CANCER CENTER SUMMIT:

A STRATEGIC LOOK AT CANCER CENTERS AND COLORECTAL CANCER SCREENING

PRE-MEETING SURVEY RESULTS

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@NCCRTnews

2017 Cancer Center Summit
Pre-Meeting Survey Results

What:
Participants took a 12 question on-line survey

Participants:
24 attendees completed the survey!

Purpose:
To gather input on barriers, solutions and opportunities.

Q2. What important roles can CC play in supporting CRC screening in their communities? (Cross-section).

Promote their knowledge of EBI to increase CRC screening and reduce disparities. (12)

Convene/collaborate with local health systems and community stakeholders. (12)

Provide leadership in provider education/guidelines. (7)

Provide centralized, systematized screening facility that is accessible and welcoming to community. (6)

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Q2. What important roles can CC play in supporting CRC screening in their communities? (Cross Section - P)

Educate/conduct outreach. Conduct local media campaigns in catchment area with culturally sensitive campaign and reading level. (7)

Serve as a safety net. Provide accessible facilities for screening, including for underserved. Provide treatment for underserved as community benefit (5)

Use stature to elevate issue in the community. Collaborate/provide leadership to create a vision/plan for the community. (4)

Q2. What important roles can CC play in supporting CRC screening in communities? (Cross Section -- CC)

Collaborate to support navigation/community health educators. Address transportation issues. **(3)**

Advocate. (3)

Conduct coordinated media campaigns. Collaborate with ACS, CDC, NCI, Fight CRC, other cancer centers to promote common messages to broadest population. (2)

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Q2. What important roles can CC play in supporting CRC screening in their communities? (Agencies)

Lead by example. Assess own system and implement policy and systems changes/monitor physician performance, including follow up for positive FIT. Elevate issue internally. (2)

Direct underserved to resources where they can be screened.

Q3. What are some of the biggest challenges that cancer centers face in regards to these roles? (Cross-Section)

Funding/Resources. Lack of funding for staff, navigation or materials. Limited funding to provide screening for underserved, esp. in non-Medicaid states. (13)

Competing priorities. Incentive from funders is to focus on scientific/services provided. Cancer centers do not always have dedicated resources for community outreach/cancer control. (10)

New role. Traditional focus on treatment/research, not implementation. Need to go beyond this. Hard to get internal buy in. (5)

Readiness. CCs may not be prepared to provide culturally competent outreach. May not know where to start. Less experience outside cancer center "walls." (5)

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Q3. What are some of the biggest challenges that cancer centers face in regards to these roles? (Cross Section)

Ineffective use of FIT. Providers view colonoscopy as the best test OR FIT interventions may be lacking (require physical return to lab, one day focus on FIT testing, etc.). (3)

Reputation. Some in community may view institution as elitist/mistrust. Reputation for disappearing from community once funding is gone. Research fatigue. (2)

Poor communication/coordination with primary care, even within the same system (2).

Ineffective outreach to underserved (2).

Concern about coalition commitment. (2)

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Q3. What are some of the biggest challenges that cancer centers face in regards to these roles? (CC+)

Developing new relationships. Need to develop new relationships and networks/learn to work collaboratively and learn who has already been working in this space (5).

Viewed as competition. Smaller practices may not have resources to adapt strategies CCs recommend. Other practices may not welcome CC as they are viewed as "competitors." (2)

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Q3. What are some of the biggest challenges that cancer centers face in regards to these roles? (Agency/Partner)

Poor metrics. Some CoC metrics exist but are used on non-effective interventions such as health fairs. (2)

Q4. How do we overcome these challenges? (Cross-section)

Establish community presence. Consistent outreach/presence to build trust, partnerships and effectiveness. Invite community partners to the table. (4)

Diversify partnerships and coordination. Churches, schools, rural hospitals, FQHCs, ACS, CRCCP, etc., (4)

Funders should help align priorities. Set specific standards and CRC screening targets for achieving/maintaining Cancer Center status. (4)

Focus on reimbursement issues/collaboration with payers (3)

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Q4. How do we overcome these challenges? (Cross-section)

Use data can help show where to start. Show areas to target; demonstrate capacity (2)

Share what works. Encourage cancer centers to share models and methods to increase CRC screening. Offer CME to local partners as incentive.(2)

Promote cultural competence throughout the CC. Promote CC culture that integrates community into the cancer center. Establish dedicated team focused on prevention. (2)

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Q4. How do we overcome these challenges? (Partners)

Make the case. Create business case to show that increased screening decreases late stage dx and the PN/CHW can reduce no shows, etc. (3)

Position cancer center as leader in the community. Be the go-to resource for info & treatment, while being seen as a team player that will listen to community input. (3).

