



## **Cancer Center Without Walls**

Advisory Board Meeting

Via Zoom

March 31, 2020

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**Welcome:** Jamie Zoellner, RD, PhD, Public Health Sciences, UVA

**Attendees: Community Partners-** Emily Kate Bowen, Zilipah Cruz, Scott Schriefer, Howard Chapman, Debra Clarkson, Betsy Grossman, Margie Tomann, Patty McAndrews, Kelly Shaffer, Danielle Starnes, Kayla Mariner, Drew Harris, Beth Hubbard, Judy Willis, Rachel Helton, Annie Loyd, Teresa Tyson, Sabrina Mitchell, Maryan Yuhas, Amelia Bandy, Teresa Kern, Dianne Morris, Karen Shelton

**UVA-** Wendy Cohen, Noelle Voges, Lindsay Hauser, Brenna Robinson, Esther Thatcher, Emily Wells  
Donna Brock, Jamie Zoellner, Kathleen Porter, Kara Wiseman, Emma Mitchell

### **Brief Introduction to meeting:**

- Jamie welcomed members to meeting by providing a brief overview:
  - Begin with community announcements and any updates about COVID-19
  - Scott will provide share words of wisdom
  - research updates
  - Margie and Drew will provide community update on Black Lung Program
  - Report outs to individual teams
- Scott provided a devotion for enduring consequences for healthcare professionals: discussing how recent global health emergency will positively impact our rural area by highlighting gaps between rural and metropolitan areas, bringing advances to meet underserved regions.

### **Community Announcements**

- Debra Clarkson reports COVID-19 has impacted The Virginia TriCollege Nursing program clinicals for nursing students. The Board of Nursing is allowing students to use work for clinical hours and allowing for travel. If anyone has clinical opportunities for students, let the group know.
- Howard Chapman mentioned CRC screening guide as part of clinical measure is moving toward an 80% goal. This may be a guide the group can use. HPV vaccines and CRC area Tri-Area's priority areas this next year and they hope to have a large impact.

### **Impact COVID-19 has had on the community**

- Zilipah from Ballard reports screenings for mammograms have been suspended, working on projection following this and patients' navigation going forward.
- Howard, Tri-Area is continuing well checks and screenings.
- Teresa, with Health Wagon, mobile health has been suspended and moved to telehealth.

## Black Lung Program

- *Margie Tomann and Drew Harris provided a presentation on the Black Lung Clinic Program and UVA Pulmonary Partnerships.*

### Key takeaways:

- Black lung is exclusively a Central Appalachia problem.
- Stone Mountain Health has a broad scope providing a medical and legal partnership.
- Early detection, minimizing exposures, and managing comorbidities are important.
- Stone Mountain Pulmonary Rehab focus: medical, psychosocial, nutrition, & exercise.

## PCORI Contract Updates

- Jamie provided an overview of PCORI contract milestones. We are in final six months of funding, on track with milestones and funding.
- PCORI support conference travel: conferences have been canceled due to COVID-19.
  - Program officer gave assurance of flexibility for extending the timeline
- Biggest 4 things left in deliverables:
  - Will continue meetings, will have 1 or 2 additional meetings
  - Final capacity assessment, probably in July or August
  - Continue to update website
  - Final press release
  - Proposal development within the next six months. The hope is the action teams can identify project ideas from the team sessions.
- Funding Mechanisms
  - UVA Cancer Center is supportive of the work.
    - The typical range for the pilot project is \$25-30,000.
    - Cancer Survivorship was funded through this.
    - The intent is about research.
  - NCI supplement opportunities are relevant to goals. HPV, tobacco, Community Outreach and Education (COE).
    - These are competitive, The Cancer Center can only put in one application per supplement.
    - Due in May, funding in September.
    - About \$200,000 for a year project.
  - Prevent Cancer Foundation: grant opportunity open in May.
- Wendy discussed many opportunities available right now.
  - This is how we learn and interact with community
  - Discussed that we are held accountable with the need to connect basic science to the community, specifically an idea involving lung cancer.
- Travel
  - August travel is still not clear; we are working to see if funding for travel can be extended.

## Priority Action Teams Breakout Sessions

- HPV
  - Tobacco
  - Lung Cancer Screening
  - Colorectal Cancer Screening
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## HPV Breakout

- Facilitators:** Kathleen Porter (UVA, PHS), Emma Mitchell (UVA, Nursing)
- Attendees:** Scott Schriefer, Karen Shelton (partial), Margie Tomann (Stone Mountain Health System), Sabrina Mitchell (Clinch River Health)
- One-on-one update:** Karen Shelton (VDH), Breanne Forbes Hubbard (VDH), Dianne Morris (MEOC), Judy Willis (MEOC), Deb Clarkston (VATNP), Emily Kate Bowen

Our group only met for ~15 minutes. We had a late start due to some technical difficulties. Prior to the meeting, we had shared a loose aims page for an R01 grant with the key members. Attendees who had not been to previous meetings were emailed with “aims page.”

We reviewed the document during the meeting and asked attendees to send us feedback. We also introduced the attendees to the upcoming P30 supplement. The meeting was recorded. [Box Sync\CCWW PCORI Engagement Project\Prevention Action Team\HPV Subcommittee\HPV Meeting 200331]

Karen Shelton and Breanne Forbes Hubbard followed up afterwards and expressed their interest in HPV interventions.

