**Action Step Updates**

**June 13, 2017**

**Consumers**

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| Priority Area #1 | **Raise awareness and move consumers to action through targeted media** |
| Action Step #1 | TV, radio, Billboards (mass media) | **Lead: DPHHS-Lisa Troyer** |
| Action Step #2 | Reminder postcards (small media) | **Lead: Local contractors, BCBS, DPHHS** |
| **Updates** | * DPHHS has done Medicaid postcards in the past.  Currently holding on postcard activity with Medicaid.
* Local health educators have access to premade postcards to utilize in clinics, worksites etc.
* Previous postcard activities: Medicaid, State of MT employees, BCBS, MMIA and contractors.
* Mass media project with Dr. Bubbers (St. Petes Hospital and local with Cancer Control Programs is airing across the state May/June 2017. Print Media and billboards will also be up and available, link will be sent to group.
* Jim Whitehead piece out May/June 2017
* Courtney Buys-MPCA editorial piece, 4 clinics, picked up by local papers.
* ACS/MPQH- Healthy Living Channel for FluFIT set to air in September- potential for CRC piece in process
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| Priority Area #2 | **Move consumers to action through education** |
| Action Step #1 | Community engagement in CRC-conferences and health fairs | **Lead: Local contractors and CHCs** |
| Action Step #2 | CEO challenge-potential for social media opportunities | **Lead: BCBS and ACS** |
| Updates | * Emily Coyle, ACS has connected with BCBS and Sara Murgel to explore opportunities with an Employer Challenge/Provider education.
* Sara Murgel/Emily Coyle coordinated Worksite Wellness Webinar March 22, 2017, in partnership with the Montana Association of Healthcare Purchasers. Employee Wellness: The Business Case for Colorectal Cancer Screening. Completed, 50 participants
* Emily Coyle with ACS worked with Amber Rogers to support the Helena Indian Alliance and Missoula Urban Indian Health Center (together with Partnership Health Center) to hold flu/FIT/FOBT events, as well as provide CRC awareness materials to other health centers.
* ACS/MPQH- 4 state FluFIT webinar series (MT, WY, AK, HI)The series begin in June 20, 2017
* Lame Deer Blue Bingo event minigrant supported this activity, FIT test given out.
* Molly Hale, Riverstone Health reported community focused activity whereas instead of a specific event, handing out FIT Test to eligible candidates. To date they have given out 100 tests.
* Kalispell reported a collaborative agreement/approach that they are doing to implement FIT tests, referrals are up to 200. (more details on this project will be forth coming)
* Colleen Hueffed- April 8th the Missoula Urban Indian Health Center held their spring wellness fair.  As always we participated by having an information table.  This time we geared much of the info toward CRC prevention, education and screening.  We had a quiz for people to complete and make a pledge to do their part in preventing cancer using some of the info we were disseminating.  There was an incentive ($10 gift card) for the quiz/pledge.  We talked to about 25 people and went over the CRC cancer info with most of them, and received 20 promises to prevent cancer including eating healthy, to getting screened, to sitting down & talking to family members about their family history. I gave out two FIT tests and I promised to hound them until they’re turned in. We are following this up with a lunch and learn with the MUIHC staff April 20th.  This again will be focused toward CRC prevention. Also collaborating with ACS for Lunch and Learn activity.
* Betsy- Great Falls, reported that FIT test are available and able to process in house. Working on getting group together to implement.
* Courtney Buys, along with Cover Montana AmeriCorps VISTA, are working on the Health Insurance Literacy for Colorectal Cancer Screening one pager, goal is to get a draft out by end of June 2017.
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**Systems**

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| Priority Area #1 | **More effectively engage employers** |
| Action Step #1 | Worksite wellness webinar for the employer challenge | **Lead: Sara and Emily-March 2017** |
| Action Step #2 | Engage contractors to reach out to Chambers of Commerce for better partnerships and newsletters | **Lead: Jessica McDonald-Jan 2017** |
| Substep #1 | Investigate opportunities with MAHC  | **Lead: Emily** |
| Substep #2 | Investigate opportunities with Main street Montana | **Lead: Heather Zimmerman** |
| Updates | * Emily Coyle is exploring opportunities with the MAHCP to identify appropriate turnkey materials that the Roundtable has to offer to engage employees.\* sent to group
* Jessica sent to local health educators newsletter and materials that she is sharing with local chambers of commerce so that they too can reach out in their region to local chambers.
* DPHHS continues to explore opportunities with Main Street Montana.
* ACS/DPHHS will blast another round of resource materials to Roundtable and Worksite Wellness groups
* MCCP presented at MHA spring Conference in March presenting the resources available to worksites, including cancer screening.
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| Priority Area #2 | **Provide support to primary care providers** |
| Action Step #1 | Provide expert speaker and training on CRC screening guidelines | **Lead: ACS/PCA/ DPHHS** |
| Action Step #2 | Offer Health Information Technology support for QI process to clinics | **Lead: DPHHS-Leah** |
| updates | * ACS/PCS/DPHHS- Courtney and Emily completed MPCA Spring Symposium. The need for provider education came from this. ACS/MPCA working on “Road Show” to clinics across the state. Drs from ACS will come down and talk to clinic staff September/October 2017
* MCCP continues to have available Health Information Technology support through MPQHF that we can offer, currently utilizing with MPCA and Providence Health Systems, but we can continue promote this service and offer to others.
* Dr. Costrini, Digestive Disease Challenges for the Community Clinician lectures across the State of Montana. This activity is going well, well attended. Need update.
* St. Peter’s Hospital/Dr. Bubbers- Colonoscopy event at St. Pete’s- well attended event.
* MCCP released Surveillance Report and Capacity study to several provider groups including BCBS
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Hand outs for conference.

