Lessons Learned:
Effective State-Level Colorectal Cancer Roundtables

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Why Focus on State-Level Coalitions?

1. The NCCRT and 80% campaign is encouraging
2. National Infrastructure Already Exists
3. State-Level Expertise Ready to Engage and Share
4. Resources are Available
5. Many More Opportunities Ahead
National Colorectal Cancer Roundtable (NCCRT)

NCCRT is a national coalition of public, private, and voluntary organizations whose mission is to advance colorectal cancer control efforts by improving communication, coordination, and collaboration among health agencies, medical-professional organizations, and the public.

- Co-Founded by ACS and CDC in 1997
- Collaborative partnership of over 100 member organizations
- Includes many nationally known experts, thought leaders, and decision makers on colorectal cancer
- Work is conducted throughout the year through various Task Groups and Special Topic Meetings
- Annual Meeting addresses important topics and sets the following year’s agenda
80% by 2018

80% by 2018 is a movement to eliminating colorectal cancer as a major public health problem and are working toward the shared goal of reaching 80% screened for colorectal cancer by 2018.
491 HOURS REMAINING
When we launched this campaign, we never imagined it would capture the attention of the nation like it has.

Our initial goal was to have 50 organizations pledge...
As of December 2018, we have nearly 1750…
Change in the Use of CRC Screening Tests by State, 2012-2016

B. Change in percentage of respondents aged 50 to 75 who reported being up to date* with colorectal cancer screening, 2012 through 2016

*Up to date = fecal occult blood test (FOBT) within 1 year, or sigmoidoscopy within 5 years with FOBT within 3 years, or colonoscopy within 10 years.

Percentage Change
- Red: ≤-4.0
- Orange: -3.9 to -0.1
- Yellow: 0.0 to 0.9
- Blue: 1.0 to 3.9
- Very Blue: ≥4.0

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2012 and 2016

Lesson Learned

Energy and Innovation
March 2018 – Local Engagement

• Wave of engagement from partners around the country hosting 80% by 2018 events
• 97 events throughout March
• Watch parties, state proclamation signings, lobby days, press briefings, radio interviews, state roundtable meetings, shining blue lights on buildings, bridges and skylines, health fairs and more
We’re setting our sights on...
#80InEveryCommunity
Lesson Learned
Utilize National Infrastructure
Lesson Learned
Encourage State-to-State Discussion
Opportunity for Engagement: Annual Meetings
Opportunity for Engagement: CRC Forums and TA

• 33 forum teams were gathered between 2015 and 2018
• Each team participated in live workshops as well as year long, sustained technical assistance
• Plan and improve priorities surrounding CRC screening in states and territories
• Developed action plans, strategies for success, some evaluations, and provided bottom-up feedback / group discussion on localized topics of concern (e.g. Working with health plans, coalition development, engaging health systems)
• NCI Director’s Merit Award for Outstanding Collaboration -- 2016
DATA & EVALUATION
- Identify sources of data
- Conduct assessments of coalition and partners
- Construct value argument
- Demographics
- Economic data, i.e. navigation
- Track no-shows / poor prep

PARTNERSHIPS
- Identify resources
- Identify needed partners
- Engage partners
  - Insurers
  - Payers
  - FQHCs
  - Hospitals
  - Primary Care Employers
  - Elected Officials
  - Survivors
  - Focus on Southeast Missouri
  - Identify Champions

EDUCATION
- Physicians / providers
- Health literacy and cultural competency best-practices
- Screening options (FIT)
- Practice data / general data
- Provider screening rates
- Risk assessment
- Community demos / disparities
- Non-clinical
  - Initiative awareness
  - Dems / disparities
- Public / Patient
  - Health literacy and cultural competency best-practices
  - Media campaigns: local, Facebook
  - 80% by 2018 guidebook
  - Local champions & survivors
  - Marketing brief
  - Localized awareness events

PATIENT NAVIGATION / FIT INTERVENTION
- Explore aligning existing navigation programs
- Develop economic argument
- Explore closing test - treatment "loop"
- Explore FIT delivery models
- Explore vendors: kits and pathology (lab)
**ACTION PLAN**

**SOUTH CAROLINA**

**PRIORITY ACTIONS**

1. Electronic Medical Record Improvements
   - How to Educate FQHC Providers/Patients
   - How to Identify Appropriate Screening
   - How to Sustain Screening Rates

2. Patient Navigation
   - GAP Analysis
   - Identify Screening/Education Resources

3. Comprehensive Cancer Control & BOCHP
   - Media/Messaging/Education for Providers/Patients

4. Process Mapping for Quality Improvement
   - Leverage Health Plan Relationships
   - Bring Payers to Table/Identify Alternative Payment Models

5. Focus Group (New Horizons)
   - Reboot CRC Taskforce
     - Identify New Partners
   - Put Systems in Place that Continue with Turnover
     - Establish/Enhance SOPs
   - Population Health
     - Rural Health Outreach

**IMPROVE CURRENT PLAN**

- SCMA to Deliver Through CME
- COC YouTube Series - CME
- Hosting Regional Trainings
- Statewide Medical Provider Education Initiatives

**EDUCATION OF APPROPRIATE SCREENING**

**FEEDBACK/ASSESSMENT**

- Internal Reporting of Screening Rates
- Assess/Identify Other Data Sources
- Additional Comparative Data Resources

**OPPORTUNITIES FOR IMPROVEMENT**

- Provider Focus
  - Identify Partners
  - Physician Champions
  - Resources Available to FQHC

- Partnership Focus
  - Enhance Referral Network to Reduce Follow-up Times

- Building Medical Neighborhood
  - Identify New Partners
  - Establish/Enhance SOPs
  - Population Health
  - Rural Health Outreach
Lesson Learned
Coalition Work Needs a Roadmap
More and More States Start CRC Coalitions

New coalitions want to know:

• What can we learn from strong existing coalition?
• What are the best practices?
• What are the lessons learned?
• How can we sustain our efforts?
Guide on Development of State-Level CRC Coalitions

Featuring the experiences of model programs in California, Delaware, Kentucky, Minnesota and South Carolina
And Companion Workbook!

