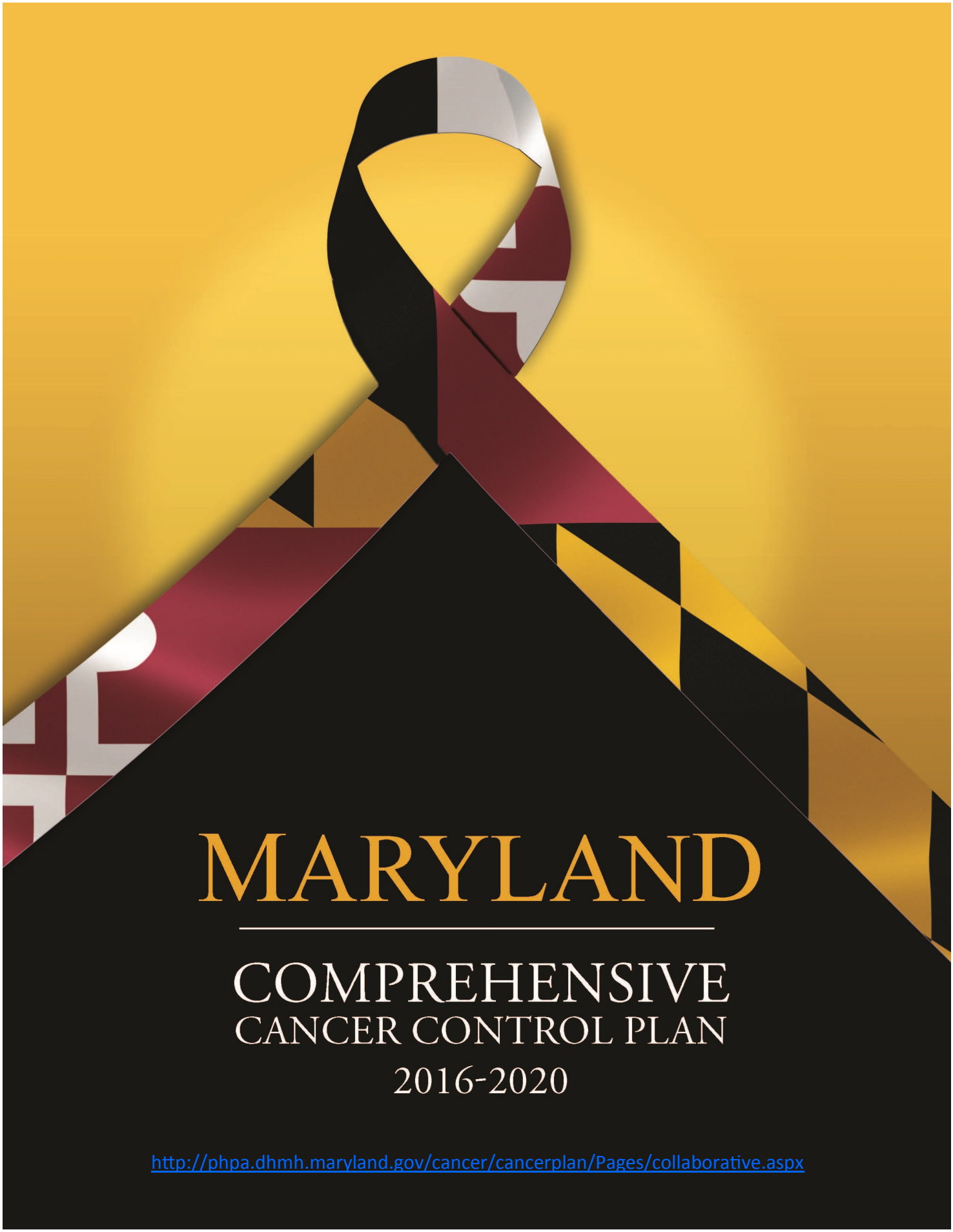
Cancer Control Success Stories

2016

Progress Report

on the Maryland Comprehensive Cancer Control Plan



MARYLAND

COMPREHENSIVE CANCER CONTROL PLAN 2016-2020

http://phpa.dhmh.maryland.gov/cancer/cancerplan/Pages/collaborative.aspx

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2016 Progress Report

Introduction

On September 15, 2016, Governor Larry Hogan held a press conference to highlight the recently updated ***2016-2020 Maryland Comprehensive Cancer Control Plan*** (Cancer Plan) (See page 5). The updated Cancer Plan is a guide to cancer control in Maryland that outlines goals, objectives, and strategies that individuals and organizations can use to guide cancer control activities. The Cancer Plan is meant to serve as a guide for health professionals, as well as a resource for all Marylanders. The updated Cancer Plan includes three sections based on areas along the cancer continuum: Primary Prevention of Cancer; High Burden Cancers in Maryland; and Survivorship, Palliative Care, and Hospice Care. It represents the coordinated efforts of the Maryland Department of Health and Mental Hygiene (DHMH), as well as 83 public and private stakeholders from across the state. For the updating process, DHMH used the 2011-2015 Cancer Plan as a starting point for revisions and held feedback sessions to hear from partners and stakeholders. The updated Plan shifted from a focus on data and background information to a focus on goals and objectives, and strategies to promote implementation. It also marks a shift from site-specific chapters to sections that consolidate cross-cutting content and topic areas. Thus, objectives in the updated Cancer Plan are specific, measurable, attainable, relevant, and time bound (SMART), and based on available, measurable data sources.

