

# *Cancer Control in the Pacific: Update April 2007*

*CDC NCCCP – Pacific Comprehensive Cancer Control  
Program*

*CDC NPCR – Pacific Regional Central Cancer Registry*

*Neal Palafox, MD, MPH – Principal Investigator*

*Vanessa Wong, MD – Project Director, PCCCP*

*Lee Buenconsejo-Lum, MD – Project Advisor*

*University of Hawaii John A. Burns School of Medicine  
Department of Family Medicine and Community Health*

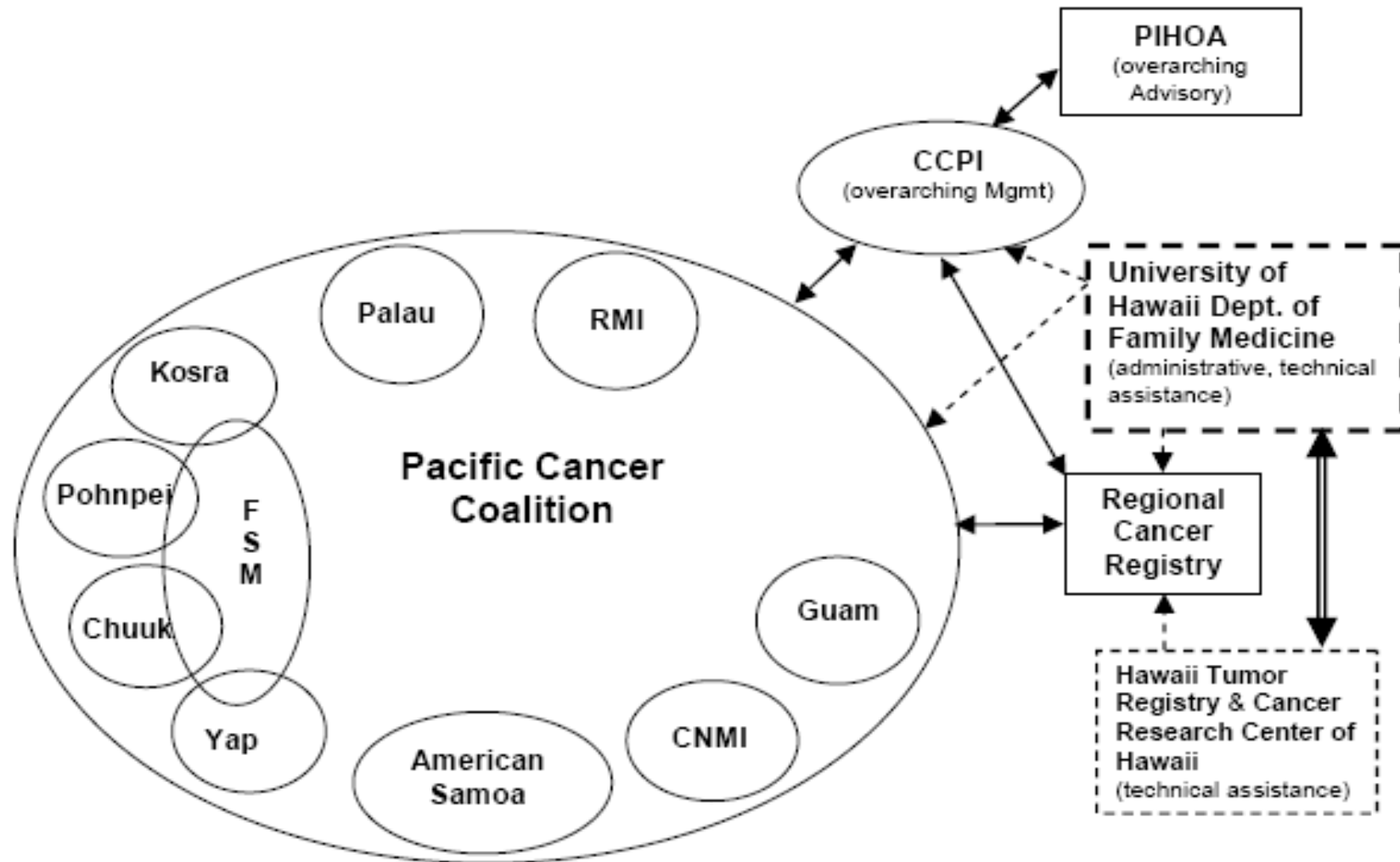


# *Outline of presentation*

- *Brief update on projects*
  - *Comprehensive Cancer Control*
    - *Jurisdictions and Regional*
  - *Pacific Regional Central Cancer Registry*
  - *How do they both tie into HRH*
- *Barriers and challenges*
- *Implications for PIHOA and Regional Health Strategies*
- *Next steps*



