



Meeting Report

Hospital Systems Capacity Building National Advisory Committee Virtual Meeting

July 30, 2020



MEETING OVERVIEW

On July 30, 2020, the American Cancer Society (ACS) convened its members of the Hospital Systems Capacity Building (HSCB) National Advisory Committee (NAC) virtually to discuss the HSCB COP initiative and the findings from the HSCB COP Baseline Assessment of its 9 COP sites administered in June 2020. The NAC members engaged in a 90 minute discussion that included a brief program update by the Hospital Systems Capacity Building Initiative Director, Meg Fischer and a facilitated discussion that centered around answering three key questions related to the data collected through the HSCB Baseline Assessment. A high level presentation of the data was provided by Sr. Data and Evaluation Manager Donoria Evans and then additional context was provided around the specific areas of COVID-19 impact and Partnership to give context to the discussion. After each data presentation, a question was posed to the NAC members. These specific questions were presented because the data showed a need for guidance from the sites and these topics were relevant to the insight the NAC is positioned to provide. The questions included:

1. How can we address the barriers identified by COP participants?
What existing or new patient education or communications materials would you recommend to address the barriers?
2. How to develop or maintain multi-sector partnerships during COVID-19?
3. How to foster Health Department engagement when their capacity is limited?

The meeting generated meaningful and insightful conversation around the role ACS can play in supporting the COP sites in the immediate future. Key themes, outlined in this report, emerged throughout the conversation around the ideas of Patient Fear and Continued Collaboration.

PATIENT FEAR

Patients continue to struggle with the uncertainty of safely engaging with their health care providers. Members of the NAC are looking into trends and promising messaging at their respective organizations to share with our group, but there is a need for consistent and reassuring language to encourage community members to return to their health care providers.

COLLABORATION

Although capacity is currently an issue due to the global pandemic and the need for Health Departments to support COVID-19 related efforts in their communities, the partners care deeply about these public health issues and need to continue to be provided opportunities to participate in the Communities of Practice. Not all work can be displaced during the pandemic without significant long term consequences.

THE MEETING
ATTENDEES
INCLUDED



PAUL AITKEN, MD, MPH, CPE, FAAFP

Chief Medical Officer
Government Employees Health Association

LORI BLANTON

Senior Director, Hospital Systems, SOR
American Cancer Society

DEVI HAWKINS

Public Health Analyst
Centers for Disease Control and Prevention,
Center for State, Tribal, Local and Territorial
Support, National Partnership Branch

NIKKI HAYES, MPH

Chief, Comprehensive Cancer Control Branch
Centers for Disease Control and Prevention,
Division of Cancer Prevention and Control

DAVID MEYERS, MD

Chief Medical Officer
Agency for Healthcare Research and Quality
(AHRQ)

MARCUS PLESCIA, MD, MPH

Chief Medical Officer
Association for State and Territorial Health
Officials

BETHANY SANBORN, MPH, CHES

Oncology Patient Education Manager
Education and Training and MaineHealth Cancer
Care Network

JASMIN TIRO, PhD

Associate Professor, Division of Behavioral and
Communication Sciences
University of Texas Southwestern Medical Center

MEGAN WESSEL, MPH

Vice President, Regional Cancer Control, SER
American Cancer Society

AMERICAN CANCER SOCIETY

Durado Brooks, MD, MPH
Co-Principal Investigator, Vice President,
Cancer Control Interventions

Donoria Evans, PhD

Senior Data and Evaluation Manager,
Systems Partnerships

Debra Fackler

Program Coordinator, Hospital Systems Capacity
Building

Meg Fischer, MS

Director, Hospital Systems Capacity Building

Laura Makaroff, DO

Senior Vice President, Prevention and Early Detection

Sarah Shafir, MPH

Co-Principal Investigator, Managing Director,
National Partnerships & Innovation

THE MEETING DATA PRESENTATION INCLUDED

15% Community Partners

36%

Hospital Systems

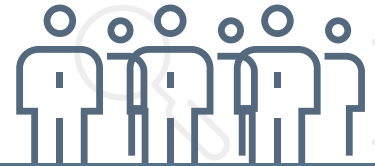
Survey Respondents

27%

American Cancer Society

21%

Health Department



COP Site Representatives

100% of Hospital System & ACS

56% of Health Departments

SURVEY COMPONENTS

Partnerships

Benefits, Challenges,
Capacity, Effectiveness,
Value

CHNA / Community Benefit

Presence, Cancer
integration, Priorities

Impact of COVID-19

Overall & HSCB COP
Project Plans

Evidence-based/Informed Interventions

Capacity, Selection
Factors, Integration

Social Determinants of Health

Knowledge, Screening,
Processes

ORGANIZATIONAL RESPONSE TO COVID-19 & REACTIVATION



DECLINES IN SCREENING & VACCINATION

"We saw a decrease of 80% in cancer screening completed this April vs April 2019. "

"Colon and breast cancer screenings fell about 81% and 92%, respectively, in April."