The Cancer Plan encourages collaboration and cohesiveness among stakeholders working to control cancer in Maryland. To encourage collaboration, a statewide coalition known as the Maryland Cancer Collaborative (MCC) was established in 2011 to implement the Cancer Plan. The goals of the MCC are to work with individuals and organizations throughout the state to implement the Maryland Comprehensive Cancer Control Plan, and to bring together existing groups and new partners from across the state to collaborate on a common goal: reducing the burden of cancer in Maryland. Since its formation in 2011, MCC members have come together to form various committees and workgroups that have implemented a number of projects from the Cancer Plan. Please refer to the Maryland Cancer Collaborative section at the end of this report for more information.

This report highlights cancer control efforts in Maryland and the progress made on selected goals, objectives, and strategies in the Cancer Plan. It also highlights whether the most up-to-date and available surveillance data are on trend to meet the 2020 data targets — the 5-year goal for each objective. The Progress Report is organized into sections spanning the cancer continuum. Success stories included in the report demonstrate the impact that cancer control activities have on Marylanders. Relevant cancer disparities are addressed throughout the success stories, and updates on policy action and surveillance data are also provided throughout the report.

Data sources are referenced throughout the Progress Report. Abbreviations include:

MCR - Maryland Cancer Registry
BRFSS - Behavioral Risk Factor Surveillance System
CDC WONDER - Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research
YTRBS - Youth Tobacco and Risk Behavior Survey
NIS - National Immunization Survey

Acknowledgements

The DHMH Center for Cancer Prevention and Control would like to thank everyone who contributed to this Progress Report, including staff and representatives from the Office of Policy and Planning at DHMH, University of Maryland St. Joseph Medical Center (UMSJMC) Cancer Institute, Cancer Support Foundation, and Anne Arundel Medical Center (AAMC) DeCesaris Cancer Institute.

On September 15, 2016, Governor Hogan held a press conference to highlight the recently updated Cancer Plan.

Representatives from the Maryland Department of Health and Mental Hygiene, Maryland Cancer Collaborative, and Maryland State Council on Cancer Control attended the press conference.

Primary Prevention of Cancer

Wellness Wise: Colorectal Cancer Screening Initiative

Colorectal cancer is one of the leading causes of cancer death in Maryland. The American Cancer Society estimates that in 2016, about 2,390 new cases of colorectal cancer are diagnosed in Maryland and 850 deaths occur due to the disease.[1] In many cases, colorectal cancer is preventable by maintaining healthy weight, eating a healthy diet, being physically active and through early screening and detection, such as through colonoscopy, which allows the detection and removal of precancerous lesions. One of the goals of the Maryland Comprehensive Cancer Control Plan is to increase cancer prevention behaviors in Maryland. The Plan encourages Marylanders age 50 to 75 to have a colonoscopy every 10 years, a sigmoidoscopy every 5 years, or a Fecal Occult Blood Test (FOBT) annually.

To encourage its employees and their families to get screened for colorectal cancer, the University of Maryland St. Joseph Medical Center (UMSJMC) implemented a novel screening program, the ***Wellness Wise: Colorectal Cancer Screening Initiative***. The initiative (a result of the *80% by 2018 Pledge* made by the Medical Center and a partnership among UMSJMC's Cancer Institute, Employee Wellness Wise Program, and Digestive Disease Center) was designed to fit colonoscopies into employees' and their families' busy schedules by opening the Cancer Institute & Digestive Disease Center for two Saturdays in March 2016 (Colorectal Cancer Awareness Month). UMSJMC's offsite facility also offered colonoscopies on one Saturday in April 2016 to accommodate employees and their family members who were covered under their partners' insurance. Concurrently, during Colorectal Cancer Awareness Month, UMSJMC educated patients, physicians, and staff about the importance of screening tests and how to overcome screening barriers. Presentations about the initiative were made at the Management Council and managers were encouraged to talk to their staff about the importance of getting screened. The partners also produced a marketing video for the initiative that included clips from Dr. Nader Hanna, the Cancer Institute Medical Director, several surgeons, and an employee/patient who had been diagnosed and treated for colorectal cancer. The video was sent to all employees and played on television screens throughout the hospital during Colorectal Cancer Awareness Month. (To see the video, go to https://www.youtube.com/watch?v=uVAsWVm2GGQ.)

Results of the initiative were that 27 patients took advantage of the Saturday appointments, and 18 employees/family members had their first colonoscopy. Of those 27, 13 patients were found to have polyps, 11 patients with adenomas, and 17 patients with diverticulosis. Eight patients had positive findings which required further follow-up and 1 patient had tubulovillous adenoma, which would have developed into cancer if not removed. Because of the successes, UMSJMC participated in the American Cancer Society November 1st Colorectal Cancer Best Practice Forum and is planning a 2017 employee/family colorectal cancer screening initiative.

