**Participants**

**Delaware Cancer Consortium**

**Advisory Council**

**January 13, 2020**

**Minutes-APPROVED**

**Delaware Technical Community College**

**400 Campus Drive**

**Dover, DE 19904**



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| **Members** |  |
| Attended | Katy Connolly - Chair |
| Did not attend | Ruth Briggs-King – Delaware House of Representatives |
| Attended | Deborah Brown, CHES – American Lung Association |
| Attended | Joe Bryant – Governor’s Office |
| Attended | Heather Bittner-Fagan – Christiana Care Health System |
| Attended via Phone | Stephen Grubbs, MD – American Society of Clinical Oncology |
| Attended via Phone | Bethany Hall-Long, RNC, PhD – University of Delaware/Delaware, Lt. Governor |
| Did not attend | Ernesto Lopez – 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 | Tim Ratsep – Department of Natural Resources and Environmental Control |
| Attended | Karyl Rattay, MD, MS, FAAP –Department of Health and Social Services – Division of Public Health |
| Attended | Rishi Sawhney, MD – Bayhealth Medical Center |
| Attended | Ray Seigfried – Delaware House of Representatives |
| Attended | James Spellman, MD, FACS, FSSO – Beebe Medical Center - Tunnell Cancer Center |
| **Staff** |  |
| Attended | Heather Brown – Delaware Division of Public Health |
| Attended | Dale Goodine – Delaware Division of Public Health |
| Attended | Helen Arthur – Delaware Division of Public Health |
| Attended | Cassandra Codes-Johnson – Delaware Division of Public Health |
| Attended | Rosemary Doughten – Delaware Division of Public Health |
| Attended | Jessica Miles – Delaware Division of Public Health |
| Attended | Lisa Moore – Delaware Division of Public Health |
| Attended | Jim Talbott – Delaware Division of Public Health |
| **Public/Guests** |  |
| Attended via Phone | Erica Boyle – Nemours |
| Attended | Christina Bryan – Delaware Healthcare Association |
| Attended | Jeanne Chiquoine – American Cancer Society |
| Attended | Tiffany Edwards – Sussex County Health Coalition |
| Attended | Lisa Gruss – Quality Insights |
| Attended | Kate Mastalski – American Cancer Society |
| Attended | Sarah Toborowski – Quality Insights |
| Attended | Brian Tomko – Merck Vaccines |
| Attended | Jo Wardell – Delaware Quitline |
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**Welcome/Review/Approval of minutes**

**Review/Approval of Minutes**

Chair, Ms. Katy Connolly began the meeting at 8:40 am. Dr. Nicholas Petrelli made a motion to accept the October 14, 2019 meeting minutes as written.

**HPV 5-year Plan Update**

Mr. Jim Talbott, Immunization Program Manager with the Division of Public Health (DPH), provided an update on the HPV 5-year plan. He began by discussing the HPV dashboard results for ages 9-10 and 11-12 year olds from December 1st. According to the reports, for ages 9 to 10 there was a decrease from the June 1st report which was 9.24% to 5.99%. By gender, the first dose of the HPV vaccination for girls (15,431 total) decreased from 9.7% to 6.25%, as well as boys (16,260 total) who decreased from 8.86% to 5.93%. Mr. Talbott continued with the results of the age group 11 to 12, in total there was an increase from 27.75% to 33.09% for the first dose of vaccines. Overall, girls (17,605 total) increased from 28.62% to 33.43%, and boys (17,750 total) increased from 27.02% to 33.14%. The up-to-date vaccination for the age group 11 to 12 shows a slight increase from 10.63% to 12.33%, in which vaccinations for girls increased from 11.03% to 12.74%, and boys increased from 10.04% to 12.08%. Mr. Brian Tomko with Merck Vaccines commented that the 11 to 12-year-old time frame is very important and is an area becoming unified across the health care delivery systems according to Advisory Committee on Immunization Practices (ACIP) recommendations as well as the Healthcare Effectiveness Data and Information Set (HEDIS), in which the up-to-date should be completed by the thirteenth birthday. Ms. Cassandra Codes-Johnson, Associate Deputy Director with DPH shared her recent experience in which her daughter has not been able to receive the second dose of the vaccination since October due to the provider not having it on site. She stated that instead a script was given to receive it from the pharmacy, however the pharmacy advised the vaccine would not be covered by insurance. Currently, she is still currently waiting for the provider to order more. Mr. Talbott advised that it could potentially be because it is expensive, and the provider is not keeping it stocked in the office. He also mentioned there is no shortage to the vaccine because last year the Centers for Disease Control and Prevention (CDC) confirmed that Delaware had about 120% vaccine available.

