Minutes: PCORI Leadership Meeting
November 21, 2019

Attendees: Patty McAndrews , Emily Kate Bowen, Kathleen Porter, Howard Chapman, Sabrina Mitchell, Emma Mitchell, Margie Tomann, Betsy Grossman, Phil Chow, Zilipah Cruz, Sarah Ramey, Dianne Morris, Scott Schriefer, Esther Thatcher, Kara Wiseman, Wendy Cohn, Kelly Shaffer, Erin Kennedy, Ann Rigdon, Raj Balkrishnan, Brian Dunn, Aimee Strong, Lee Ritterband, Lindsay Hauser, Neely Dahl, Jennifer Peregoy, Li Li, Wen You, Bob Klesges (remote), Kris Miller, Emily Wells, Beth Hubbard, Noelle Voges.

Welcome and Introductions: Jamie Zoellner

- Focus on 4 topics: Lung, Colorectal, HPV, Tobacco
- Purpose of today: Create discussion around the priorities

Evidence-based Tobacco Prevention and Cessation Programming: Kara Wiseman

- Evidence-based intervention: tested and reviewed and then published in a peer reviewed journal. Tested, evaluated, and proven.
- From our last meeting: need more resources, tobacco is cultural, small businesses rely on kickbacks from tobacco companies, high level of multi-product use.
- Overview:
    - Policy: high impacted because they impact everyone
    - Tobacco age to purchase: Virginia has a tobacco 21 law [established July 1, 2019]
    - Smoke free air laws: Virginia has policies in schools and bars/restaurants
    - Public housing: now smoke-free nationwide
    - Tobacco taxes: 2nd lowest tax in the country
    - Increasing coverage for cessation: Medicaid expansion and affordable care act, Medicare does not cover cessation medications
        - None of the Master Tobacco Settlement goes to the Quit Line
        - CDC recommends 91 million towards cessation, 8.3 million currently being spent in Virginia
    - Regulation: marketing and distribution of products, cannot change much. Combustibles are separate for e-cigarettes
- Media is more successful if there is a call for action. Media Campaigns:
    - federal level: TIPS campaign, Virginia has used resources to bolster reach
    - Real cost- reaches youth
    - State level: social media campaign-link to resources and increase awareness
    - CAB has felt that media campaigns may work well because they are more private.
- Schools: use tested curriculums
    - YStreet- youth to help on projects through VFHY
    - Bathroom stall ads
    - Good evidence that supports doing media with students and involving them
- Promoting Programs and Cessation's Medication
    - Increasing meaningful use of EHR to help identify smokers using things like 5A or 3As. Direct enrollment to a quit line. Offering cessation support to cancer patients.
    - FQHCs have tobacco outcomes they have to maintain. Right now they just provide a handout. Good compliance but not offering a true intervention. Lack of referrals to programs. Transportation barriers so need it onsite.
    - Grandparents often are caregivers and they are tobacco users. Hard to reach population.
    - Could telehealth be incorporated to reduce barriers?
    - Providers don't feel comfortable having the conversation so provider education is important to incorporate.
    - Pharmacy- could they be used as a place to talk about tobacco cessation.

        - Pharmacy staff should be inclusive.
        - Most pharmacies in southwest have students. Perhaps get it in student curriculum.
    - Ballad Health uses nurse navigators to provide education on cessation. Train the staff. Use staff they have a connection with.
    - People don't want to pay for cessation classes.
- Other interventions
    - Quitlines they vary on their quality. Virginia's quit line tends to be one call. No NRT provided. Health systems can do e-referrals. Quitline provides free educational tools.
    - Text based interventions can be administered anywhere.
    - Individual counseling with Cessation medication- gold standard program
    - Virginia Healthcare Foundation provides medication assistance for a lot of FQHCs.
    - If it comes from the schools and students are bringing it back to the parents and grandparents it might have a bigger impact. Work with student councils.

