



Cancer Center Without Walls

Priority Action Teams

Via Zoom

March 31 2020

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.

Tobacco Cessation Breakout

Recap:

In December we talked about two ideas:

- Nursing Curriculum to prepare and train healthcare providers
- Clinical Systems path: Disseminating the C31 tobacco 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 Ballard 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.
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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 28th, 12:00-1:00. Need to figure out the best way to circulate invite for everyone.