Mr. Talbott continued with the results from the age group 13 to 17 years old, which has the highest coverage rates. Overall, the first dose of the vaccine is 69.5% of 460 providers. Results show the highest rates are from Vaccines for Children providers at 74.2%, and private providers are at 37.3% of coverage. Also, up-to-date vaccines have increased from 49.2% to 50.3%. In addition, 86 providers have met the healthy people 2020 goals for the first dose at 80% and over. For the up-to-date vaccine, 27 providers have met their healthy people 2020 goals.

Mr. Talbott finished with comparing the National Inpatient Sample (NIS) data with Division of Public Health Information System (IIS) data. Results show NIS data was at 75.3% as of September, and IIS data was at 69.5% as of December. Mr. Talbott also reviewed the Immunization Quality Improvement Program (IQIP), which includes 51 sites to be trained to determine how well they are performing with reporting, which is required for the grant year completed by June 30. Dr. Karyl Rattay made a comment about pharmacies believe they are not allowed to vaccinate children between the ages of 9 to 18 except for the flu shot. Dr. Rattay wanted to know Mr. Talbott’s thoughts on how many locations do not carry the vaccine, and if that’s the case should there be system improvements whether it is increasing access at pharmacies for a prescription or making sure those locations are carrying the vaccines? Mr. Talbott suggested outreach to the pharmacies be conducted and to provide them with the information they need. He also commented that he has seen pharmacies vaccinate children under the age of eight and suggested it is usually the comfort of the pharmacist.

Ms. Lisa Gruss with Quality Insights (QI) provided an update on the HPV initiative. Currently, there are 37 sites including private practices and health systems that are recruited, in which QI is still working on the barriers such as getting them fully educated and working with their technical assistance team. Ms. Gruss discussed the larger health care system they have been working to provide site education and involvement in their data reconciliation initiative. Agreements have been revised and sent back to the larger health care system awaiting final approval which will allow access up to 2,000 patient records. Also, they will send QI data elements, and a report that includes the patient’s history. In which, QI will be able to complete the data reconciliation and comparing the IIS with the health care system’s electronic health record. Ms. Gruss discussed the current project QI is working on with Mr. Talbott, which involves a workflow assessment of the collection of HPV vaccine information from eight provider practices with a template that will be sent to the CDC. The workflows will be documented into the template along with the data QI reviews at each visit which includes academic detailing, patient postcard reminder campaigns, patient telephone/text reminders for nurse visit, clinical decision support (provider reminders), scheduling next visit/immunization upon checkout, data reconciliation, and patient inactivation and adding historical records in DelVAX.

Ms. Gruss reviewed two practices they are currently working with. Practice A has completed four education interventions and has hired a new VFC coordinator in October who is championing HPV vaccination in the practice, she is engaged in looking at the DelVAX reports, and has been cleaning up the data and patient inactivation in DelVAX. Practice A is re-calling patients who are due for the second dose and sending vaccine reminder cards. The practice set goals to have 70% complete the first dose, and 50% for up to date, in which they succeeded with 71% completed the first dose, and 58% completed the up-to-date dose. Ms. Gruss continued with the results of Practice Y, in which they have completed six education interventions, and ongoing technical assistance. Also, they began data cleanup in July, sent out patient reminders, scheduled nurse visit at checkout, started using reminder magnets, and increased number of patient facing materials such as brochures, posters, etc. Practice Y is starting to work with the up to age 13 patient group, and their goal for six months include 82% for the first dose of HPV, and 50% for the up to date dose. Results show Practice Y has succeeded at the up to date dose with 60% and fell a little short on the first dose goal which was 77%.