Colorectal Cancer including Advocacy and Screening: Li Li and Jamie Zoellner

- Potential risk factors: Cesarean section may cause epigenetic changes that can lead to increase in CRC in younger populations
- Colonoscopy is not superior in reducing CRC death (colonoscopy is NOT the gold standard). Shows decrease on left side but not on the right side. Risk is important in deciding the type and frequency of screening. Best screening is the screening that gets done.
- CRC Building Capacity Grant
    - Funding source: through a NCI supplement of the UVA Cancer Center. Supplement was around rural health.
    - Partnership with Stone Mountain Health Services. Met with Stone Mountain monthly and developed protocol together.
        - Engaged with 6 clinics and developed patient and provider interviews.
        - Interviewed 26 providers and 60 patient interviews.
        - Interviewing people who were not up to date with screening.
        - Also looked at a larger pull of EHR data.
    - Findings:
        - FOBTS were not able to be mailed had to hand deliver them.
        - All the clinics were unique, FOBT was most used test, Cologuard starting to be incorporated, colonoscopy happened after a positive test. Follow up with non-completers next time they were in clinic.
        - Patient identified older population had barriers especially around transportation.
        - Medicaid expansion, Medicare wellness visits were beneficial
        - Colonscopy access, distance and transportation, coordination between provider and specialist tricky.
        - Inner level setting- time was identified as a barrier.
        - System level- FOBT had to be returned, EMR, internet, colonoscopy scheduling 3months ahead, short appointment times and staffing is tight.
        - System reminder in place for CRC could be helpful. They have these for other screening tests.
    - Next Steps:
        - Plan for feasibility and pilot study
        - Working on a QI project to get fits mailed back, also calling non completers a week out to remind them to complete test.
    - Discussion:
        - Positive FIT equals a diagnostic test for the colonoscopy which results in a charge for patients. Kentucky has passed legislation to create a screening cascade so people won't get charged for follow up colonoscopy.

        - Many community members have high deductible plans.
        - CMS has language making any found lesions are no longer screening. American family Physicians proposed a resolution. UVA bringing in key players to UVA to discuss how this work was done.

Health Heritage: Using Family History to Address Risk for Cancer: Wendy Cohn

- Activity: write out mother's and father's side. So many people! How can we be expected to know everyone and their health history?
- Health Heritage is a web-based application that empowers people to collect, analyze and share their details personal and family health histories
    - App has family sharing capabilities
    - Information can contribute to risk assessment based on these histories
        - How about genetic testing? Important component, but should complement family histories
    - Health heritage app creates a pedigree and a family tree
    - App can be connected to an EMR system
    - Patient-facing view and provider-facing view
    - Questions for audience: thoughts on acceptability of health heritage? Best settings for evaluation?
        - Question: can this stand alone or does it have to be part of EMR? It can stand alone then you can send it to your PCP.
        - Comment on risk-based screening. People who have lower than population risk, might get screened less.
        - Fear of finding out about their risk factors. How would this play out in doing this type of app.
            - Having a foundation around their health history might be helpful to steer them forward to screening
        - Health history mix ups in EMR system
            - A person's profile could be developed from people's inaccurate information. This is a barrier.
        - Interact with health information exchange eventually? That would be the plan in the future.
        - Provider recommended earlier screening based on family history. Process would be easier if this was app was utilized.