CAPACITY SHIFTS

"Health system partners and now state staff face furloughs, ..."



NEW PROTOCOLS / WORKFLOWS

"increased PPE for staff and patients, fewer patients seen /day, additional COVID screening and questioning of patients were implemented. "



COMMUNITY EDUCATION & PROMOTION

News releases, TV news interviews, podcasts, radio, educational materials, patient reminders

TA NEEDS



- Monitoring gaps in care/ screening
- Addressing patient fear/reluctance to seek healthcare as a result of the pandemic
- Targeted outreach and engagement

53% requested Patient Education / Communications Materials or Resources

SYSTEM/PROVIDER & PATIENT BARRIERS

CAPACITY LIMITATIONS / COVID-19 PRECAUTIONS

Space, Social distancing, Staff furloughs, Fewer appointments

COMPETING DEMANDS

Competing priorities, Managing multiple comorbidities

COVID-19 DYNAMIC SHIFTS

Prevalence shifts, Policy shifts

FEAR / RELUCTANCE

Safety /COVID-19 concerns, Vaccination fear

ACCESS

Public Transportation, etc.

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DISCUSSION SUMMARY: Question 1

How can we address the barriers identified by COP participants?
What existing or new patient education or communications materials would you recommend to address the barriers?

This question was answered by members of the NAC via a Round Robin process. All attendees were able to hear the comments live. A summary of the discussion was provided by Meg Fischer.

Patient Fear

- Shared by a NAC member- emerging data is showing that patient fear is highest among individuals with low literacy and people who speak Spanish
- The message may differ based on patient risk
- Work with providers so they know the different risk groups
 - Prioritize high risk vs. low risk patients and ensure the messaging matches each group
 - Concerns will be different
- Talking points for health systems about how to address patient fears would be a valuable resource, Health Systems need to ensure consistent messaging but could pull from what is recommended
- Patient options can be valuable right now- example: at home stool testing vs. colonoscopy, open air vaccinations
 - Concerns with capturing patient information for medical home
- Virtual/Telemedicine visits can add value right now, however they require a lot of planning and procedure development. For example if at home testing is offered as an option while on a telemedicine visit- is there a process to complete the order, mail out the test, ensure patient understanding of how to complete the test, follow-up on status, etc.