Ms. Gruss concluded with providing an update below with Quality Insights 2020 work flow:

* Ms. Gruss and Mr. Talbott submitted an abstract for the National Immunization Conference
* Practices are working on the 12-month data for Delve
* Federally Qualified Health Center (FQHC) potentially interested in the patient reminder campaign

Ms. Erica Boyle, Practice Transformation Specialist with Nemours, provided an overview on the Primary Care Cross-Collaborative Quality Improvement Initiative. Nemours began their quality improvement initiative in the fall for HPV and have cross collaborative initiative enterprise-wide to include primary care practices in Delaware, Florida and Pennsylvania. Also, Nemours has been reviewing their HPV rates and implementing different interventions in their practices to increase their rates. Nemours has formed an HPV workgroup to include multiple roles within the organization that include Physician, Nurse, Medical Assistant, Patient Service Representative/Specialist, Care Coordinator, Billing, and Infectious Disease, as well as identified state specific champions. Nemours has partnered with Merck, American Cancer Society, and Quality Insights (QI). Ms. Boyles continued with the help from QI, they have been able to create knowledge, attitudes, and intentions surveys from QIs template with partner feedback and staff. Ms. Boyles reviewed the HPV initiative kickoff that occurred on December 4, 2019 which included understanding the burden of HPV disease, importance of HPV vaccine recommendation, discussion of current HPV rates and how office staff and providers can play a part in improving their rates. Ms. Boyles continued with future activities for 2020 which include:

* Creating an HPV specific database
* Building Care Gap Alert in the EMR system to begin HPV vaccination at age 9
* Maintenance of Certification to enroll in the HPV quality improvement efforts
* Identifying practice specific clinical and non-clinical champions
* Work with practices on additional education and technical assistance
* Quarterly educational opportunities related to safety, vaccine hesitancy, etc.
* Resource Materials such as HPV poster, Vaccine/Procedure schedule flyer, Key messages/materials for parents, HPV facts for providers

**Lung Cancer 5-year Plan Update**

Ms. Lisa Moore, Tobacco Prevention and Control Program Administrator with the Division of Public Health, provided an update on the Lung Cancer 5- year plan. Goal 1 focused on continuing to promote lung cancer screening and the baseline was determined of the late stage cancer, in which 73.7% are late stage diagnosis which represents 2,942 out of 3,965 cases. Also, statewide patient support navigators are available at Christiana and Bayhealth, and they work with six providers offices in sending out reminder letters to those eligible for lung cancer screening. Another highlight from goal 1, a secondary analysis of Delaware Census tracts that had elevated rates of all-site cancer incidence in which lung cancer was significantly elevated in five tracts including west of Smyrna/Clayton, Laurel, east of Millsboro, and two south of Milton, in which outreach is planned.

Ms. Moore continued with Goal 2, which includes the development of a new Screening for Life database in which lung cancer screening information will be captured on those clients in the program who are screened. Screening for Life is also working with the American College of Radiology to determine reporting capabilities for a possible lung screening registry. Goal 3 includes informing and educating health care providers and public on available resources. The most recent lung cancer screening campaign analyzed the campaign for potential gaps and a lung cancer screening video was developed to educate the public and is scheduled to run in later 2020. Ms. Moore also shared that an academic detailing curriculum was developed by Quality Insights and will be rolled out in 2020 with the six providers. She added that Dr. Heather Bittner-Fagan who serves as the Medical Advisor of the Screening for Life program has reviewed the curriculum.

Ms. Moore provided highlights from Goal 4, which includes encouraging healthy lifestyles and the reduction of risky behaviors. Two new commercials were developed, one was based on second hand smoke and the second was on vaping. Ms. Moore informed they are currently in the process of developing a toolkit that will provide resources and general information on vaping, as well as resources for teachers, parents and providers such as curriculums, fact sheets, policies to address if youth are found vaping at school, signs, information on how to talk to youth, etc. The toolkit will be available online and will be housed on the DCC’s website HealthyDelaware.org. Also, the Department of Education has been in collaboration with the toolkit and is having Polytech pilot it and provide feedback.