The Wellness Wise: Colorectal Cancer Screening Initiative is an excellent example of how a program can contribute toward achieving the goals of the Cancer Plan. By taking the initiative to help prevent cancer and facilitate cancer screening by educating employees and their families, raising awareness, and reducing barriers to cancer screening, UMSJMC is undoubtedly fulfilling its *80% by 2018 Pledge* and positively impacting the colorectal cancer incidence in the state of Maryland.

1. American Cancer Society. Cancer Facts and Figures 2016. Accessed on December 5, 2016. Available at: http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-047079.pdf.

Primary Prevention of Cancer

Measurable Progress

Legend:

Meets target | On trend to meet target | Not on trend to meet target | No change from baseline

GOAL 1. INCREASE CANCER PREVENTION BEHAVIORS IN MARYLAND.

	Baseline	Target	Update	Trend
Objective 1. By 2020, reduce the prevalence of current cigarette smoking among adults to 15.6%.	16.4% 2013 MD BRFSS	15.6%	15.1% 2015 MD BRFSS	
Objective 2. By 2020, reduce the prevalence of tobacco use among high school youth as measured by YTRBS to reach the following targets:				
Cigarette use: 11.3%	11.9%	11.3%	8.7%	
Cigar use: 8%	12.5%	8.0%	10.3%	
Smokeless tobacco use (chewing tobacco or snuff): 6.9%	7.4%	6.9%	5.8%	
Any type of tobacco (cigarettes, cigars, or smokeless tobacco): 16.1%	16.9%	16.1%	16.4%	
Source:	2013 YTRBS		2014 YTRBS	
Objective 3. By 2020, reduce exposure of high school youth to secondhand smoke as measured by YTRBS to 30.1%.	31.7% 2013 YTRBS	30.1%	27.0% 2014 YTRBS	
Objective 4. By 2020, reduce the proportion of Marylanders who are obese to meet the following targets:				
Adults age 18 years and older: 27.5%	28.3% 2013 MD BRFSS	27.5%	28.9% 2015 MD BRFSS	
High school youth: 10.7%	11.0% 2013 YTRBS	10.7%	11.5% 2014 YTRBS	

Primary Prevention of Cancer

Measurable Progress

Legend:

Meets target | On trend to meet target | Not on trend to meet target | No change from baseline

GOAL 1. INCREASE CANCER PREVENTION BEHAVIORS IN MARYLAND (continued).

	Baseline	Target	Update	Trend
Objective 5. By 2020, increase the proportion of Marylanders who consume fruits and vegetables as measured by BRFSS and YTRBS to reach the following targets:				
Adults age 18 years and older: 17.6%	17.1% 2013 MD BRFSS	17.6%	18.5% 2015 MD BRFSS	
High school youth: 20.7%*	20.1% 2013 YTRBS	20.7%	NA*	
Increase the proportion of high school students who ate fruit or drank 100% fruit juices three or more times per day (during the past 7 days)**	20.0% 2013 YTRBS	20.6%	18.1% 2014 YTRBS	
Increase the proportion of high school students who ate vegetables three or more times per day (during the past 7 days)**	13.8% 2013 YTRBS	14.2%	13.4% 2014 YTRBS	
Objective 6. By 2020, increase the proportion of infants in Maryland who are breastfed to reach the following targets:				
Ever breastfed: 81.9%	79.8%	81.9%	84.8%	
Breastfeeding at 6 months: 60.6%	60.1%	60.6%	66.5%	
Breastfeeding at 12 months: 34.1%	29.4%	34.1%	40.6%	
Source:	2011 NIS		2013 NIS	

* This data is no longer available on the 2014 YTRBS (supplemental tables or via data request), although it is referenced in the text of the 2014 YTRBS report ("Overall, the percentage of students who ate fruits and vegetables five or more times per day during the past week remained unchanged between 2005 and 2014. However, there was a significant decrease in this percentage between 2013 and 2014.").

** These questions are not part of the Cancer Plan, but substitute for the original measure in high school students, which is no longer available.

Primary Prevention of Cancer

Measurable Progress

Legend:

Meets target | On trend to meet target | Not on trend to meet target | No change from baseline

GOAL 1. INCREASE CANCER PREVENTION BEHAVIORS IN MARYLAND (continued).

	Baseline	Target	Update	Trend
Objective 7. By 2020, promote physical activity among Maryland adults age 18 years and older:				
Reduce the proportion of adults who engage in no leisure-time physical activity to 24.0%.	25.3%	24.0%	24.1%	
Increase the proportion of adults who engage in moderate physical activity for at least 150 minutes or vigorous physical activity for at least 75 minutes per week, or an equivalent combination to 50.4%.	48.6%*	50.4%	52.9%	
Source:	2013 MD BRFSS		2015 MD BRFSS	
Objective 8. By 2020, increase the proportion of Maryland youth who meet the federal physical activity guidelines [60 minutes daily] for aerobic physical activity to reach the following targets:				
High school youth: 22.7%	21.6%	22.7%	19.5%	
Middle school youth: 30.9%	29.4%	30.9%	31.7%	
Source:	2013 YTRBS		2014 YTRBS	
Objective 9. By 2020, reduce drinking among Maryland adults to reach the following targets:				
Chronic drinking (more than 2 drinks per day for men, more than one drink per day for women): 4.7%**	5.2%	4.7%	4.9%	
Binge drinking (5 or more drinks for men and 4 or more drinks for women on a single occasion): 12.8%	14.2%	12.8%	14.2%	
Source:	2013 MD BRFSS		2015 MD BRFSS	

* Percentage (48.0%) was incorrect in the Cancer Plan due to minor errors with data analysis. It has been corrected (48.6%).

