Roundtables: How and Why They Work

National Lung Cancer Round Table
Inaugural Meeting, December 11-12, 2017

Robert A. Smith, PhD
Vice President, Cancer Screening
American Cancer Society
Atlanta, GA
21 YEARS AGO, THE ACS AND CDC ESTABLISHED THE NATIONAL COLORECTAL CANCER ROUNDTABLE (NCCRT)

The 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.
NATIONAL COLORECTAL CANCER ROUNDTABLE (NCCRT)

• TODAY—It is a 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
Roundtables Have Become an ACS Cancer Control Strategy

• National Colorectal Cancer Roundtable
• National HPV Vaccination Roundtable
• National Lung Cancer Roundtable
• National Smoking and Behavioral Health Initiative
• National Navigation Roundtable
• National Survivorship, Patient and Caregiver Support Roundtable
NCCRT & NHPVRT Have Web Pages to House Important Information & Resources

The National HPV Vaccination Roundtable
The National HPV Vaccination Roundtable, established by the American Cancer Society (ACS) and the Centers for Disease Control and Prevention (CDC) in 2014, is a national coalition of public organizations, private organizations, voluntary organizations, and invited individuals dedicated to reducing the incidence of and mortality from HPV-associated cancer in the U.S. through coordinated leadership and strategic planning.

Colorectal Cancer Screening Best Practices Handbook For Health Plans – March 28, 2017
This webinar introduced the new NCCRT Colorectal Cancer Screening Best Practices Handbook for Health Plans.

2017 80% By 2018 Communications Guidebook: Recommended Messaging To Reach The Unscreened
This resource provides interactive data visualizations of official federal statistics on cancer incidence and deaths.

United States Cancer Statistics: Data Visualizations

HPV Vaccination Initiative Contact Map
The HPV Vaccination Initiative Contact Map provides contact information for various HPV vaccination initiatives. This map provides a visual display of U.S. HPV vaccination uptake initiatives/interventions that is public and searchable by state and organization and project type.

For more information on this tool, please contact askhpvaccines@cancer.gov.
National Lung Cancer Roundtable (NLCRT)

• Established in late 2016, with a 3 year $1.5 million grant from AstraZeneca, and in-kind ACS support

• In a multi-organization advocacy effort to influence CMS to cover lung cancer screening for Medicare beneficiaries, ACS committed to establishing the NLCRT to unite key organizations to work together to insure high quality at every step of the lung cancer screening process
CMS strongly encourages eligible facilities to implement the necessary components of a high quality LDCT lung cancer screening program as recommended by multi-society stakeholders. *In addition, we support the development of a multi-society, multi-disciplinary governance body to continue to refine and optimize screening practices over time.* CMS would gladly participate.”
A Few Words About Roundtables
Roundtable Principles

• A Roundtable acts as a catalyst to stimulate work on key issues.

• The work of a Roundtable is guided by its strategic plan, with direction and input from an active Steering Committee, and conducted by area-specific Task Groups.

• A fundamental premise of a Roundtable is that collective action among the member organizations will be more successful in reducing the burden of disease, and reducing that burden faster, than if we worked alone.
• “To increase CRC screening rates, the issues of patient and physician barriers to screening, lack of universal coverage, lack of incentives to motivate adherence, and expanded infrastructure must be addressed.”

Cancer 2002;95:1618–28
NLCRT Governance
Steering Committee (12 members)
Bylaws Committee and Membership Committee (in progress)

INITIAL NLCRT Task Groups

- Triage for Appropriate Treatment
- Primary Care Provider Education
- Shared Decision-Making
- Lung Cancer Screening Program Implementation
- Tobacco Cessation
Roundtable Principles (2)

- A core principle of the NCCRT is that it will not duplicate or take on roles of member organizations, but rather will enhance those roles, *and fulfill roles that would otherwise go undone.*
- Together members share information, identify needs and opportunities, and address gaps in research, programs, activities, and services.
- The strength of these partnerships, united in mission, enhances the work of each member and thus effectively furthers our collective cause.
Core Roundtable Operating Principles

