly’s absence.

It was brought to the attention of the AC that the governing legislation states there should be a Vice Chair of the AC. Dr. Hoge nominated Dr. Jim Spellman and the other members agreed. Dr. Spellman will serve as the Vice Chair of the DCC.

**Public Comment**

No items were discussed.

**Adjournment**

The meeting was adjourned at 10:00 am.

**Attachments**

 

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

**Future Meeting (s)**

Next Meeting(s):

The Outlook at the Duncan Center, 500 West Loockerman Street, Dover, DE 19901

Monday, April 9, 2018, 8:30 am – 10:00 am

Monday, July 9, 2018, 8:30 am – 10:00 am

Monday, October 8, 2018 8:30 am – 10:00 am