** Per BRFSS, the 2015 calculated variable for heavy drinkers (adult men having > 14 drinks per week and adult women having > 7 drinks per week) replaces the measure used in the past. The change in the time period used to assess heavy drinking (i.e. from daily average to weekly) has no impact on prevalence estimates for heavy drinking among adults, as high average daily alcohol consumption and high weekly alcohol consumption are mathematically equivalent.

Primary Prevention of Cancer

Measurable Progress

Legend:

Meets target | On trend to meet target | Not on trend to meet target | No change from baseline

GOAL 1. INCREASE CANCER PREVENTION BEHAVIORS IN MARYLAND (continued).

	Baseline	Target	Update	Trend
Objective 10. By 2020, increase coverage rates for HPV vaccine to reach the following targets:				
Girls age 13-17 that have received one dose to 80%	50.0%	80.0%	57.9%	
Girls age 13-17 that have received three doses to 80%	33.4%	80.0%	39.4%	
Boys age 13-17 that have received one dose to 80%	34.2%	80.0%	46.9%	
Source:	2013 NIS		2014 NIS	
Objective 11. By 2020, increase the proportion of Maryland adults age 18 years and older who always or almost always use at least one sun protective measure as measured by BRFSS* to 74.5%.				
* BRFSS collects data on the following sun protective measures: • Limit sun exposure between 10 am and 4 pm • Use sunscreen with SPF of 15 or higher when outdoors for an hour or more on a sunny day • Wear a hat with a broad brim when outdoors for an hour or more on a sunny day • Wear sun-protective clothing when outdoors for an hour or more on a sunny day	67.7% 2012 MD BRFSS	74.5%	NA*	
Objective 12. By 2020, reduce the proportion of high school youth who report using artificial sources of ultraviolet light for tanning to 9.5%.	10.5% 2013 YTRBS	9.5%	NA**	

* Questions on sun protective measures in Maryland are part of the optional state-added skin cancer module; these questions were last asked in the 2012 BRFSS.

** YTRBS data for UV tanning is only available for middle school students in 2014.

Primary Prevention of Cancer

2016 Maryland Legislative Session Highlights

Primary Prevention

⇒ HB 1115 – **Montgomery County – Cigarette Retailers – County License Fee MC 12-16** passed in 2016 – This legislation increases the license fee for cigarette retailers in Montgomery County to $125 from $25 and requires that the funds be used to enforce existing laws banning the sale or distribution of tobacco products to minors.

(See Maryland Comprehensive Cancer Control Plan Section 1 - Primary Prevention of Cancer)

⇒ HB 356 – **Supplemental Nutrition Assistance Program Benefits – Grant Application** passed in 2016 – This legislation requires the Department of Human Resources to submit a grant application to USDA to support a pilot project that provides incentives to efficiently increase the purchase and consumption of eligible fruits and vegetables by SNAP participants.

(See Maryland Comprehensive Cancer Control Plan Section 1 - Primary Prevention of Cancer)

High Burden Cancers

Critical Medical Needs Program

The Cancer Support Foundation

In 2016, it is estimated that there will be 30,990 new cases of cancer diagnosed and 10,560 deaths due to cancer in Maryland.[1] Beyond the rate of cancer incidence and mortality, cancer also imposes emotional and financial burden on cancer patients and their family. The Maryland Comprehensive Cancer Control Plan sets goals and objectives to reduce the burden of cancer and increase the quality of life for cancer patients. Some of the strategies to achieve the goals and objectives are to utilize patient navigation and implement innovative methods to identify hard to reach, underserved populations. Many programs in Maryland have utilized these strategies to reduce the burden of cancer and increase the quality of life for cancer patients. One such program is the ***Critical Medical Needs Program*** (CMNP) at the Cancer Support Foundation (CSF).

From its involvement with the Maryland Cancer Collaborative Survivorship Workgroup, CSF recognized that many cancer patients had problems with their electric bills and were physically unable to apply for assistance at their local Office of Home Energy Program (OHEP), Office of People's Counsel. To address these issues, CSF set up a pilot of the CMNP in two cancer programs, one in Baltimore City and another in a private practice in Howard County in 2014-2015. The CMNP trained patient navigators at cancer centers to assist cancer patients with their energy assistance application. Once trained, navigators at the cancer centers are able to send energy assistance applications and supporting documents by email to the designated OHEP representative in the county or city of the patient's residence. The OHEP representatives are in communication with the navigators and within ten days, the grant process is complete. If there was still a balance, CSF would apply for the Fuel Fund of Maryland to assist with payment.