# IMPLEMENTATION OF THE PACIFIC REGIONAL CCC PLAN



Project Year	Year 2						Year 3									
Calendar Year	2006						2007									
Month	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
<b>Objectives and Major Milestones</b>	activity						milestone									
	CCPI PIHOA					CCPI PIHOA			FSM Nat Regional		Plans & Grants DUE					
<b>Goal 1: Complete Jurisdiction plans</b>																
1. hire a cancer coordinator																
2. vision statement, reviewed workbooks																
3. functioning coalitions																
4. completed section 1 of the workbook																
5. completed section 2 of the workbook																
6. completed section 3 of the workbook																
7. submit a draft implementation plan to UH																
<b>Goal 2: Complete Regional CCC plan</b>																
1. action plan for Regional Priority #1																
2. action plan for Regional Priority #2																
3. action plan for Regional Priority #3																
4. complete draft of Regional CCC plan																
5. ensure that plans are coordinated																
6. obtain approval of the Regional plan																
7. ensure fiscal and admin infrastructure																
8. submit Regional implementation grant																
<b>Goal 3: Complete Registry Grant app</b>																
1. Develop core team																
2. Assess governmental commitment																
2.3 Obtain written support from PIHOA																
3. Obtain background information																
4. Assist with writing registry proposal																
4.1 Develop timeline																
4.2 Draft proposal by October 31, 2006																
4.3 Obtain feedback																
4.4 Submit proposal by deadline (2/20/07)																



# CCC Approach

- *Regional Leadership*
- *Participatory Development*
- *Comprehensive Strategy*
  - *Community partnerships*
  - *Federal partnerships*
  - *Stakeholders investment*
  - *Unity in focus*



# CCC - Accomplishments

- *Staffing in place in all jurisdictions*
- *10 CCC Plans drafted and submitted to CDC*
  - *FSM National and Regional*
- *Implementation grant applications submitted by all jurisdictions*
- *Increased awareness/support for CCC in the Pacific*
  - *Presentation at US National/International conferences*
  - *C-Change mini-grants*
  - *Pacific CCC Leadership Institutes*



# *CCC – Barriers and Challenges: jurisdiction CCC efforts*

- *Bureaucratic challenges*
  - *Hiring process, political structure, subcontracts, UH, CDC*
- *Sustaining Coalitions*
  - *How do you keep members interested and committed?*
- *Growth of CCC Program*
  - *Inadequate infrastructure currently in place to support/sustain/maintain CCC efforts*



# *CCC – Barriers and Challenges: Regional CCC efforts*

- *How do you maintain/sustain CCC process?*
  - *What happens if only some of the grants get funded?*
  - *How about if none get funded?*
  - *What kind of support is there – locally, regionally, beyond CDC?*
- *How do you adapt to changes?*
  - *In political structure?*
  - *In personnel?*
  - *In level of funding?*



# *CCC Implications for PIHOA*

- *Individual Jurisdictions*
  - *Support local CCC efforts (advocacy, policy changes, funding)*
  - *Intent and plans*
- *Regional*
  - *Continue collaboration with CCPI and UH to support comprehensive cancer control activities*
  - *Support PIHOA Resolution*
    - *Collaborate to set minimum regional standards for cancer control*
    - *Support planning for regional resource center for cancer and other chronic diseases*



# *PIHOA Action Steps – Regional CCC*

*Work collaboratively (with CCPI) to establish a set of recommended minimum regional standards relating to cancer control*

- *Goal: To prevent cancer from occurring*
  - *By 2012, each jurisdiction will achieve completed hepatitis B vaccination series in 90% of 2 year old children*
- *Goal: To collect, analyze and report accurate cancer-related data across the region*
  - *By 2010, each jurisdiction will establish a quality assurance program for tracking cancer-related data*