**Don’ts**
- Duplicate member organization roles
- Compete with member organizations
- Take on positions or projects that are in conflict with member organizations

**Do’s**
- Serve as a Forum
- Provide the “Big Tent”
- Challenge the membership to be participatory, and to regard the NLCRT as a “go to” organization
- Identify unmet needs (GAPS)
- Stimulate collaborations to address those needs
- Support projects best conducted independently
National Lung Cancer Roundtable (NLCRT)

• Includes the important, national organizations and experts focused on lung cancer screening, tobacco treatment, nodule management, therapy, and survivorship.....this membership will grow over time

• 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
Lung Cancer Screening & Follow-up is a Cascade of Events

• A target population
• Referring MD’s
  – (information & referral)
• The Screening Test
  – High quality image
  – High quality interpretation
  – High quality evaluation of positive results
  – Management of patients in surveillance for small pulmonary nodules
• Triage to Appropriate Diagnosis and Therapy

Smoking Cessation for Current Smokers
INITIAL NLCRT Task Groups

- Triage for Appropriate Treatment
- Primary Care Provider Education
- Shared Decision-Making
- Lung Cancer Screening Program Implementation
- Tobacco Cessation

• Three new Task Groups will be added in 2018
• Task Groups can generate “subgroups”
• Task Groups can stimulate Workshops to address specific issues
• These Workshops commonly generate published manuscripts
• Existing roundtable tools can easily be adapted to lung cancer
• New tools will be developed
A Toolkit to Increase Screening Rates in Your Practice

• This 8 page guide introduces clinicians and staff to concepts and tools provided in the full Toolkit

• Contains links to the full Toolkit, tools and resources

• **Not colorectal-specific;** practical, action-oriented assistance that can be used in the office to improve screening rates for multiple cancer sites (colorectal, breast and cervical)

Available at http://nccrt.org/about/provider-education/crc-clinician-guide/
Workshops

Understanding the Contribution of Family History to Colorectal Cancer Risk and Its Clinical Implications: A State-of-the-Science Review

Siv V. Lerner MD, PhD, Richard M. Gelb MD

Introduction
Colorectal cancer (CRC) remains a common and preventable disease in the United States and the second most common cause of cancer death. More than 140,000 Americans will be diagnosed with CRC, and 49,000 will die of CRC in 2013. The lifetime risk for developing CRC in the general population is approximately 5%, but the risk is believed to be much higher for persons with a family history of CRC. CRC is estimated that up to 10% of US adults have a familial risk (i.e., a first-degree relative) who has been diagnosed with CRC, and approximately 10% have an established CRC syndrome (FDR).10-11

Keywords: colorectal cancer, family history, intervention, risk assessment.

Strategies for Expanding Colorectal Cancer Screening at Community Health Centers
Mzine Seidu, MD, MPH, MPH

Introduction
Reducing the incidence and mortality from colorectal cancer (CRC) is a high priority for addressing the role of all cancers taken on the US population. Cancer is the leading cause of death for individuals aged 65 years and older; the leading cause of preventable mortality.12 CRC is the nation’s third leading cause of mortality from cancer, even though it has been shown to be preventable to a significant degree with early screening. Screening for CRC reduces incidence, mortality, and stage at presentation and improves survival. After a decade of progress, recommendations in the direction of widespread CRC screening continued to build in 2013 and was further reinforced by the evidence of the national strategies developed as required by the Patient Protection and Affordable Care Act with federal stakeholder input: the National Prevention Strategy and the National Quality Strategy. Both emphasized the importance of preventive services as essential components of a medical care system that will improve the health of the population as a whole.13 However, the disparity in cancer incidence and mortality rates experienced by vulnerable populations are also evident in rates of screening for CRC.13 Community health centers (referred to herein as “health centers”) are uniquely positioned to address disparities in CRC screening or they have achieved other disparities. It is thus possible, the policy environment, and the implementation of the “National Cancer Action Quarters” (referred to herein as the “Roundtable”), a national leadership group