The pilot program was a great success. In January 2016, CSF, in partnership with Office of Home Energy Program, Office of People's Counsel, Fuel Fund of Central Maryland and Baltimore Gas & Electric (BG&E), officially launched the CMNP. In addition, BG&E set up several teams to work with navigators to address more serious cases. Up to date, CMNP has trained over 125 navigators in 90% of Baltimore area cancer centers, as well as centers in Howard, Montgomery, Prince George's, Allegany, and Charles Counties. The program continues to succeed and strengthen by forging strong partnerships with its existing partners and expanding partnerships with other utility companies besides BG&E.

Success for this program can be measured by the number of individuals who have been assisted before their power is terminated. During its first year, the program assisted approximately 1,000 families in the state of Maryland. Furthermore, after several years of experiencing high call volume, CSF saw their call volume for those whose power had been terminated reduced by 50%. Because of the success of the program, the OHEP expanded this program and its training to all centers that treat medically challenged or disabled patients, and not just only for cancer patients. The CMNP has been referenced many times in testimonies to the state government, as well as presented as a success story.

The Critical Medical Needs Program is truly an innovative program and is the first of its kind in Maryland to reduce barriers that cancer patients face when applying for energy assistance. Without utilities, cancer patients' quality of life is greatly reduced, negatively impacting their treatment as well as survival. The program serves as an example of how an organization can implement the Maryland Comprehensive Cancer Control Plan.

1. American Cancer Society. Cancer Facts and Figures 2016. Accessed on December 5, 2016. Available at: http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-047079.pdf.

High Burden Cancers

The team of founding partners from Office of Peoples Counsel (OPC), Office of Home Energy Program (OHEP part of DHR), BG&E, Fuel Fund of Central Maryland (FF) and Cancer Support Foundation (CSF).

From left to right: David Conn (BG&E), Matthew Lyons (OHEP), John Quinn Exelon (BG&E), Lynn Bowens (OHEP), Cynthia Riely (OPC), Richard Doran (FF), Pauline Wylie (OPC), Angela Ahmad (BG&E)
Front row: Cindy Carter (CSF)

High Burden Cancers

Measurable Progress

Legend:

Meets target | On trend to meet target | Not on trend to meet target | No change from baseline

GOAL 1. REDUCE THE BURDEN OF CANCER IN MARYLAND.

	Baseline	Target	Update	Trend
Objective 1. By 2020, reduce age-adjusted cancer incidence rates to reach the following targets:				
All Cancer Sites: 391.5 per 100,000	432.1	391.5	452.2	
Cervical: 4.4 per 100,000	6.3	4.4	5.9	
Colorectal: 20.5 per 100,000	35.8	20.5	35.9	
Female Breast: 121.2 per 100,000	125.0	121.2	134.6	
Lung: 41.6 per 100,000	56.4	41.6	56.6	
Melanoma (Skin): Not > 20.7 per 100,000	20.7	≤20.7	22.3	
Oral: 9.6 per 100,000	10.5	9.6	10.8	
Prostate: 87.3 per 100,000	112.0	87.3	124.5	
Source:	2012 MCR		2013 MCR	
Objective 2. By 2020, reduce age-adjusted cancer mortality rates to reach the following targets:				
All Cancer Sites: 135.6 per 100,000	165.7	135.6	162.9	
Cervical: 1.7 per 100,000	2.0	1.7	2.0	
Colorectal: 9.0 per 100,000	14.9	9.0	14.0	
Female Breast: 17.6 per 100,000	23.7	17.6	21.5	
Lung: 30.1 per 100,000	43.5	30.1	41.1	
Melanoma (Skin): 2.6 per 100,000	2.7	2.6	2.6	
Oral: 1.8 per 100,000	2.1	1.8	2.5	
Prostate: 11.2 per 100,000	20.4	11.2	19.1	
Source:	2012 CDC WONDER		2013 CDC WONDER	

High Burden Cancers

Measurable Progress

Legend:

Meets target | On trend to meet target | Not on trend to meet target | No change from baseline

GOAL 1. REDUCE THE BURDEN OF CANCER IN MARYLAND (continued).

	Baseline	Target	Update	Trend
Objective 3. By 2020, increase cancer screening rates to reach the following targets:				
Cervical - Increase the proportion of women ages 21 to 65 who have had a Pap test in the past three years per USPSTF recommendations. • 93% of Maryland women ages 21 to 65	88.2%	93.0%	86.7%	
Colorectal - Increase the proportion of adults ages 50 to 75 who have had a blood stool test in the past year, sigmoidoscopy in the past 5 years and blood stool test in the past 3 years, or a colonoscopy in the past 10 years. • 80% of Maryland adults ages 50 to 75	70.3%*	80.0%	70.4%	
Female Breast - Increase the percentage of women ages 50 to 74 who have had a mammogram in the past 2 years per USPSTF recommendations. • 92.2% of Maryland women ages 50 to 74	83.8%	92.2%	83.4%	
Oral - Increase the proportion of adults age 18 and older who have had an oral cancer exam in the past year. • 26.7% of Maryland adults age 18 and above	24.3%	26.7%	NA**	
Prostate - Increase the proportion of men ages 55 to 69 who have discussed the advantages and disadvantages of the prostate-specific antigen (PSA) test to screen for prostate cancer with their healthcare provider. • 38.2% of Maryland men ages 55 to 69	34.7%	38.2%	39.2%	
Source:	2012 MD BRFSS		2014 MD BRFSS	

* Percentage (67.8%) was incorrect in the Cancer Plan due to minor errors with data analysis. It has been corrected (70.3%).