Patient and Provider Education on Lung Cancer Screening: Aimee Strong

- Lung cancer is deadly because once you get symptoms, the disease has progressed
- Goal: detect lung cancer in earliest state
- Lung cancer screening test is the "new kid in the block"
    - In 2015, 85% of patients had no idea that this screening existed
    - A lot of stigma around the lung cancer screening test
- NELSON trial was a 10-year study. A very new study and more information to come
  Reviewed the lung cancer screening guidelines. This is an annual exam (if you are still eligible), not just a one-time test. Shared decision making visit is critical. This is an important component that makes up a lung cancer screening program
- Nationally, screened about 4% of people who qualify for this lung cancer screening test
- ARTICLE: social media and mobile technology for cancer prevention and treatment: Prochaska, Coughlin, & Lyons article (2017)
- Comments:
    - Personal behaviors that lead to needing a mammogram vs. lung cancer screening
    - Affordability side of testing. Until recently, SWVA did not have any place to send students
    - Ballad Health offers these for free several months in a year, and people still do not come. Need to understand then "why". Why aren't they people coming for this free screening?
    - Effective way: giving food and getting advice/sharing education with PCP offices/providers
    - Barrier: I'm not ready to stop smoking, so I don't want to know

- Having COPD doesn't mean you can't have a lung cancer screening test
- Education with providers still needs to be done
- Hoping that the new screening guidelines open up to begin at 50. Still waiting for the new guidelines

HPV Vaccine Education and Connection to Resources: Emma Mitchell

- Background:
  - Australia and Rwanda are leaders in eradicating cervical cancer through the use of HPV vaccine
  - Vaccine was first marketed in a way that focused on females getting the vaccine
  - Is the vaccine new? NO! There has been extensive research done on the HPV vaccine. It is the most researched vaccine!
  - Oropharyngeal cancers surpassed incidence of cervical cancer rates
  - Virginia was the first state in the US to mandate HPV vaccination for 5th/6th grade girls. BUT, ether opt-out option is easy to do.
    - Historically seen that the letters go out to girls only
    - Glad that it is mandated for this vaccine so you can tell the parents that the HPV vaccine is mandated
    - Need to change the state mandate to include males
- Social Media:
  - Pinterest: was sharing health misinformation. Now Pinterest no longer allows these posts on their site.
  - Twitter: study Emma conducted. Tweets/retweets were more negative about the HPV vaccine and people were more likely to retweet misinformation. Big influence of bots — having a computer program repeatedly share misinformation.
- Barriers:
  - Health departments in southwest Virginia have not been able to acquire more HPV vaccines. This is an issue. Let's bring this up at the next VHIT meeting.
  - If you can get the children to take the first vaccine, then you had better have policies in your clinic to get them in for the 2nd/3rd vaccine.
  - HRSA tracks for flu vaccine it would be nice to also track this for the HPV vaccine
- Resources:
  - Emma shared toolkit from cancer.org website that shares step-by-step-step process for providers, systems, parents, etc.
  - RTIPS website. 6 specific to HPV vaccination.
  - The stronger the recommendation from the provider, the better the outcome
  - Someone You Love film screenings coupled with panel of experts
    - Dianne and Betsy hosted a showing. It is a long film, which is a barrier. Follow-up about a shortened film option (perhaps done by Ohio State?)
  - Betsy's son received a magnet that flashes when it is time to get your next appointment.
- Research opportunities:
  - Co-vaccination study by Emma. Found that they were putting more work into hard-to-reach groups and having greater success
  - Targeting grandparents that are helping to raise their grandchildren around education on this vaccine
  - New grant opportunity from NCI. Connecting with Emma's HPV self-collection test

Wrap Up: Jamie Zoellner

- What are the next steps in the PCORI process and for the December 10th meeting?
  - One idea is to start meeting around these 4 priority areas with an academic and community co-leader per group or should we just focus on 2 topics?
  - Suggestion to just focus on HPV and Tobacco
  - Another thought is to focus on lung and HPV
  - Bring this up at the beginning of the meeting to determine whether we will just focus on 2 topics, etc.

- We determined that the next step for both early detection themes is an environmental scan of the area.
    - Set out the 4 topics then have the CAB members list out available resources they already know about.
    - HRSA requirements mean that Tri-Area Community Health Center needs to focus on tobacco cessation and CRC.
- Perhaps we can get more momentum through the winter via conference calls
- Strong HPV and tobacco researchers. Not as strong of lung and CRC researchers
- A lot of the UDS data is already out there. Goal is seeing what impact we have on the data.