

Draft Minutes
DHEC Cancer Control Advisory Committee Meeting
American Cancer Society Office
128 Stonemark Lane, Columbia, SC
February 5, 2009

Members Present: Debbie Seale (Chair), Karen Brooks, John Funke, Steve Gresham, Lynn Ivey, James Maynard, Drew Monitto, Jeanne Musgrove, Susan Outen, David Rice, Diane Skinner, Simonika Spencer, John Ureda, Valeria Williams (for Bz Giese), Lathran Woodard,

Members Not Present: Margaree Crosby, Spencer Disher, Stephen Madden, Nancy Windham

Announced Absences: Tony Alberg, Judy Bibbo, Mike Byrd, Bill Gilchrist

DHEC Staff Present: Lou-Ann Carter, Ginie Daguise, Tom Gillette, Mary Kelly, Buddy Watkins

Guests: Dr. Jim Burch, Chair Screening Subcommittee, SCCA Colorectal Cancer Work Group

Welcome and Introductions

Debbie Seale, Chair, welcomed the participants and members introduced themselves. Debbie recognized two new member Steve Gresham, Administrator Greenville Hospital System Cancer Center. She also recognized Dr. Jim Burch from the USC School of Public Health and chair of the SCCA Colorectal Cancer Work Group screening subcommittee. Jim is joining us to participate in the discussion of the Medical Quality Advisory Committee duties.

Tom Gillette noted that we trying to use teleconferencing for this meeting to assist members in limiting travel. Five members were participating via phone. There were some technology difficulties with the conference phone, but we will continue to offer teleconferencing for the nest meeting.

Last Meeting Minutes were reviewed and approved. The members also reviewed and approved the notes from the conference call held on January 12 to review recommendations from the MQAC on SCOPE SC operations.

Surveillance Subcommittee/Cancer Registry

Neither Tony Alberg nor Susan Bolick-Aldrich was able to attend the meeting and there were no reports.

Medical Quality Assurance Committee Update

Dr. Gilchrist was unable to attend the meeting, but Tom Gillette provided background on the first MQAC meeting and the subsequent CCAC meeting to review the initial MQAC recommendations. At its December 2008 meeting, the MQAC had reviewed SCOPE SC operations to date and acted some operating recommendations from staff. At that meeting, the MQAC decided:

- to recommend not changing the age limitations on SCOPE SC eligibility until more data was available on clients presenting who were under the age limits.
- to recommend not changing the fee structure during this pilot period.
- to recommend capping pathology fees at \$200 per patient.

The CCAC reviewed these recommendations during a January 2009 conference call and concurred with all but one recommendation. The CCAC recommended that client forms be changed to add the time to complete a colonoscopy.

At this meeting, several CCAC members expressed concern that the MQAC was reviewing management or administrative activities that should not be part of their charge. Several members wanted the MQAC recommendations limited to the quality of medical services. Dr. Jim Burch, who had been invited to represent the SCCA colorectal cancer screening subcommittee, concurred and advised that it was not the intent of the project authors that the MQAC. Staff responded that, at the time of the MQAC December meeting, there was not yet enough patient data for the MQAC to review. Staff wanted advice on those issues and the MQAC was meeting to organize and was available. The intent, once sufficient data is available, is to have the MQAC limit its function to medical quality assurance issues. Sufficient data is becoming available and staff will be meeting with the committee chair to determine what data elements and results he wants the committee to routinely review. To date, 154 patients have been enrolled in the program and 75 have completed colonoscopies. These will recommendations will be reviewed by the full MQAC. The next meeting will be scheduled in late February or early March.

Additional discussion centered on the idea that an administrative/management advisory committee would also be beneficial to program operations. Ms. Carter suggested that the current SCCA colorectal cancer screening workgroup could fill that role and report recommendations for final CCAC review just as the MQAC does. CCAC members concurred with that approach and the colorectal cancer work group chair, Dr. Frank Berger, will be approached to work out how that group can best provide input to the CCAC. Recommendations will be developed with the crc screening work group and DHEC staff and brought back to the CCAC at the May meeting.

SCCA Update

Dr. Ureda reported that the SCCA held its first quarterly meeting of 2009 on January 30. A new governing structure has been approved with the current coordinating council being charged with overseeing cancer plan implementation and a new governing board overseeing SCCA operations being created. New board members were elected at the meeting. SCCA is also soliciting applications for cancer plan implementation funds for the fiscal year beginning June 30, 2009. Applications are due in by Friday February 6.

Cancer Division Update

Lou-Ann Carter announced that the renewal for the CDC funds for the three CDC-supported cancer programs, Best Chance, Comprehensive Cancer, and Central Cancer Registry, had been submitted on January 30. New funding will be effective on June 30, 2009 for the 3rd year of the current 5-year cooperative agreement.

Lou-Ann also reported on state budget cuts. The cancer division has suffered an approximate 20% reduction in state funds so far this fiscal year, resulting in reduced allocations to the SCCA

and reduced funding to the two new screening programs – colorectal cancer and BCN. The BCN program has been especially successful in recruiting women to be screened this year. Through January, 9,500 authorizations for screening had been issued. This is well above last year's screening rate. Lou-Ann also reported that Medicaid had stopped providing funding for Medicaid Treatment Act) Option 3 (which provided Medicaid coverage for BCN-eligible women diagnosed with breast or cervical cancer through any medical provider in the state. Women previously approved before the January 31 cut date will continue to be covered. Option 1 funding - Medicaid coverage for women diagnosed through BCN providers - continues..

Mary Kelly reported on the latest figures on Option 1 and Option 3 enrollment. Since the initiation of Option 1 in 2001, 747 women have been enrolled in Medicaid as a result of their breast or cervical cancer diagnosis. Since the inception of Option 3 in 2005, 1,128 women have been enrolled.

It being near 4 PM, the discussion of CCAC vacancies will be postponed until the May meeting. There is currently only one vacancy at the moment.

Debbie announced the next meeting date of May 7, 2009 at 2 PM at the American Cancer Society office in Columbia.

The meeting adjourned at 4:10 PM. .

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