Ms. Moore provided highlights from Goal 5, including policies and programs to reduce use and exposure to second hand smoke. House Bill 242 was passed in 2017 to increase the excise tax on cigarettes and other tobacco products as well as added excise tax to e-cigarettes. Also, it is required for vape shops to obtain a tobacco retailer license and increased the license fee for five dollars to fifty dollars. On July 16, 2019, legislation passed Senate Bill 25, which increased the age of sale of tobacco products to 21 years old, which amended the Clean Indoor Air Act, to prohibit individuals under 21 from entering vape establishments. She also shared that the Delaware Health Fund Advisory Committee recommended increasing funding for tobacco prevention activities for FY21.

Ms. Moore discussed Goal 6, which includes preventing initiation of tobacco, nicotine, and emerging products use among youth and young adults. The Division of Public Health has ongoing work with American Lung Association, and Kick Butts Generation - both of which were helpful in passing tobacco legislation to raise the age of purchase to 21. Also, 25 schools across the state are participating in the Kick Butts Generation program for grades 4 through 12, in which there were 350 Kick Butt Generation Members at the end of FY19. In addition, DANTE which stands for Delawareans Against Nicotine and Tobacco Exposure is a coalition of young adults, and active at 5 colleges in Delaware, and one community center with a total of 45 members at the end of FY19. Ms. Moore added that DPH will be conducting focus groups in January and February with middle and high school students to gather feedback on vaping messaging.

Lastly, Ms. Moore highlighted Goal 7, which includes the increase of the number of Delawareans who stopped using tobaccos and nicotine products. Of note, is the lowering the age requirements for the Delaware Quitline in which those under the age of 18 can use the Quitline. Dr. Rishi Sawhney with Bayhealth Medical Center referred to objective 1A, which is to determine the baseline number late stage lung cancer diagnosed and the goal is to reduce the number of late stage cancer diagnosis by 20% which was completed in year one. Dr. Sawhney asked “What are the plans to go back a remeasure years 2,3,4, and 5?”. Ms. Heather Brown, Chronic Disease Bureau Chief with DPH, shared that the baseline is determined from the I&M report that used cancer incidence data from time-period 2011-2015 released in July 2019. She shared that in July 2020, DPH can analyze if any movement has taken place but it may not be seen for some time given the delay in cancer reporting. The next release of the cancer incidence and mortality report covers diagnosis years 2012-2016 and the lung cancer screening program and campaign did not start until July 2015. This includes the lung cancer targeted at both consumers and providers, educating providers, academic detailing work with quality improvement vendor, therefore it may take a few reports to really see a difference. Ms. Brown shared that DPH is working on a lung cancer cost project to look at the cost of lung cancer in Delaware as a whole in which there may be some measurement of outcomes seen there since it is more current data. Dr. Stephen Grubbs with American Society of Clinical Oncologists made a comment that he believes just like when the DCC started its colorectal cancer screening program, we will not notice a difference for another 3 to 5 years until the lung cancer screening rates are much higher. Also, Dr. James Spellman with Beebe Medical Center, believes another opportunity is to go directly to the cancer centers, because they have linked lung cancer screening directly to their lung nodule clinical practice group that is linked to cardiothoracic surgeons. Dr. Rattay shared that there seems to be some misunderstandings related to the importance of lung cancer screening to physicians. She shared that this stems from an article written by her for the Delaware Medical Journal on the importance of lung cancer screenings. She stated there was a rebuttal from a physician who was not supportive of lung cancer screening and she is curious as to how wide spread that is and what can be done to change that. According to Dr. Petrelli, the national study shows that lung cancer mortality can be decreased by 20%, which is why the oncologists he works with are very supportive of lung cancer screening, especially when 33% of cancer deaths are caused by lung cancer in Delaware, and with the continued education their will be a better understanding. Dr. Bittner-Fagan shared that the American Academy of Family Physicians has not yet gotten on board to go along with the United States Preventative Services Task Force recommendations on lung cancer screening and this could be something that is hindering family practice providers from recommending lung cancer screening. Dr. Petrelli also expressed concern about if there is enough funding and resources to continue this level of lung cancer screening promotion and work and Ms. Brown confirmed there is resources and funding available for the seven goals and if there are funds available the council may want to consider putting those toward continued lung cancer screening education initiatives in the future.