Communication

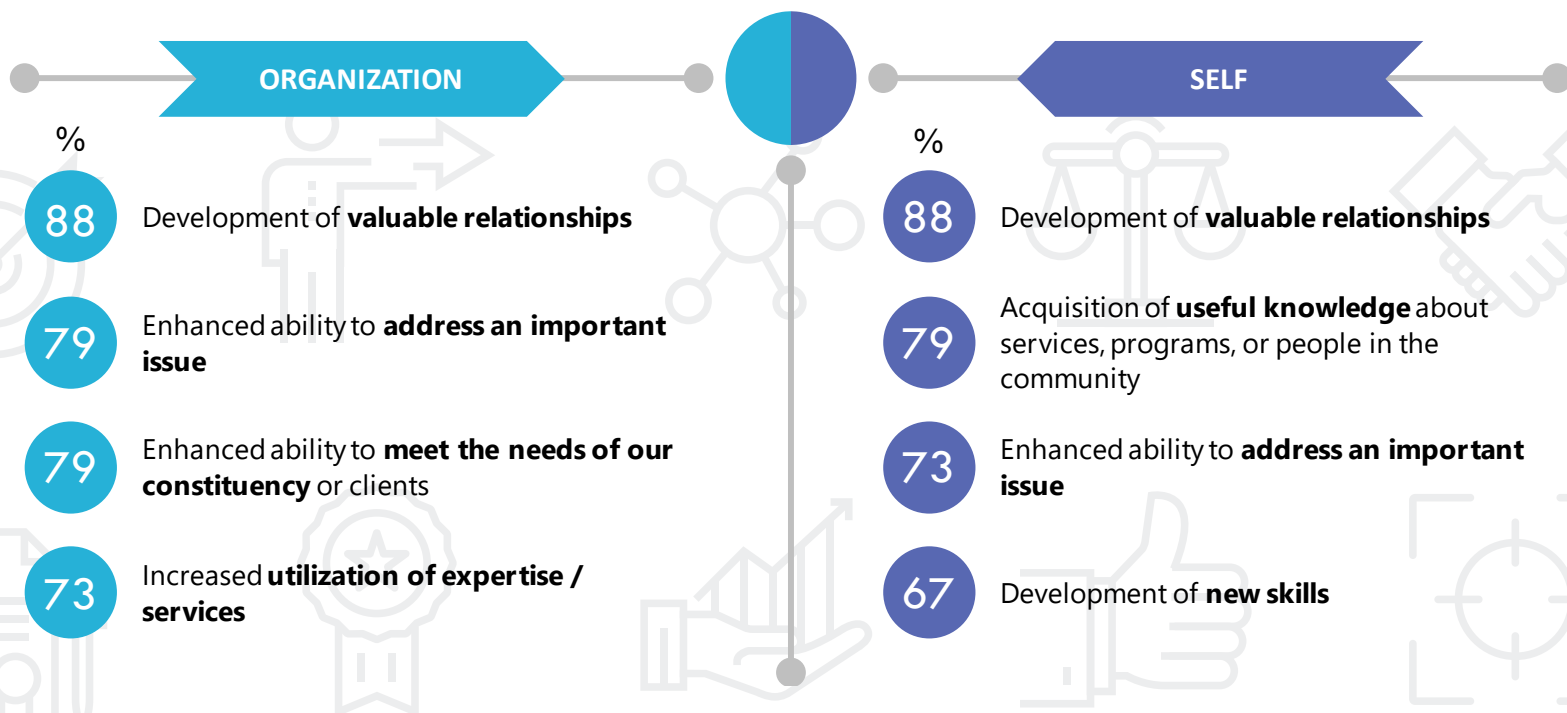
- Share the steps the system is taking, what are they doing currently that can be communicated to patients
- Don't press for completion of preventive services, create a plan for follow-up so they don't delay indefinitely
- Sharing any information about procedures to mitigate risk and exposure seemed to help with patient fear
- Need turnkey resources and toolkits that address alleviating patient fear
- Any created resources should be available in multiple languages and reading levels (especially around stool testing instruction)

Include Stakeholders

- When creating resources and talking points, ensure solution oriented stakeholders are at the table
 - Example: if transportation is a barrier for patients, have the transportation stakeholders at table when discussing solutions
- Look to the State Cancer Plans and Coalitions, they are also looking to address these concerns, include them in the discussion
 - Can also share partnership examples and collaborative efforts

PARTNERSHIP

PARTNERSHIP BENEFITS



PARTNERSHIP BARRIERS

Rank order in the circles, number of responses in parentheses.



DISCUSSION SUMMARY: Questions 2 & 3

How to develop or maintain multi-sector partnerships during COVID-19? How to foster Health Department engagement when their capacity is limited?

This question was answered by members of the NAC via a Round Robin process. All attendees were able to hear the comments live. A summary of the discussion was provided by Meg Fischer.

Clear Direction and Flexibility

- Partner availability is limited, so offering easy to implement options, recommendations and suggestions will be helpful
 - Make a clear ask. Example: can you do X, Y, or Z?
- Renegotiate how the Health Departments are involved right now and what they might be able to do
 - Provide a list of opportunities based on the work of the other COP members
 - Increase involvement as they are able

Benefits and Collaboration

- Continue to share benefit and intended outcome of partnerships, this is still everyone's work
- Health Departments are pulled in many different directions right now, however they are still committed and passionate about this work.
- Outreach directly to the Health Departments to fully understand their current needs
- Continue to gather their input and feedback to decide on a path forward
- Everyone is still working in the same "sandbox"- same resources, barriers, pain points. Building works better if you share the work.
- Continue to share data and information- both ways so people know how the project is moving forward

When do you plan to initiative HSCB project activities again?

■ Hospital System

■ Health Department

70%

17%

83%

30%

1-3 months

I am not sure