# PIHOA *Action Steps* – Regional CCC

- *Goal: To diagnose cancer in individuals as early as technically possible within the USAPIN region*
  - *By 2009, jurisdictions without mammography will demonstrate a 10% increase above their baseline the number of women over 50 who are offered clinical breast exams annually*
  - *By 2012, each jurisdiction will demonstrate a 10% increase above their baseline the number of women age 18-65 who have a cervix who are offered cervical cancer screening at least every 3 years*
  - *By 2017, each jurisdiction will demonstrate a 10% increase above their baseline the number of women 50 and older or those at high-risk, who are offered a mammogram annually*
  - *By 2017, each jurisdiction will demonstrate a 10% increase above their baseline the number of men and women 50 and older who are offered a CDC-recommended colorectal cancer screening test*



# *Models for Addressing Chronic Disease*

- *Model for Cancer*
- *Can be utilized for all non-communicable illness*
- *Perhaps can be utilized for communicable illness*



## *PIHOA Action Steps – Regional CCC*

- Will begin a planning process necessary for successful implementation of regional resource centers for cancer and potentially other chronic diseases*



# *Center of Excellence in Eliminating Disparities*

- *Will be discussed after the Registry section*



# *Pacific Regional Central Cancer Registry: Update and Next Steps*

**PIHOA Meeting \* April 19, 2007 \* Honolulu, HI**

*Neal A. Palafox, MD, MPH*

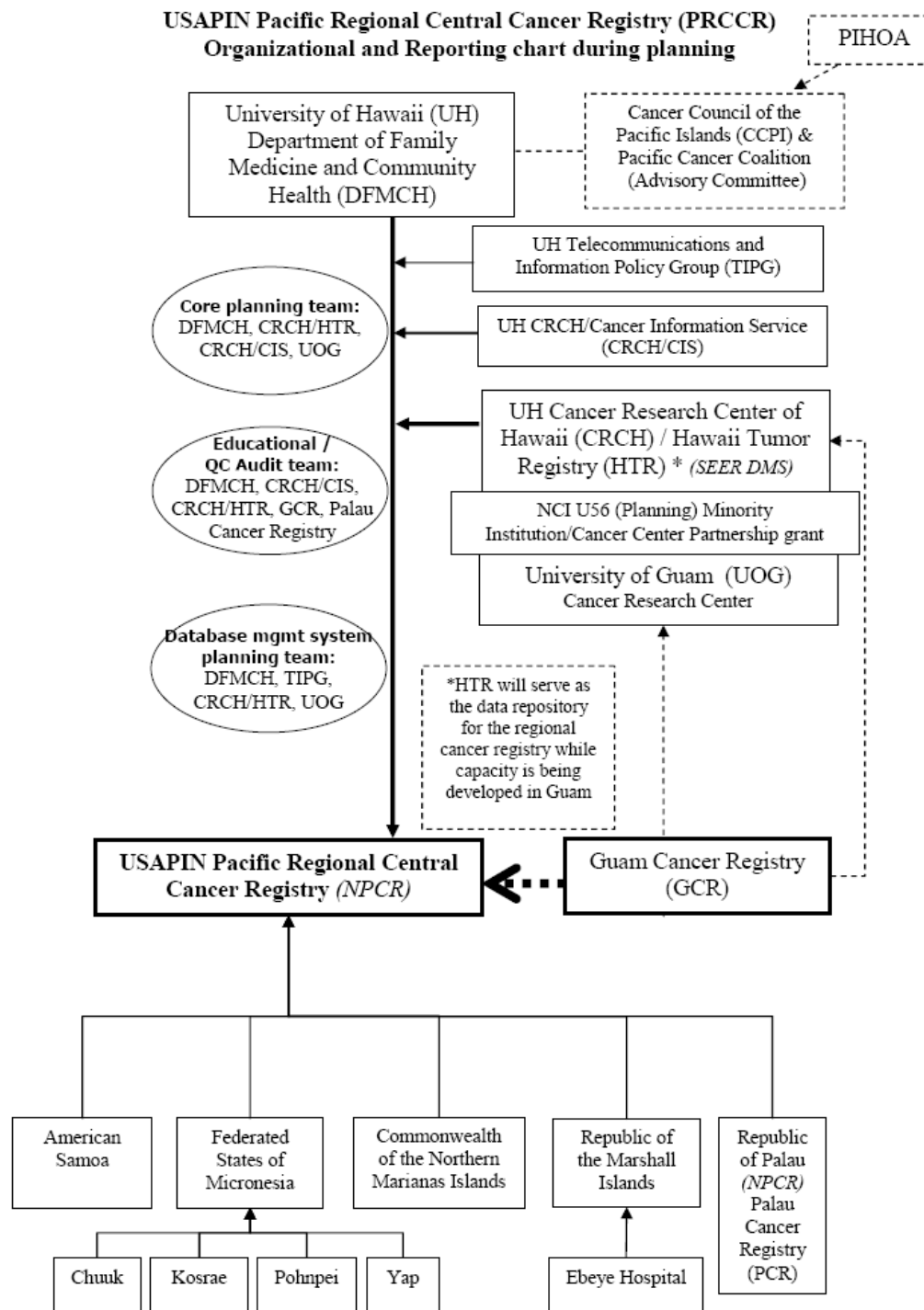
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*University of Hawaii Dept. of Family Medicine and Community Health*