Keywords: colorectal cancer, community health centers, strategies or strategic planning, public health, quality improvement, Patient Centered Medical Homes

Developing a Quality Screening Colonoscopy Referral System in Primary Care Practice: A Report from the National Colorectal Cancer Roundtable
Shawn Stovall, MD, MPH, MPH, Michael D. S. Quigley, MD, MPH, MPH

Introduction
The use of colonoscopy in colorectal cancer (CRC) screening has increased substantially in recent years.4,14 Media messages and changes in insurance reimbursement, as well as new screening guidelines from the American Cancer Society and the US Preventive Services Task Force, have contributed to this increase. Primary care providers (PCPs) are frequently responsible for making the recommendation and referral for screening. The process of successfully referring a patient for screening can be complex and requires a coordinated effort between the PCP and the colorectal specialist. In recognition of the potential complexity of this process, the National Colorectal Cancer Roundtable has issued a report to describe the components of a quality screening colonoscopy referral system in primary care practice. The elements of a quality program include an optimal scheduling and referral system, the appropriate patient preparation information, consistent reporting and follow-up systems, and a detailed approach to dealing with special situations. GA Cancer J Clin 2013;63(5):36-44.16“2009 American Cancer Society, Inc.

Keywords: colorectal cancer, quality screening colonoscopy, community health centers, strategies or strategic planning, public health, quality improvement, Patient Centered Medical Homes

Abstract
The use of colonoscopy in colorectal cancer (CRC) screening has increased substantially in recent years.4,14 Media messages and changes in insurance reimbursement, as well as new screening guidelines from the American Cancer Society and the US Preventive Services Task Force, have contributed to this increase. Primary care providers are frequently responsible for making the recommendation and referral for screening. The process of successfully referring a patient for screening can be complex and requires a coordinated effort between the PCP and the colorectal specialist. In recognition of the potential complexity of this process, the National Colorectal Cancer Roundtable has issued a report to describe the components of a quality screening colonoscopy referral system in primary care practice. The elements of a quality program include an optimal scheduling and referral system, the appropriate patient preparation information, consistent reporting and follow-up systems, and a detailed approach to dealing with special situations.
**Links of Care** Pilots could be adapted to lung cancer screening

**Primary goal:**
- Increase timely access to specialists for FQHC patients after a positive colorectal cancer screening result.

**Key characteristics:**
- Physician champion
- Defined capacity
- Shared burden
- Care coordination/documetal workflows
- Screening navigation
- Shared credit
State-Level Engagement—We will achieve more if we engage with State Systems
Current Status of LDCT Screening in the U.S.— Access to Care is a High Priority

- The USPSTF “B” rating means that the Affordable Care Act requires coverage of lung cancer screening with no out-of-pocket costs

CMS also covers LDCT screening and the shared decision making visit
Virtual Imaging, Inc. – Perimeter Center
Heart Scan and Consultation with Option for Lung Scan (Up to 96% Off)

Value: $499
Discount: 96%
You Save: $480

Limited time remaining!
Over 1,000 bought
Limited quantity available
The deal is on!

In a Nutshell
Advanced CT scanner obtains diagnostic images that can show internal warning signs and help patients thwart major disease and illness.

The Fine Print
Expires 180 days after purchase.
Limit 2 per person, may buy multiple additional as gifts. Must book appointment within 90 days of purchase. Valid only for option purchased. Appointment required. Not valid for patients with metallic implants, including pacemakers and splints as they may affect test results. Must be between 45 and 72 years old. Must be under 6’4”. Max weight 320 lbs. Married couples must redeem at the same time.

Give as a Gift
Learn more
We Face a Long List of Challenges

- Avoid reinventing the wheels
- Develop resources
- Stimulate new knowledge and best practices
- Policy issues loom large (specifically, coverage)
- Quality issues are paramount
- Change the “mindset” about lung cancer to reduce stigma and nihilism
- Monitor our influence, Seek to do better
What is your role?

• Roundtables succeed through member engagement
• Get involved! Communicate!
• You are your organization’s ambassador—keep them informed, and get them involved
• Thank you