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| Priority Area #3 | **More effectively engage payers** |
| Action Step #1 | PCMH program adding CRC screening to quality measures | **Lead: DPHHS/CSI** |
| Action Step #2 | Develop small media campaign for payers to send out on coverage rates to 50-74 population | **Lead: DPHHS** |
| Action Step #3 | Identify funding (possibly MT Healthcare Foundation) to get colonoscopies to high risk patients in coverage gap | **Lead: DPHHS/ACS** |
| Updates | * Jessica McDonald is investigating when crc funding ended 1 ½ years ago, who was scheduled to have colonoscopy and where are they now?  Jessica is looking into different community groups to see who is falling in the gap.
* Courtney- MPCA is currently doing a project reaching out to those that could possibly be insured, but are unaware of their screening eligibility.  Need Update This is challenging, Cover MT project pushing CRC and Cancer Screenings, story collection projects.
* Amber noted that with CPC Plus Clinics, there will be an emphasis on all types of preventable screening.  Amber and Emily will discuss further and provide updates.
* Heather- State PCMH program will unlikely continue.
* Sara/Emily will work to get Allegiance on board and sign the pledge. All other payers have signed the pledge.
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**Policy**

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| Priority Area #1 | **Close the insurance gap on routine screenings** |
| Action Step #1 | Call senators-pressure Zinke to co-sponsor HR1220-federal law to cover screening gap | **Lead: ACS-CAN** |
| Action Step #2 | Get Gov Bullock to advocate, get his screening | **Lead: Emily Bubbers** |
| Action Step #3 | Create state legislation to mandate full coverage for screening colonoscopies  | **Lead:** |
| Updates | * Gov Bullock has scheduled his colonoscopy- Emily will find out this status.
* Emily- “Removing Barriers to CRC Screening” federal CRC bill has Bipartisan support, referred to house committee on Health- Emily can update. (HR 1017) by Representatives Dent, Payne and Lance.
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| Priority Area #2 | **Protect colonoscopies for uninsured and low income/underserved** |
| Action Step #1 | Push hospitals to pledge to 80% by 2018 and use funds to help cover colonoscopies | **Lead:** |
| Action Step #2 | Have more city and county pledges to 80% by 2018 | **Lead:** |
| Action Step #3 | Protect HELP Act-watch bill, ensure rural engagement  | **Lead: Chelsea Rice** |
| Action Step #4 | HR 1220-try to push through | **Lead:** |
| Update | * Work is being done to get Hospitals to get engaged and sign the pledge. **Dr.** **Wendy Grace** is doing great work to push information to hospitals.
* City/county pledges- **Courtney** taking the lead on EDIT team. Lots of pledges coming through.
* Heather is mentioning the pledge in her conversations when writing her Montana CRC capacity report.
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**Process**

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| Priority Area #1 | **Raise awareness of providers and health systems of the 80% by 2018 initiative-Target March, 2017** |
| Action Step #1 | Obtain email/newsletter lists to statewide groups-AAFP, MMA, MHA, AAFP, Medicaid Passport, MPCA, IHS and American Association of PC Endoscopists | **Lead: Wendy Grace** |
| Substep#1 | Draft content for inclusion in statewide newsletters: include champion message (Health 406, Twitter, MHA) | **Lead: All** |
| Substep #2 | Create packages of print, video, voice to send to groups  | **Lead: ACS** |
| Substep#3 | Coordinate messages with consumer mass media campaigns | **Lead: All** |
| Updates | * Wendy Grace is reaching out to Hospitals.  The CDC colorectal program will be providing Montana-specific information.
* Amber will reach out to MMA, MHA
* Anyone have contacts with AAFP, Medicaid Passport, IHS, American Association of PC Endoscopists?
* Toolkits have been created and sent to the group, but have lots of info…would smaller bites be more effective?
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| Priority Area #2 | **Increase number of pledges statewide** |
| Action Step #1 | Each person at roundtable takes pledge to organization to sign. (Done) Include talking points on why to sign, MT current screening rates, 80% goal, support to reach goal, COC accreditation and screening guidelines as well as use of charity funds to cover screening. | **Lead: All**  |
| Action Step #2 | Recruitment messaging includes how signing the pledge facilitates meeting meaningful use criteria  | **Lead: Emily** |
| Updates | * The MT Cancer Coalition Early Detection implementation team is leading 80% by 2018 pledge efforts, and have more than tripled the number of pledges signed statewide. Congratulations to Courtney and Jean Raw!
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| Priority Area #3 | **Publicly recognize groups that sign**  |
| Action Step #1 | Publish list of signed hospitals in MHA newsletter | **Lead: ACS-Summer 2017 post BRFSS** |
| Action Step #2 | Draft a press release recognizing signees that is co-signed by PH departments, Cancer Control Coalition, ACS, coordinate with MTCC. Release concurrent with Relay for Life | **Lead: ACS** |
| updates | * ACS, DPHHS and MTCC submitted a statewide press release for CRC Month recognizing pledge signers.
* MPCA can publish List
* Will keep recognizing with Relay for Life Activities
* Recognized at Cancer Coalition this Spring as well as Roundtable event in November 2017
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MT CRC Roundtable Ideas:

Set date early October to accommodate Dr from “road show” to attend and participate.