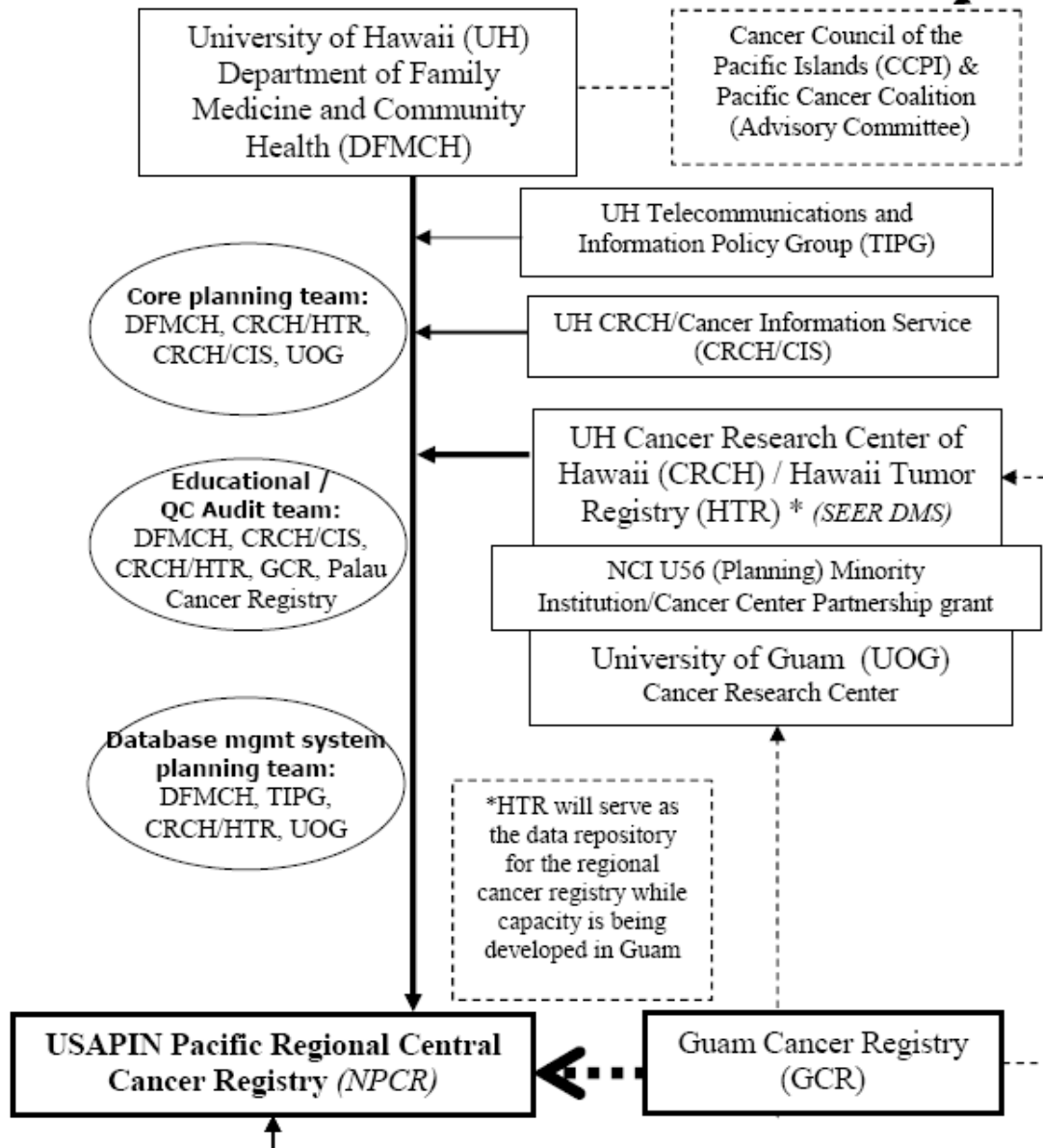


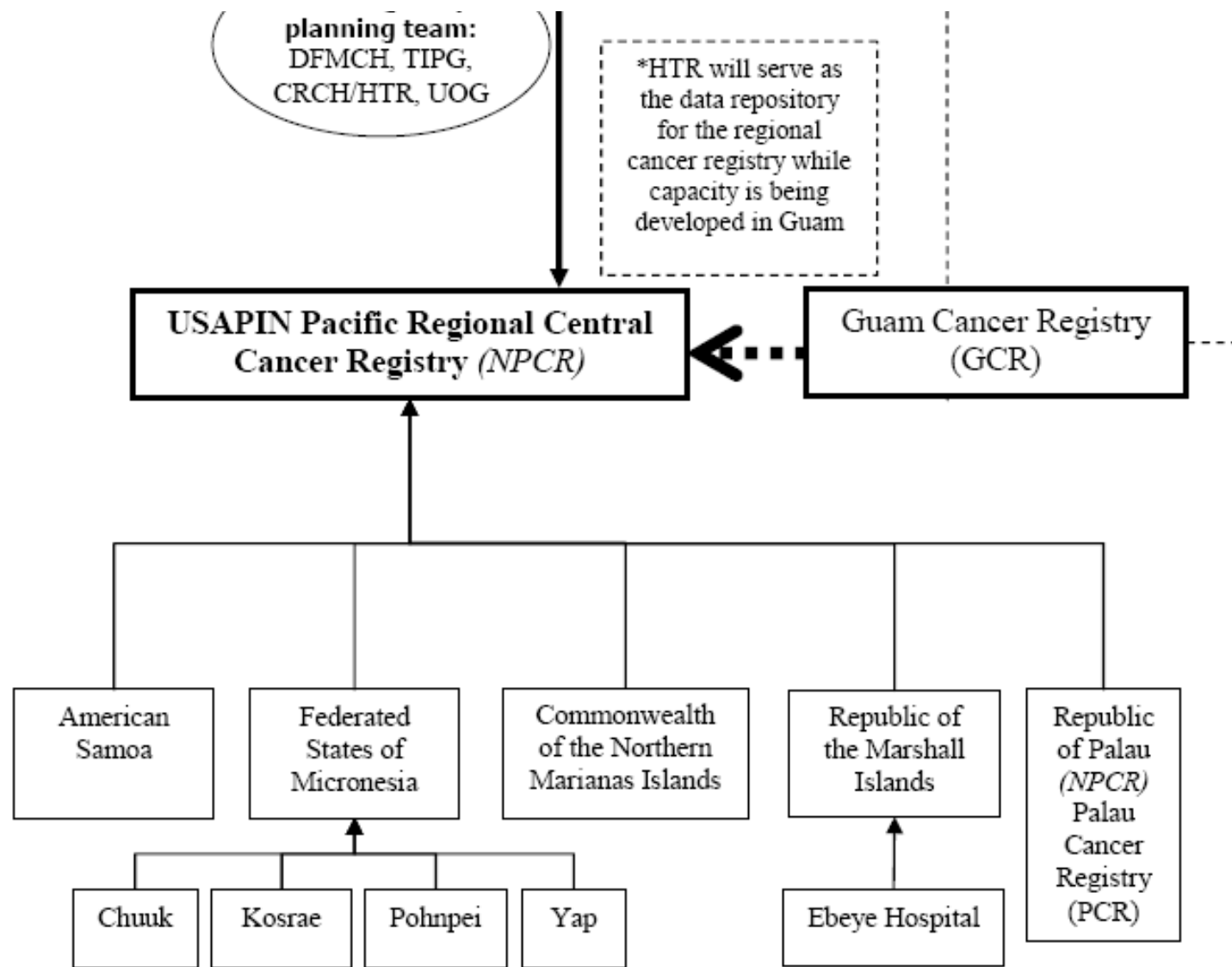
**USAPIN Pacific Regional Central Cancer Registry (PRCCR)  
Organizational and Reporting chart during planning**