** Timing of last oral cancer screening is a question on the optional state-added oral cancer module; this question was last asked in the 2012 BRFSS.

High Burden Cancers

Measurable Progress

Legend:

Moving toward target | Moving away from target | No change from baseline

GOAL 1. REDUCE THE BURDEN OF CANCER IN MARYLAND (continued).

		Baseline	Target	Update	Trend
Objective 4. By 2020, reduce disparities in cancer incidence and mortality to reach the following targets:					
All Cancers - Ensure that each jurisdiction-level 5-year cancer incidence rate is no more than 10% above the U.S. 5-year cancer incidence rate, or no more than 484.8 per 100,000.		6 jurisdictions	0* jurisdictions	6 jurisdictions	
	Source:	2008-2012 MCR		2009-2013 MCR	
Cervical:	White: 4.2 per 100,000	5.9	4.2	5.3	
	Black: 4.8 per 100,000	7.6	4.8	7.1	
Colon and Rectum:	White: 20.2 per 100,000	34.5	20.2	34.1	
	Black: 22.6 per 100,000	40.1	22.6	41.3	
Lung:	White: 42.1 per 100,000	58.5	42.1	58.9	
	Black: 39.5 per 100,000	55.9	39.5	55.3	
Oral:	White: ≤11.7 per 100,000	11.7	≤11.7	12.0	
	Black: 5.5 per 100,000	8.3	5.5	7.7	
Prostate:	White: 68.7 per 100,000	97.5	68.7	108.0	
	Black: 130.9 per 100,000	159.7	130.9	185.6	
	Source:	2012 MCR		2013 MCR	

* Target is to have 0 jurisdictions in Maryland whose 5-year cancer incidence rate is more than 10% above the U.S. 5-year cancer incidence rate.

High Burden Cancers

Measurable Progress

Legend:

Moving toward target | Moving away from target | No change from baseline

GOAL 1. REDUCE THE BURDEN OF CANCER IN MARYLAND (continued).

		Baseline	Target	Update	Trend
Objective 4 (continued). By 2020, reduce disparities in cancer incidence and mortality to reach the following targets:					
All Cancers - Ensure that each jurisdiction-level 5-year cancer mortality rate is no more than 10% above the U.S. 5-year cancer mortality rate, or no more than 164.2 per 100,000.		20 jurisdictions	0* jurisdictions	19 jurisdictions	
	Source:	2008-2012 CDC WONDER		2009-2013 CDC WONDER	
Cervical:	White: 1.6 per 100,000	1.6	1.6	1.9	
	Black: 2.0 per 100,000	3.0	2.0	2.7	
Colon and Rectum:	White: 7.4 per 100,000	13.5	7.4	12.8	
	Black: 13.6 per 100,000	20.1	13.6	18.2	
Female Breast:	White: 16.4 per 100,000	23.1	16.4	19.8	
	Black: 19.8 per 100,000	26.5	19.8	28.1	
Oral:	White: 1.7 per 100,000	2.0	1.7	2.3	
	Black: 2.0 per 100,000	2.7	2.0	2.9	
Prostate:	White: 10.0 per 100,000	17.4	10.0	16.4	
	Black: 13.5 per 100,000	35.5	13.5	32.8	
	Source:	2012 CDC WONDER		2013 CDC WONDER	

* Target is to have 0 jurisdictions in Maryland whose 5-year cancer mortality rate is more than 10% above the U.S. 5-year cancer mortality rate.

Cancer Survivorship, Palliative Care, and Hospice Care

Generation and Delivery of Survivorship Care Plans

The term "cancer survivor" refers to someone living with, through, or beyond cancer from the moment of diagnosis through the end of life. This includes patients who are being treated for cancer, who are free of cancer, and who live with cancer as a chronic disease, undergoing continued treatment and surveillance. According to the National Cancer Institute, by 2024 there will be an estimated 19 million cancer survivors in the United States, compared to 14.5 million in 2014. After the diagnosis and treatment of cancer, survivors and their caregivers face a host of physical, psychological, and socioeconomic issues. To address these issues, the Maryland Comprehensive Cancer Control Plan sets the objective to increase the proportion of cancer survivors who report receiving a written summary of all cancer treatments received and written instructions about where to return and whom to see for routine cancer check-ups after completing treatment.

Meeting this objective has been a daunting challenge for many providers in Maryland. Cancer programs struggle to compile the needed information and create a comprehensive plan in a timely manner. In addition, electronic medical record (EMR) technology has not been able to keep pace with the required standards, such as from the Commission on Cancer (CoC). Additional struggles many programs face include compilation of records from multiple sources, lack of template standardization, human resource expenses, lack of reimbursement for efforts, and scarcity of outcome research evaluating benefits of providing survivorship care plan/treatment summary (SCP/TS). To confront these challenges, the Anne Arundel Medical Center (AAMC) DeCesaris Cancer Institute, in collaboration with the Cancer Registry and EMR team, developed a process to expedite generation of survivorship care plans and modified survivorship care delivery model to accommodate increasing volume required to meet the CoC standard 3.3 and NAPBC standard 2.20. The DeCesaris Cancer Institute:

- Developed electronic and operational processes for SCP/TS development and delivery,
- Identified departments impacted by processes,
- Created process in EMR to identify eligible patients and generate reports,
- Modified American Society of Oncology template; imported Treatment Summary data from Metriq Cancer Registry System and CRISP (Chesapeake Regional Information System for our Patients); developed processes for reporting requirements, and
- Introduced SCP/TS delivery process/work flow to impacted staff.