Featuring summary pages with brainstorming and action planning activities.
Prioritize Colorectal Cancer in Your State

Addressing colorectal cancer (CRC) is a national priority. As the second leading cause of cancer death in the U.S., when men and women are combined and with more than 135,000 adults diagnosed each year, colorectal cancer is a cause of considerable suffering. State-based partners are challenged with limited time and resources to react quickly and prioritize the public health issues facing their unique populations.

Steps for prioritizing CRC in your state

1. **Use state-specific data to make the case**
   - NCI’s Community Cancer Screening (CCS) [http://bit.ly/2Z2rFPr]
   - Other state-based resources: State Department of Health, Universities, cancer registries

2. **Align with national efforts**
   - **Sign the pledge** [http://bit.ly/2JavKvV] — Commit to NCCRT’s annual goal to get 80% colorectal cancer screening rate.
   - **Engage with your state comprehensive cancer control program and coalition**. Your local CDC Colorectal Cancer Control programs (if applicable), and online resources developed by the Comprehensive Cancer Control National Partnership (CCCP) [http://cancercontrolpartnership.org/]
   - **Contact with your American Cancer Society state systems staff**, who have unique skills sets to engage with state systems.
   - **Attend national conferences focused on cancer control**, such as the Prevent Cancer Foundation’s Dialogue for Action meeting, the CDC Cancer Conference, or the Southeast Regional Colorectal Cancer Consortium.

3. **Make the case in Kentucky**
   - **Whichever possible, pioneering state collaborations use local or state costs and data to make the case.**
   - For example, the Kentucky Cancer Consortium includes the following detailed impact data in their coalition plan, describing the costs to Kentucky’s Medicaid program:
     - Each year between 2004-2008, cancer treatments in Kentucky cost Medicaid $120 million, private insurance companies $856 million and Medicare $71.8 million.
     - In 2009, cancer care in Kentucky cost approximately $2.2 billion. In 2009, it is estimated to increase by 4%, which would be approximately $3.3 billion.
     - The typical new cancer drug coming on the market in 2009 cost approximately $10,000/month of treatment. Two of the new cancer drugs cost even more, $35,000 per month of treatment.

4. **Develop key messages for partner recruitment**
   - Colorectal cancer is one of the few cancers which can be prevented through screening.
   - Even though colorectal cancer can be prevented or caught early, if it is treated, colorectal cancer in Kentucky costs 70% of people who die from the disease.
   - There are proven strategies local leaders can take to improve colorectal cancer screening and reduce the toll taken by this disease.

"If we’re really going to make an impact, let’s focus.”
- Kentucky Cancer Consortium
### TASK 1: Worksheets

#### Identify Existing Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Resource</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your organization signed the NCCRT’s pledge to reach an 80% screening rate?</td>
<td><a href="http://nccrt.org/70-3018-pledge">http://nccrt.org/70-3018-pledge</a></td>
<td>![ ]</td>
</tr>
<tr>
<td>Have you identified the other organizations in your state that have signed the pledge?</td>
<td><a href="http://nccrt.org/national-map-of-pledges">http://nccrt.org/national-map-of-pledges</a></td>
<td>![ ]</td>
</tr>
<tr>
<td>Which other organizations need to sign the pledge?</td>
<td></td>
<td>![ ]</td>
</tr>
<tr>
<td>Are you coordinating with your state’s CDC-funded comprehensive cancer control program or coalition?</td>
<td><a href="https://www.cdc.gov/cancer/ncccp/index.htm">https://www.cdc.gov/cancer/ncccp/index.htm</a></td>
<td>![ ]</td>
</tr>
<tr>
<td>Does your state have funding from CDC for colorectal cancer control programming?</td>
<td></td>
<td>![ ]</td>
</tr>
<tr>
<td>Are you working with your ACS state staff?</td>
<td></td>
<td>![ ]</td>
</tr>
<tr>
<td>What national conferences focused on colorectal cancer control do you regularly attend?</td>
<td></td>
<td>![ ]</td>
</tr>
</tbody>
</table>

#### Identify Available Data

<table>
<thead>
<tr>
<th>Activity</th>
<th>Resource</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>How does your state rank compared nationally?</td>
<td></td>
<td>![ ]</td>
</tr>
</tbody>
</table>

Create three key messages to help prioritize colorectal cancer in your state:

1. [Blank]
2. [Blank]
3. [Blank]

Notes:
10 Tasks New CRC Coalitions Should Address:

1. Prioritize colorectal cancer in your state
2. Establish a structure
3. Develop a vision
4. Recruit leadership and “staff”
5. Build a network of partners
6. Convene partners
7. Set goals and objectives
8. Maintain momentum
9. Get creative with funding and resources
10. Hold the group accountable
9 Habits of Successful CCC Coalitions

Final Thought
Opportunities for Collaboration
Thank You!

To follow NCCRT on social media:

Twitter: @NCCRTnews
Facebook: www.facebook.com/coloncancerroundtable

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