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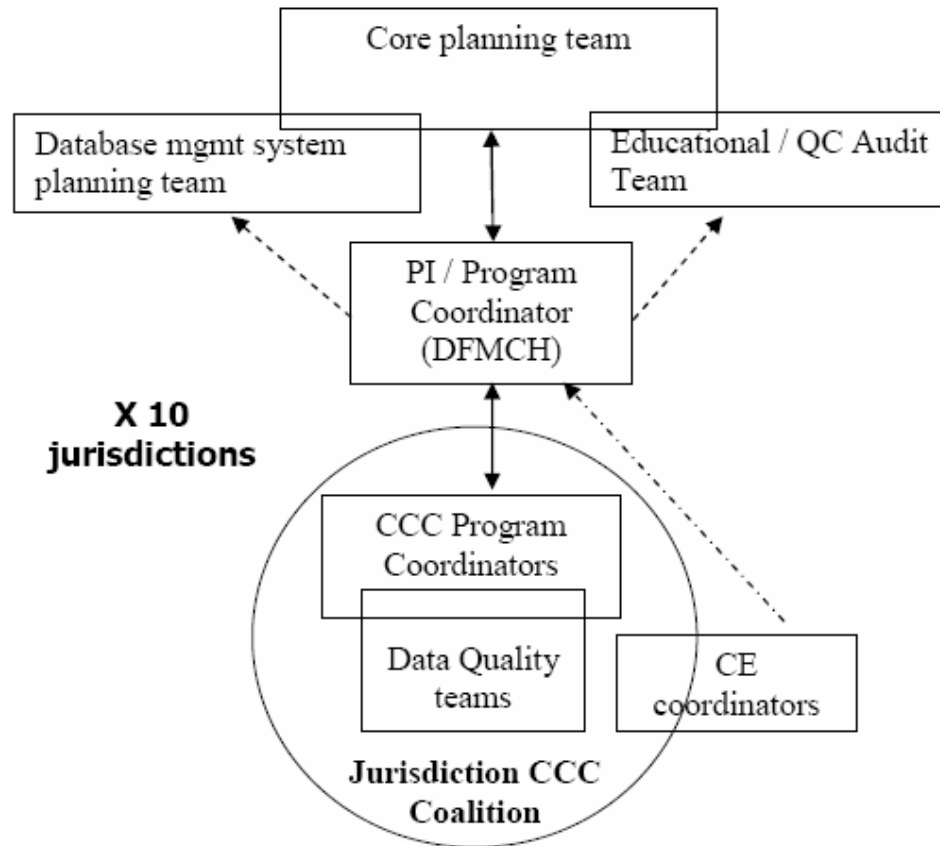
PIHOA





## Communication and Coordination

\*\*Each jurisdiction has a CCC Program Director/Coordinator, a continuing education coordinator and a registry/data quality implementation team leader. In general, the data teams in the jurisdictions include the database coordinator/registrar and/or medical records supervisor, lab supervisor, a physician and IT person. Communication will be via the Cancer Program coordinator.