Secure buy-in of leadership/Identify champions. (2).

Q4. How do we overcome these challenges? (Cancer Centers)

Secure outside funding. More funding mechanisms from NCI, including cancer center supplements, focused on CRC screening. (3)

Stress screening options. Embrace screening options to address resource issues. (2)

Fund prevention and screening initiative in the community.

Conduct implementation research in low resource practices, to help with replication.

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Q4. How do we overcome these challenges? (Agencies)

Create mind-shift in national healthcare policy to recognize prevention and early detection as cost-saving and means to mortality reduction.

Use existing research mechanisms to study ways to improve implementation of evidence-based screening services.

Use national partners. Tap ACS, NCCRT to help make introductions.

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Q5 What challenges do cancer centers face on this issue that are unique to rural and underserved communities? (Cross section)

Distance/transportation issues. Distance for rural poor/public transportation for colonoscopy in urban settings. Hard to convene in person (11).

Challenges serving special populations, including undocumented, elderly, low-literacy, uninsured. Negative social norms around CRC. (5)

Lack of meaningful connections to primary care/ FQHCs serving those communities; care plans do not exist (5)

Limited access to service. Issues securing GI/follow up services; no medical neighborhood (3)

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Q5 What challenges do cancer centers face on this issue that are unique to rural and underserved communities? (Partners+)

Cultural issues (ie. genetic testing can be a taboo topic, language issues; competing priorities of population (2)

Research fatigue can be poignant in underserved communities.

Lack of trust of institutions.

Q5 What challenges do cancer centers face on this issue that are unique to rural and underserved communities? (Partners+)

Challenges returning FIT, if not mail based return.

Finding culturally competent staff to serve as navigators.

Ensuring that research and findings are shared with community in a timely way

Q5 What challenges do cancer centers face on this issue that are unique to rural and underserved communities? (Cancer Centers)

Catchment area can be huge; hard to collaborate/conduct population outreach.

Belief that colonoscopy as gold standard.

Q6 What do you recommend for helping overcome challenges specific to rural and underserved communities?(Cross section)

Improve partnership/collaboratation. Engage with rural health clinics, FQHCs, state PCA, roundtables/coalitions, ACS etc. (6)

Find new ways to communicate/provide care. Place CC staff in community. Use Project ECHO. Use accessible technology AFTER trust established. (5)

Use navigators. (4).

Address transportation issues. Extend hours, use new technology, start direct referral programs, use gas vouchers, use vans (include follow-up). (3)

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Q6 What do you recommend for helping overcome challenges specific to rural and underserved communities?(Cross section)

Provide options such as FIT. Distribute FIT in community with appropriate follow up (4)

Engage for the long term. A history of engagement will build trust. Establish a dedicated team. Engage gatekeepers. Go to community. (3)

Provide low cost services. Provide finite services and/or identify resources in concert with community (2).

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Q6 What do you recommend for helping overcome challenges specific to rural and underserved communities? (Partners+)

Develop plan. Develop plan/collaborative models in concert with community to ensure benefit. (3)

Use national partners. ACS and NCCRT have resources, materials to help (3)

Implement best practices for one-day colonoscopy protocols. Provide the "how-to" of implementing one-day colonoscopy visits.

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Q6 What do you recommend for helping overcome challenges specific to rural and underserved communities? (Cancer Centers)

Funders should provide guidance/mandates (3).

Conduct culturally competent education campaigns. Provide providers with tailored education materials. (3).

Q6 What do you recommend for helping overcome challenges specific to rural and underserved communities? (Agency)

Study innovative approaches to improve uptake and follow up.