**E-Cigarette Update**

Ms. Moore continued with providing a brief update on E-Cigarettes. The Centers for Disease Control and Prevention (CDC) created the name EVALI which stands for “e-cigarette or vaping product use associated lung injury”. As of January 7, there has been 2,602 hospitalized cases of the EVALI or deaths have been reported to CDC from all 50 states, District of Columbia, and two US territories. The results show an increase of 41 cases since December 27, 2019. Also, there has been 57 deaths have been confirmed in 27 states including Delaware. In Delaware, there has been 19 cases confirmed with one death, twelve males and seven females, ranging from ages 15 to 65 years old. Ms. Moore continued with the difference from October, in which they could not isolate the cause of the majority because some contained THC, THC/Nicotine, and Nicotine only. The CDC report stated they have completed analysis which included 71 Bronchoalveolar lavage samples from 54 EVALI patients from 18 different states, and almost all of these were positive for Vitamin E acetate.

**Healthy Lifestyles Subcommittee Update**

Dr. Karyl Rattay provided an update on the newly formed Healthy Lifestyles Subcommittee. The first meeting was held in December and started the discussion with the focus on Delaware data. The data reviewed showed that Delaware is struggling with healthy eating especially physical activity. Also, women in Delaware are 50th in the nation for physical activity. At the last DCC Advisory Council meeting held in October, Mr. Joe Bryant with the Governor’s Office presented the objectives of which the Governor would like to receive policy recommendations. They have been broken down into three areas which include birth through eighteen age range whether its school-based approaches or early childhood education. The second category will focus on work site wellness approaches to adopt policies that support work site wellness in the State of Delaware. The last category is focused on policy system and environmental changes, for example complete streets, and community food access. Currently, the subcommittee is reviewing where the evidence is around birth through eighteen that will be discussed at the next subcommittee meeting, following up with what is working in other states for work site wellness. In March, the subcommittee will have a broader discussion around the broader policies, and then will come up with draft recommendations including town hall discussions in communities. The final goal is to get a set of evidence-based recommendations of what can work by June. Dr. Spellman asked if any work with Department of Education (DOE) to put recess back in schools was being done. Dr. Rattay confirmed Department of Education is a part of the subcommittee and they have recently just hired a new coordinator around physical activity and health education. She added that this is a key area that is currently being focused on, and DOE has recently asked the health fund for additional funds this year that will support physical activity in the school settings. Dr. Spellman added that it would be a great idea to invite a representative from DOE to the next meeting of the DCC AC to present.

**Delaware Cancer Treatment Program ­– 2nd Quarter update**

Ms. Heather Brown provided an update on the 2nd quarter Delaware Cancer Treatment Program (DCTP) enrollment and spending. Currently, DCTP is on track to spend all the funding that was allocated to the program. As of December 31, there were 64 clients enrolled in the cancer treatment program, 14 clients have dropped off due to being temporary eligible and 30 of the now 50 clients are on the financial hardship waiver, many of these patients, 25 out of the 30 are Medicare patients. She shared that Medicare patients do not have a max out of pocket on their coverage, therefore if they meet all other eligibility criteria they would be approved for financial hardship waiver.

**Review of Cancer Plan Accomplishments Document**

Ms. Brown presented the draft Accomplishments Document for the Cancer Consortium that accompanies the state cancer plan in years three and five to highlight the work that has been accomplished thus far by the DCC. Within the document it gives an update on how the committees are doing in meeting the goals and objectives within the DCC and the dedicated committees. Ms. Brown advised that input has been provided from committee chairs, public health specialists that served to assistance the facilitation of the goals and objectives and asked for the committees to review and provide any feedback. She shared that the Division is on track to release the Accomplishments Document at the next DCC meeting on April 20.

**Sharing Time**

No items were shared.

**Public Comment**

No items were discussed.

**Adjournment**

The meeting was adjourned at 10:30 am.

**Attachments**



Meeting documentation is available on the DCC website (www.healthydelaware.org) or by contacting Jessica Miles (Jessica.Miles@delaware.gov or 302-744-1065).

**Future Meeting (s)**

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| **Next Meeting:**  **Monday, April 20, 2020**  **Corporate Training Center at Delaware Technical Community College**  **400 Campus Drive, Dover, DE  19901** | **2020 meetings:**  **Monday, July 13, 2020**  **Monday, October 12, 2020** |