# *PRCCR – Accomplishments*

- *Increased awareness of importance of cancer registry and health data*
- *Strong partnerships, committed to building capacity in the Pacific*
- *Potential to leverage further resources for cancer / chronic disease / evidence-based public health training*



# *PRCCR – Barriers and Challenges*

- *Attorney General letter from Guam*
  - *?Lack of understanding of the Registry requirements / U.S. Law*
  - *Health policy implicated with Attorney General signatures*
  - *Guam Law and Code were submitted and should suffice*
- *Cancer Registry with US standards*
  - *Complex, can it be used*
  - *Benefits and quality of data*



# *Nahlap Resolutions*

- *Action steps to attain a regional CCC and Regional cancer registry*
- *Where are we with the different steps?*
- *What will it take to achieve these?*



# *PIHOA Action Steps – Member States*

- *Enforce or create existing legislation and policies to mandate reporting of cancer-related information to the Ministry or Department of Health;*
  - *FSM: Bill is under Congressional Review*
  - *CNMI: Sent draft legislation and Guam's regulations end of March 2007*
  - *RMI: Will send*
  - *American Samoa: Law and regulations in place. Still some difficulty gaining access to LBJ records*
  - *Palau: okay*
  - *Guam: okay, working on getting information from Off-island referral office*



*A correctly worded law and regulations protect reporters to the registry, so entities refusing to report who cite “HIPAA” or confidentiality are erroneous*

*\*Templates for data exchange agreements will be given*

*\*Private providers reporting to DOH/MOH*



# PIHOA *Action Steps* – Member States

- *Formalize Ministry or Departmental (of Health) policies and procedures by August 2007 to ensure sharing of information among programs and divisions and collaboration to better utilize existing resources, programs and services;*
  - *Pap smear logs, results from the STI/MCH/FP/BCCEDP programs → Medical Records.*
    - *If the jurisdiction desires, the cancer registry will also be modified to include screening information*



# PIHOA *Action Steps* – Member States

- *Formalize Ministry or Departmental (of Health) policies and procedures by August 2007 to ensure sharing of information among programs and divisions and collaboration to better utilize existing resources, programs and services;*
  - *Outreach workers/nurses/health assistants who suspect a cancer patient should notify the cancer program so appropriate evaluation and follow-up can be arranged*
  - *Such policy will greatly assist with CCC efforts to expand health promotion, education and even screening activities using available resources*



# *PIHOA Action Steps – Member States*

- *Develop or expand quality assurance (QA) processes, specifically in the areas of laboratory and health information management so that cancer-related (and other) information is accurate and can serve as a strong base for future public health and health services planning;*
  - *What QA programs/ processes are in place now?*
  - *Is there a critical mass of staff to implement and teach others?*



# PIHOA *Action Steps* – Member States

- *Develop or expand quality assurance (QA) processes, specifically in the areas of laboratory and health information management so that cancer-related (and other) information is accurate and can serve as a strong base for future public health and health services planning;*
  - *Role of local BT / lab coordinator?*
  - *Local resources to teach basic principles of continuous quality improvement?*



# PIHOA *Action Steps* – Member States

- *Develop or expand quality assurance (QA) processes, specifically in the areas of laboratory and health information management so that cancer-related (and other) information is accurate and can serve as a strong base for future public health and health services planning;*
  - *Tracking logs for labs/other diagnostic procedures performed, sent off-island, reported to the physician?*
  - *Enforceable policies for physicians who do not complete their medical records accurately?*
  
- *\*Many implications for training ... foundational training as well as continuing education*



# PIHOA *Action Steps* – Member States

- *Continue to work collaboratively with CCPI and UH DFMCH as health information management (HIM) systems are developed so that the additional features of the regional cancer registry can be appropriately tailored to regional and individual jurisdiction needs and work in synergy with HIM systems*
  - *What other information would you want to capture in the Registry?*
    - *Determinants of disease, prior screening, family history*
  - *The registry is NOT a HIM system. There are no plans at present to do a direct electronic interface ... but it could be kept in mind for the future.*



# *How does HRH fit into Cancer?*

- *Training needs identified*
  - *Foundational coursework for medical records staff*
  - *Continuing education*
  - *Retraining of health assistants*
  - *Cross-training*
- *Need to mobilize and maximize locally available resources for training*
  - *CCC partners: community colleges, NGOs, other agencies or departments*



