

Reducing Cancer Disparities by Engaging Stakeholders (RCaDES) Initiative

First Annual Conference December 2, 2016

More than 100 attendees gathered on the Thomas Jefferson University (TJU) campus to attend the RCaDES Initiative First Annual Conference on December 2nd, 2016 and share ideas for reducing disparities in cancer screening. Ronald E. Myers, DSW, PhD (Professor of Medical Oncology at Jefferson and Director of the RCaDES Initiative), opened the meeting, and Stephen K. Klasko, MD, MBA (CEO of TJU and Jefferson Health), welcomed RCaDES' Learning Community members and invited guests. April Barry, LSW, MSW (Evaluation Manager for the Pennsylvania Department of Health, Division of Cancer Prevention and Control) and John A. Alduino, MEd (Senior Director of State Health Systems for the East Central Division, American Cancer Society) spoke about the "80% by 2018" National Campaign to raise colorectal cancer (CRC) screening rates in the United States. Both speakers highlighted the RCaDES Initiative as an important part of the effort to achieve this goal.

The RCaDES Initiative, funded jointly by the Patient Centered Outcomes Research Institute (PCORI) and Thomas Jefferson University, began in November 2015. It uses a Learning Community framework that includes a coordinating team (CT); a steering committee (SC) and patient and stakeholder advisory committees (PASACs) in two regional health systems, Jefferson Health (JH) and Lehigh Valley Health Network (LVHN). CT members include experts in cancer prevention and control research, primary care, intervention adaptation and implementation, program evaluation, IT, and program management. SC members represent the two health systems referenced above, major private insurers in southeastern Pennsylvania, state and city public health departments, community and

advocacy organizations, and employers. PASAC members include patients from racially and ethnically diverse primary care patient populations, primary care providers and specialists, and health system administrators.

In Year 1, RCaDES focused on identifying CRC screening rates among whites, African Americans, Hispanic Americans, and Asian Americans served by JH and LVHN primary care practices. In addition, a literature review was conducted to identify effective evidence-based intervention(s) that can increase CRC cancer screening adherence and reduce related disparities. Surveys were also administered to health system leaders and commercial insurer representatives to determine if they supported CRC screening programs among patients and subscribers. Moreover, health system leaders responded to a survey that included an assessment of health system readiness to implement evidence-based CRC screening interventions. Taken together, findings from these efforts showed that 1) CRC screening rates are low in the general and minority patient populations; 2) decision support and navigation intervention can increase CRC screening rates and reduce screening disparities; 3) health systems and insurers sponsor CRC screening programs; and 4) health system leaders support the implementation of evidence-based CRC screening interventions, but have concerns about the resources required to implement such interventions and the related costs.

Linda Fleisher, PhD, MPH (Senior Researcher, Digital Health, Health Communications and Disparities, Children's Hospital of Pennsylvania) and Randa Sifri, MD (Director of Research and Director of the Faculty Development



Funding the Adaption and Implementation of Evidence-Based Interventions Panel. Left to right: Richard Wender, MD; Kara Odom Walker, MD, MPH, MSHS, David Chambers, DPhil, and Linda Fleisher, PhD, MPH.

Research Fellowship in the Department of Family and Community Medicine) spoke about PASAC contributions. Accomplishments included collaboration on strategies to address issues in CRC screening through reviewing patient educational materials, conducting an analysis of the strengths, weaknesses, opportunities and threats (SWOT) for adapting a decision support and navigation intervention in their respective health systems, and expressing the need for support systems, such as multi-lingual navigators and more efficient appointment scheduling. Melissa DiCarlo, MPH (Clinical Research Coordinator) led a discussion among SC and PASAC representatives who spoke about why they became involved in the Initiative. Representatives became involved for reasons such as having a close relative die from cancer, the desire to make screening services available to those who have limited knowledge about and access to screening services, as well as the desire to be involved in catalyzing community change. Representatives noted their appreciation of the opportunity to have their voices heard.

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Following the PASAC panel, a keynote address and discussion, "The RCaDES Initiative as a Model for Addressing Cancer Screening Disparities," took place between Dr. Myers and Denise V. Rodgers, MD (Vice Chancellor for Interprofessional Programs at Rutgers Biomedical and Health Sciences, Rutgers University) and Stephen B. Thomas, PhD (Professor in the Department of Health Services Administration in the School of Public Health and Founding Director of the Maryland Center for Health Equity at the University of Maryland). Dr. Rodgers noted that while different preventive health care constituencies (e.g., health systems, insurers, employers) need to benefit from population health initiatives, the one who has the most to gain and lose is the patient. "We need to aspire to a larger social vision; we are all better when the least among us does better," she said. Dr. Thomas took the position that it is up to us to make preventive health behavior normative. "We need to include patient navigators that patients trust in health care settings, so that they and others can build trust through cultural intelligence," explained Thomas. Comments of both Dr. Rodgers and Dr. Thomas highlighted the need to find new ways for employers, insurers and health systems to work together in order to achieve equity in health care and clinical outcomes.