Q7 What do you recommend for securing leadership buy-in for cancer center work on these efforts? (Cross Section)

Demonstrate value/benefit. Showcase improved revenue, improved perception, increased clinical trail participation, fulfillment of community benefit (11)

Share cancer survivor testimonials with leadership. Share stories that emerge from a cancer center CRC screening project (2)

Collect and share evidence. Share evidence that education, choice, and follow-up can move the needle on CRC screening. Identify exemplars (2)

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Q7 What do you recommend for securing leadership buy-in for cancer center work on these efforts? (Partners)

Involve CC leaders in establishing medial neighborhood. Get leader out into community/meet with FQHC **(3)**

Demonstrate alignment with CC priorities. (Community benefit/Link screening initiative to research). (2)

Be strategic and focused. Partnership should have a clear objective and purpose for both the cancer center and the community

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Q7 What do you recommend for securing leadership buy-in for cancer center work on these efforts? (Partners)

Leverage 80% by 2018 to create competition.

Invite community into cancer center with events. Hearing from community can create buy in.

Focus on easy wins. Set specific goals and objectives for the CC to achieve. May need to start with a more targeted effort.

Q7 What do you recommend for securing leadership buy-in for cancer center work on these efforts? (Cancer Centers)

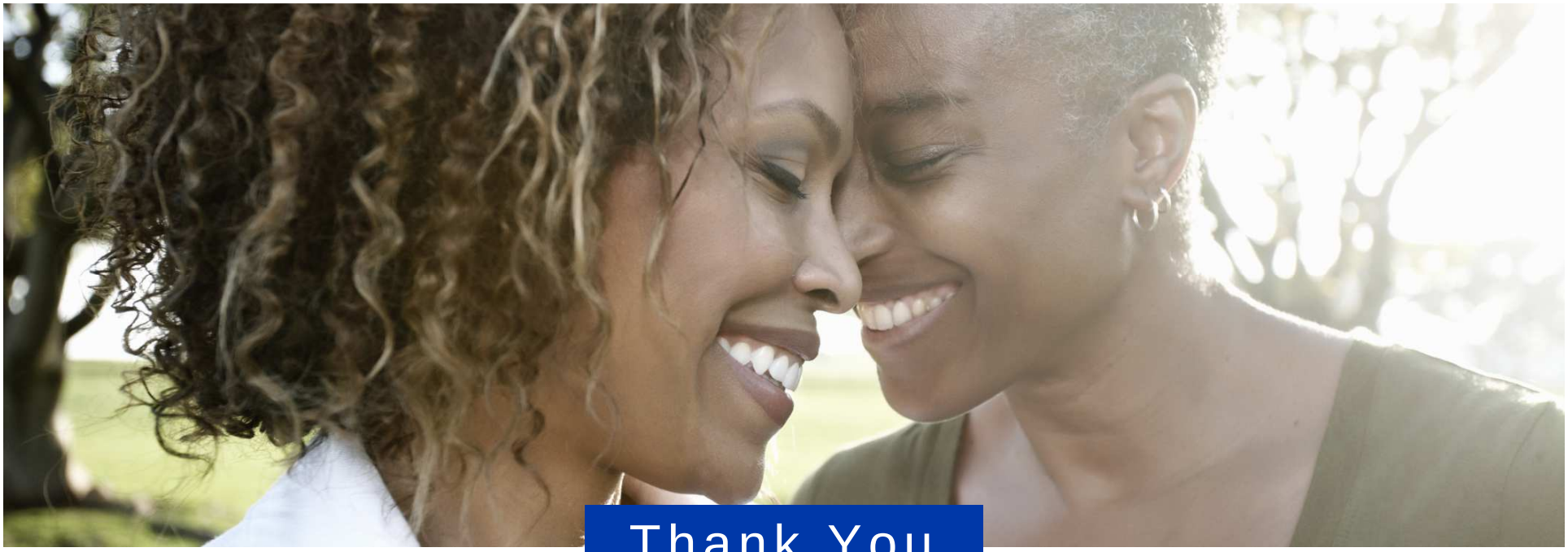
Influence from state and federal lawmakers. State funding can help with sustainability (2)

National recognition. Examples are publications and inclusion in RTIPS

Identify a champion from within the institution.

Q7 What do you recommend for securing leadership buy-in for cancer center work on these efforts? (Agencies)

Identify funding opportunities to support the work.



Thank You