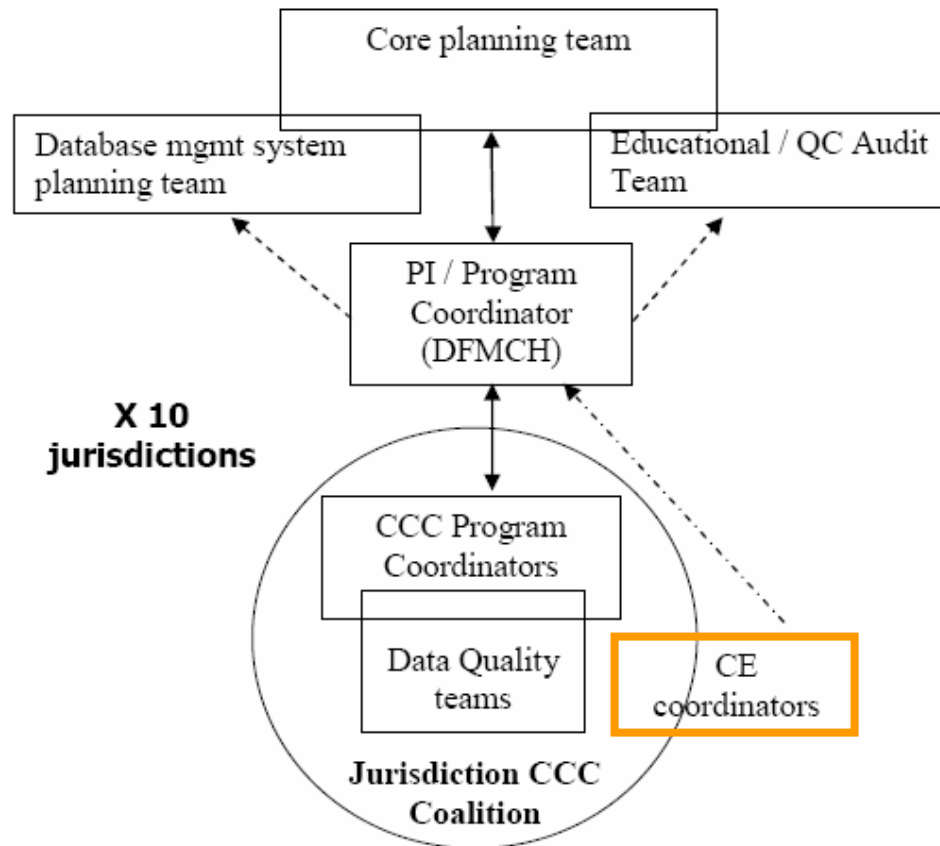
# *How does HRH fit into Cancer?*

- *Need to have a local coordinator just for the training components of the CCC and Registry*
  - *CE/CPD coordinator*
  - *PACT Board members will still need to help facilitate discussions between the community colleges / other resources and DOH/MOH needs*



## Communication and Coordination

\*\*Each jurisdiction has a CCC Program Director/Coordinator, a continuing education coordinator and a registry/data quality implementation team leader. In general, the data teams in the jurisdictions include the database coordinator/registrar and/or medical records supervisor, lab supervisor, a physician and IT person. Communication will be via the Cancer Program coordinator.



# *PIHOA Action Steps – Member States*

- *Coordination and Planning*
- *Proactive*
- *Novel*



*Center of Excellence in  
Eliminating Disparities*



# *Center of Excellence in Eliminating Disparities*

- *CDC funded*
- *Focus on disparate populations and specific health priority areas*
  - *Pacific Islanders*
  - *Breast and cervical cancer*
    - *Including risk factors*



# Goals

- *Develop a comprehensive model program*
  - *To promote elimination of disparities*
  - *Intervene at multiple socio-ecological levels*
  - *Provide expertise on identified population within health priority area*
- *Maintain and expand existing local efforts*
- *Coordinate existing resources*
- *Collaborate with partners at all levels*



# Goals

- *Serve as a national resource and expert center*
  - *Coordinate/conduct training and dissemination activities*
  - *Serve as information clearinghouse*
  - *Maintain internal database*
- *Implement culturally appropriate Community Action Plan (CAP)*
  - *Based on jurisdiction and regional CCC plan objectives/strategies*



# *PIHOA Action Steps – Regional CCC*

- *Support for application for CDC CEED grant (resolution)*
- *Collaboration on systems and policy changes*
- *Collaborate to support PIHOA priority areas*