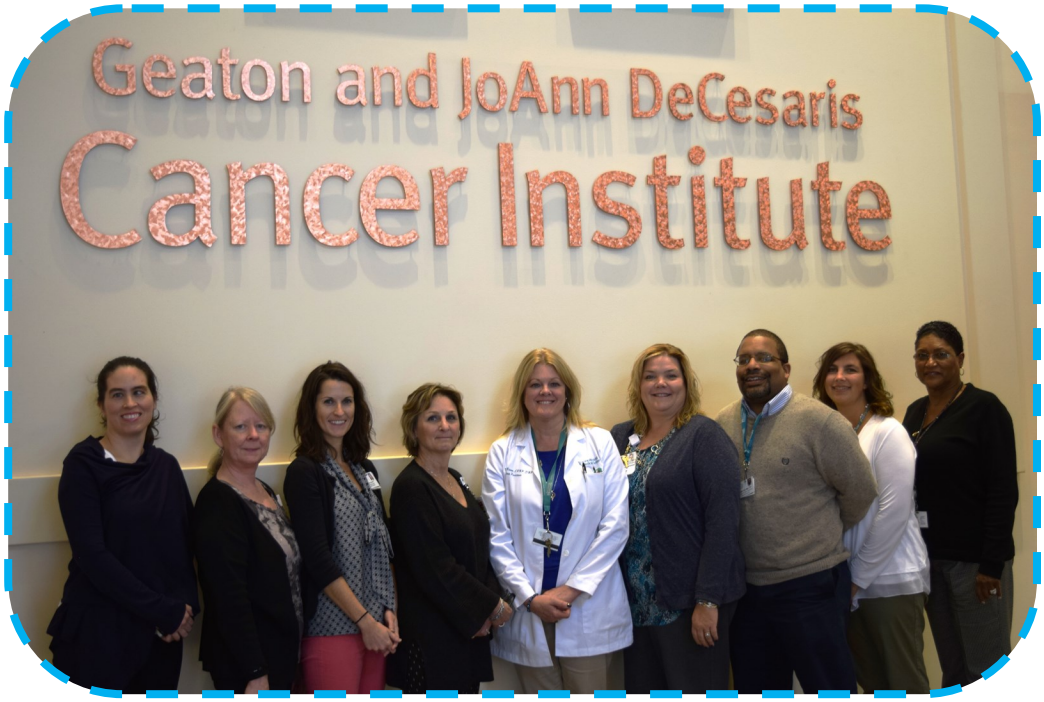
Once the new processes and procedures were in place, the DeCesaris Cancer Institute implemented them incrementally; first at the Breast Center, which has the highest cancer volume, in March 2016, then expanded to Radiation Oncology for prostate cancer in May 2016, followed by Colon, Head & Neck, and Thoracic Surgery. As a result of the new model of generating and delivering SCP/TS, the AAMC DeCesaris Cancer Institute:

- Generated 473 Survivorship Care Plans/Treatment Summaries,
- Delivered and discussed 382 Survivorship Care Plans/Treatment Summaries with cancer survivors (with target of 400 by 12/31/16),
- Reduced document generation time (average 120 to less than 15 minutes per treatment plan),
- Reduced manual entries, transcription copying/pasting when abstracting from medical record (22 plus fields decreased to ≤ 7 fields), and
- Improved confidence in accuracy of entries by Tumor Registry abstraction (99.9 data accuracy rate).

Cancer Survivorship, Palliative Care, and Hospice Care

In addition, it standardized cancer-specific SCP/TS templates, created systems to identify patients eligible for survivorship visit upon completion of active treatment, and had the ability to track and retrieve data for accreditation standards reporting. Furthermore, the care delivery model moved from a consultative to an integrative model.

By collaborating with various partners and stakeholders, tapping into available resources, utilizing EMR, creating cancer-specific survivorship care plan templates, and introducing new delivery process/work flow, the AAMC DeCesaris Cancer Institute was able to promote systems changes to integrate survivor care plans into their delivery of care. This quality improvement effort allows more cancer survivors to receive informed, quality health care after diagnosis and treatment in a more efficient, timely manner. AAMC DeCesaris Cancer Center's success in the effective and timely development and delivery of a comprehensive and coordinated cancer survivorship care plan serves as an example of carrying out an objective in the Cancer Plan, striving to meet the required standards, and delivering quality of care to Maryland cancer survivors.



The hard working Epic and Survivorship Team (from left to right): Rachel MacLeod, Laurel Sands, Sarah Godfrey, Lynn Graze, Madelaine Binner, Bonnie Bresnahan, Henry Neloms, Ashley Gossard, Edith Perry.