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## Tobacco Cessation Breakout

### Recap:

#### In December we talked about two ideas:

- Nursing Curriculum to prepare and train healthcare providers
- Clinical Systems path: Disseminating the C31tobacco cessation intervention into new settings

#### Updates on those ideas:

- Nursing curriculum
  - Reached out to Deb Clarkston who reached out to the nursing school
  - It is currently discussed in multiple classes
  - Barrier is that we cannot add additional seat time so it would be hard to highlight or go deeper with tobacco cessation
- Tobacco Cessation Dissemination
  - Implementation of a model similar to UVAs in Ballard Health to see if a similar process to identify and provide cessation in a community setting vs an academic setting
    - Hire one-two TTS and reach over multiple clinics
    - Ballard is interested, but we will need to wait until clinics are back to running normal to explore more

## New Ideas to Explore:

- Community Pathway
    - We consistently hear that there is a lack of resources beyond the Quit Line
    - Is there a knowledge gap? Are providers aware of the service and e-referrals
    - Could we increase awareness of resources that already exist to reach a broader audience?
    - What ways could we get to the community who may not be seeking care in one clinic
      - July outreach (M7) serves 2-3K patients (might be postponed)- provides a resource fair would be great to add cessation services there
      - Health Wagon does outreach with ETSU (Wise, Clintwood and Clincho)
    - Our Quitline doesn't use money to advertise. They rely on the CDC Tips campaign
      - Campaign isn't tailored to certain community
      - Could we tie types of campaigns together and compare it to a clinic based intervention to see if one type of intervention is better?
      - State lines may blur and make it difficult to promote the state quit line
    - Communication
      - All the TV news comes from Johnson City, TN; radio is more localized
      - Smyth County News
      - Social Media (Facebook)- you can use trackable links
      - Maybe use different types of media
      - Quitline offers text message which may appeal more to younger tobacco users
    - Other types of places where health-related person/activity happens including pharmacy
      - A lot of uninsured patients use big-box pharmacies (Walmart)
      - Food City Pharmacy
      - Community Service Boards ask about tobacco use on intake
      - Deb Clarkston's students and Health Wagon could use nursing students to provide counseling
      - Patients need assistance with NRT in addition to Quitline
  - Next Steps
    - Continue working with Ballad to explore the implementation project
    - Review notes and share with larger CAB
    - We will need to narrow in on our ideal to start the grant writing process
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## Lung Cancer Breakout

**Attendees:** Wendy Cohn (UVA), Judy Willis (MEOC), Beth Hubbard (APP out of UVA Wise), Noelle Voges (UVA), Patty McAndrews

### Goal:

- increase knowledge of community
- increase knowledge of providers
- improve workflow to facilitate guidelines
- make available LDCT

- increase % of eligible individuals who get screened

**Funding:**

- not a Cancer Center supplement specifically on lung cancer
- available funds from UVA Cancer Center
- iTHRIVE+

**Brainstorming:**

- survey format to understand what their knowledge is. Preliminary data to something larger.
- Use social media to get survey out
- we do not know physician knowledge on guidelines (especially primary care physicians)
- literature shows that people do not know what lung cancer screening eligibility is
  - start this upstream and think about how to change the knowledge
- how different people receive information differently. A lot of information but not sure what to believe.
  - what specific strategy/type of delivery/how it is worded would work best
- Aimee Strong – NP at UVA who runs lung cancer screening program
- Is there a developed workflow for deciding who should be screened?
- How to incorporate this into EHR?
  - In UVA EHR, we do not have an accurate pack-year count.
  - to do a pre-screening for those that might be eligible would be difficult

**Next Step:**

- lookup current info on: lung cancer screening education and awareness building
- invite Aimee to the next meeting. She will be a great resource to propose for a pilot.

**Colorectal Cancer Breakout**

**Attendees:** Howard Chapman (Tri-Area), Zilipah Cruz (Ballad), Brenna Robinson (UVA), Betsy Grossman (UVA-retired), Esther Thatcher (UVA), Emily Wells (UVA-wise), Jamie Zoellner (UVA)

- Zilipah informed our group about the recent VDH proposal, a 5-year grant, that includes Ballad and UVA. She circulated resources for our group to review. Awardees should be announced in June. Pasted here is a quick synopsis of Ballad's letter:
  - Ballad Health is pleased to support the Virginia Department of Health's (VDH) application in response to the Centers for Disease Control and Prevention's (CDC) RFA-DP20-2002, *Public Health and Health Systems Partnerships to Increase Colorectal Cancer Screening in Clinical Settings*. Ballad Health is committed to partnering with VDH to increase the colorectal cancer screening rates within seven clinics of its medical group, Ballad Health Medical Associates. We understand that this will include: 1) conducting a formal assessment of each clinic's current colorectal cancer screening process and needs; 2) the implementation of at least two evidence-based interventions that align with assessment results; 3) and participation in evaluation activities to include, but not limited to the submission of baseline and annual clinic demographic and screening rate data.

- Howard recommended digging deeper into potential HRSA funding; they have funding to build capacity and collaboration among rural designated areas. Jamie and Howard will connect on this.
- Emily spoke of the potential advantages of applying for grants through UVA Wise. UVA nursing department is changing over, so there may be opportunities to better collaborate.
- Discussed CRC screening standards of care and potential EMR opportunities/challenges. Tri-Area uses eClinical System. Ballad uses Epic. SMHS is still in decision making step for their new EMR.
- Questions around how the COVID-19 crisis is impacting the Health Wagon and CRC screening at Lonesome Pines.
- Next Zoom call on April 28<sup>th</sup>, 12:00-1:00. Need to figure out the best way to circulate invite for everyone.