Keynote speakers: Stephen Thomas PhD, and Denise Rodgers, MD, FAAFP

The first afternoon panel, moderated by Michael Rosenthal, MD (Chief, Division of Family Medicine, Acting, Department of Family Medicine and Community Health, University of Pennsylvania), was entitled "All Together Now? Health System, Insurer and Employer Support for Implementing Evidence-based Colorectal Cancer Screening Interventions." The panel was comprised of representatives from eight organizations with a variety of perspectives on the challenges we face in raising colorectal cancer screening rates



Evelyn Gonzales, MA (left) and Jenne' Johns, MPH (right). Colon display courtesy of Fox Chase Cancer Center.

(Table 1). They discussed opportunities for improvement including: developing alignment among organizations for offering screening programs to patients, community members, and employees (through insurance plans); building efficiency, cost-savings, and value with coordinated methods, communications, and messages about colorectal cancer screenings; improving reach to diverse populations by building partnerships with community-based organizations and health care agencies; and, developing collaborative efforts among insurers, health systems, and employers for implementation of cancer screening programs.

The final panel, "Funding the Adaptation and Implementation of Evidence-based Interventions," was moderated by Dr. Linda Fleisher. This panel featured experts David Chambers, DPhil (Deputy Director for Implementation Science of the Division of Cancer Control and Population Sciences, National Cancer Institute (NCI)), Kara Odom Walker, MD, MPH, MSHS (Deputy Chief Science Officer, Patient-Centered Outcomes Research Institute) and Richard Wender, MD (Chief, Cancer

Table 1: Panel Participants, "All Together Now?"

Sarah Fulton, MHS, Senior Analyst for Centers for Medicare and Medicaid Services
Frank Brown, MD, Senior Medical Director for Cigna Healthcare's Mid-Atlantic Region
Neil Goldfarb, President/CEO for the Greater Philadelphia Business Coalition on Health
Victor Caraballo, MD, MBA, Senior Medical Director for Quality Management for Independence Blue Cross
Glenn Hamilton, MD, Vice-President for AmeriHealth Caritas Family of Companies
Mitchell Kaminski, MD, Chief Clinical Officer for the Delaware Valley Accountable Care Organization
Val Slayton, MD, Medical Director for Humana
Suresh Nair, MD, Program Director for the Hematology and Medical Oncology Fellowship at Lehigh Valley Health Network.

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Control Officer, American Cancer Society). The panelists' comments reinforced the importance of demonstration projects and implementation science research related to cancer screening, especially in minority populations, and highlighted potential funding options (Table 2).

The RCaDES Initiative 1st Annual Conference provided a unique opportunity for members of the Learning Community to share with each other and other attendees important information CRC screening and disparities, approaches that may be used to increase screening rates and reduce screening disparities, and obstacles and opportunities that exist to improve population health. A resounding message that emerged from this conference was, to achieve the promise of preventive health care, stakeholders must find effective ways to work together to implement evidence-based interventions in routine care.

If you are interested in learning more about the RCaDES Initiative and/or if you would like to become a member of the Learning Community, please email rcades@jefferson.edu. For more information about the RCaDES Initiative First Annual Conference, click [here](#).

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Table 2: Funding Opportunities Panel:

During the afternoon panel with Dr. Linda Fleisher, funding opportunities from the National Cancer Institute (NCI), Patient-Centered Outcomes Research Institute (PCORI) and the ACS (American Cancer Society) were discussed.

Dr. David Chambers noted the NCI's focus on implementation science, especially studying local implementation efforts to bring together teams to screen better, to learn what is working and what isn't working in local communities and how to improve practice. Dr. Chambers noted we need to make sure research makes a difference through the dissemination and implementation of research results. No matter how good the research is, if it does not impact those who need it, it is not effective.

Dr. Walker noted PCORI's interest in funding collaborations that create a pathway to bring people together, to identify innovative ways to communicate evidence that has already been generated and have people use it effectively, and to close evidence gaps.

Dr. Wender described the ACS extramural grants program which funds a wide variety of projects, including implementation research and programs that address health disparities. Many of the grants target early career investigators.

In addition, the ACS conducts a large number of cancer screening projects, most of them providing support to community health centers to promote screening. Funding for these projects comes from a variety of external foundations. The ACS welcomes the opportunity to partner with academic organizations to design and seek funding for a variety of implementation projects.