Cancer Survivorship, Palliative Care, and Hospice Care

Measurable Progress

Legend:

Meets target | On trend to meet target | Not on trend to meet target | No change from baseline

GOAL 1. INCREASE THE QUALITY OF LIFE OF CANCER SURVIVORS IN MARYLAND.

	Baseline	Target	Update	Trend
Objective 1. By 2020, increase the proportion of cancer survivors who report that during the past 30 days, poor physical or mental health did not keep them from doing usual activities on any days to 76.3%.	69.4% 2013 MD BRFSS	76.3%	68.5% 2015 MD BRFSS	
Objective 2. By 2020, increase the proportion of cancer survivors who report that their pain is currently under control to 76.3%.	69.5%* 2013 MD BRFSS	76.3%	78.4% 2015 MD BRFSS	
Objective 3. By 2020, increase the proportion of cancer survivors who report receiving a written summary of all cancer treatments received and written instructions about where to return or whom to see for routine cancer check-ups after completing treatment to 50.2%.	45.0%** 2013 MD BRFSS	50.2%	35.3% 2015 MD BRFSS	

* Percentage (69.4%) was incorrect in the Cancer Plan due to minor errors with data analysis. It has been corrected (69.5%).

** Percentage (45.6%) was incorrect in the Cancer Plan due to errors with data analysis. It has been corrected (45.0%).

2016 Maryland Legislative Session Highlights

Cancer Survivorship, Palliative Care, and Hospice Care

⇒ HB 104 – **Medical Cannabis – Written Certifications – Certifying Providers** passed in 2016 – This legislation authorizes certain dentists, podiatrists, nurse midwives, and nurse practitioners to issue written certifications for medical cannabis to qualifying patients.

(See Maryland Comprehensive Cancer Control Plan Section 3 - Cancer Survivorship, Palliative Care, and Hospice Care)

The Maryland Cancer Collaborative

The Maryland Cancer Collaborative (MCC) was established in 2011 as a statewide coalition working to implement the Maryland Comprehensive Cancer Control Plan. The goals of the Collaborative are to work with individuals and organizations throughout the state to implement the Cancer Plan, and to bring together existing groups and new partners to collaborate on a common goal: reducing the burden of cancer in Maryland. As of December 2016, there are 214 members of the MCC, representing state and local health departments, academic institutions, hospitals and healthcare systems, private providers, nonprofit and community organizations, and survivors. Members agree to:

- Support and utilize the Maryland Comprehensive Cancer Control Plan
- Take specific action to implement the Maryland Comprehensive Cancer Control Plan
- Support and participate in evaluation of implementation efforts
- Participate in meetings regularly
- Report implementation efforts and progress to DHMH
- Abide by and adhere to the *Approval Procedure for Communicating Beyond the Collaborative* and the *Policy Ground Rules*
- Bring available resources to the table.

Members of the MCC join topic-based workgroups that meet regularly to choose priorities from the Cancer Plan and implement action plans. Each workgroup has a Chair or Co-chairs, which comprise the Collaborative Steering Committee. The Chair of the Collaborative is a Professor and Deputy Chair of the Department of Epidemiology at the Johns Hopkins Bloomberg School of Public Health.

Since the establishment of the Collaborative through December 2016, committees and workgroups have met to review chapters, goals, and objectives in the Cancer Plan, select priorities, and create and implement action plans. Projects in 2016 include:

- ***Tobacco Workgroup***: Created and administered a survey to collect information from colleges and universities about campus tobacco policy enforcement strategies, cessation services offered, and dissemination strategies of prevention and cessation messaging. Data had been analyzed and the workgroup finalized data summary and best practice documents to share back with colleges and universities in 2016. Final documents can be viewed at: http://phpa.dhmh.maryland.gov/cancer/cancerplan/Pages/mcc-tobacco-workgroup.aspx.
- ***Survivorship Workgroup***: Updated the Guide to Cancer Survivorship Care and Resources for Cancer Patients. The guide outlines many issues that may impact a cancer patient throughout the cancer survivorship journey, and features lists of resources for cancer patients at various stages of survivorship.
- ***Palliative Care Workgroup*:** Developed a palliative care education/resource sheet for primary care providers, including information about palliative care, how to find palliative care, and continuing education in palliative care. The information is also appropriate for providers to share with patients. The resource sheet was posted on the DHMH website (available at: http://phpa.dhmh.maryland.gov/cancer/cancerplan/Pages/Palliative-Care-Resources.aspx) and shared with several healthcare provider professional associations in the state to distribute to their member networks via newsletters and other communications.

Members of the Collaborative met in 2016 to select new priorities, projects, and workgroups based on the goals, objectives, and strategies in the newly updated Cancer Plan. New workgroups formed from the meeting are: Tobacco Cessation Workgroup, HPV Vaccination Workgroup, Access to Care and Services Workgroup, Communication Workgroup, and Hospice Utilization Data Workgroup. Anyone who is interested in becoming a member of the Collaborative is welcome to join. **For more information, please contact:**

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The Maryland Comprehensive Cancer Control Plan

http://phpa.dhmh.maryland.gov/cancer/cancerplan/Pages/publications.aspx