



MINUTES - NM Cancer Council  
 Date: February 23, 2012

Location: Marriott Pyramid - Albuquerque

**NEXT MEETING:**  
**AGENDA ITEMS**

**I. WELCOME AND INTRODUCTIONS** **ROBYN VIERA**

<b>DISCUSSION</b>	Robyn Viera welcomed everyone and asked that they briefly introduce themselves.
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**II. FOLLOW-UP FROM DECEMBER RETREAT** **ROBYN VIERA**

<b>DISCUSSION</b>	Beth distributed notes from the policy retreat held in December. Robyn suggested that all council members review the notes. At the retreat, a discussion came up around palliative care, specifically regarding how it relates to policy and council member organization constituents, and including how it is interpreted. There are many definitions of palliative care. Since discussion of palliative care was an offshoot from the policy presentation, it was recommended that the Executive Committee be asked to consider whether this is a potential topic for further work by the council. In that event, the first task will be to reach consensus on how the Council defines palliative care.
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**III. LEGISLATIVE SESSION UPDATES** **SANDRA ADONDAKIS**

<b>DISCUSSION</b>	<p>Sandra Adondakis provided an update of the legislative session. A list of cancer-related legislation was distributed. Since this session was a 30-day session, it was budget focused; items that were not related to budget generally were not discussed as they were found not relevant. A few highlights include:</p> <p>HB2 – funding for cancer related programs were not cut this year, they are level. An appropriation to UNM Cancer Center for lung cancer research in the amount of \$400,000 was included. [Bill was signed by the Governor and included \$400,000 appropriation.]</p> <p>HB180 – coordinated cancer services bill that would have provided funds failed.</p> <p>HB315 – lung cancer research bill passed both houses, however, not sure where the funds will come from. The bill appropriated one million dollars to the UNM Health Sciences Center to conduct lung biology research focused on smoking studies, lung cancer and chronic obstructive pulmonary disease drug development under the Speaker Ben Lujan Lung Cancer Research Project. [Bill was signed by the Governor.]</p> <p>SB225 – tobacco master settlement agreement – tobacco companies give the state a certain amount of money a year; state also has to abide by some rules. The state is in arbitration right now because tobacco companies say state is not complying and the tobacco companies are holding back bits of funding every year. This bill would be a technical fix of a definition that would help with arbitration. Agreement says that state will also charge tobacco manufacturers that are not participating in tobacco settlement agreement, to pay into an escrow account. Tobacco companies are trying to prove that state is not enforcing</p>
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	<p>escrow payments. [Bill passed the Senate and House but was vetoed.]</p> <p>HB133 – tobacco products tax increase failed in first committee.</p> <p>SB159 – this bill relates to palliative care and general pain management to cancer patients. When this bill was introduced it put very strict restrictions on what doctors could prescribe as pain medication and would have created a lot of barriers to getting these meds. In NM general practitioners write many of these prescriptions, however, this bill would limit the ability for general practitioners to do so and would limit how many prescriptions are written. This bill was created to help reduce youth access to pain meds for abuse, however it doesn't address actual issue. This issue will come up again in the future, so Council may want to stay informed. [Bill failed in committee.]</p> <p>SB108 – restricts health care companies from moving prescriptions into different co-pay tiers that would result in unfair increases in patient charges. The bill requires an effective way to notify patients before moving prescriptions to different tiers. This bill failed, but will see something similar next session. This is an issue with insurance companies being unregulated in this area. Other states are seeing this issue as well, some even more dire situations. "One-payer systems" have control over what they can do. It is a national issue, but is being regulated by the state because most insurances are state regulated.</p> <p>HB19 – The Health Policy Commission was collecting a lot of health care workforce data, but the Commission no longer exists. This bill would amend the Health Care Work Force Data Collection, Analysis and Policy Act to transfer responsibility from the Department of Health to UNM for data collection, analysis and storage regarding the demographics, specialties, distribution, and practice plans of the licensed health care work force in the state. [Bill was signed by the Governor.]</p> <p>HJR17 CA – proposed constitutional amendment to have Governor appoint insurance superintendent. Will be on ballot during next general election.</p> <p>SM12 – create Hope for Cancer Free World Day in senate January 23. This is not a recurring day, but is a day where they discuss cancer in the senate including sharing personal stories about experiences. The Cancer Council will explore participating in a more active way next year.</p> <p>Council still investigating the best way to approach the legislative process including education and awareness. The position of the council is to educate, not lobby for certain items. Council members are encouraged to keep thinking about the best ways to support legislative efforts.</p>
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**IV. WORK GROUP UPDATES**

**ROBYN VIERA**

<b>DISCUSSION</b>	<p>Albuquerque Cancer Coalition (ACC) – Debbie Putt ACC is one of the longest standing workgroups, which produces and distributes information on available cancer-related resources. The 2012 directory has been completed and includes cancer related treatment centers and non-profits. The 2012 directory is available in hard copy, and is also posted online at <a href="http://www.nmcca.org/acc/">www.nmcca.org/acc/</a>. Worked this year to get directories outside of Albuquerque, rather than just the metro area. Produced largest number of</p>
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directories this year. The 2011 Spanish version is still available.

#### Colorectal – Fred Pintz

Workgroup has a long history and has evolved over time; it is a very active workgroup with monthly meetings. Most recently produced a white paper and handbook regarding screening for colorectal cancer. The work plan includes six priorities, with two objectives each and two to three activities for each objective. DOH colorectal cancer program is also involved with the workgroup and they work together to coordinate actions. The workgroup supported the development of the cancer plan. March is national colorectal cancer month and the workgroup and DOH are working with the Governor's office to produce a proclamation.

#### Native American – Michele Suina

When workgroup first came together it was intended to provide guidance and recommendations on how to work with Native American communities. They have worked with different council members to help encourage more Native American participation. Workgroup has provided guidance to the state cancer plan revision including providing input on what makes sense at a community level and also providing advice on what is acceptable for communities. The workgroup is developing a new section for plan that focuses on implementation at the community level and how to engage those who aren't involved with the council to be able to use the plan. Michele is currently planning the Native American Cancer Education Leadership Institute, a collaboration of a lot of organizations including the UNM Cancer Center. It will be held May 17 & 18 in Albuquerque at the Indian Pueblo Cultural Center.

#### Policy & Advocacy – Paul Sanchez

The workgroup provided a legislative update earlier in the meeting. Paul summarized the new policy that allows the workgroup to respond to legislators with a simple letter that provides information on whether or not a bill supports the cancer plan; this communication will not require prior approval from the executive committee. There is a small group currently working in this group, however, they need some more support based on the amount legislation.

#### Public Relations – Christine Brown (new chair)

This workgroup, which was created when the communications and membership workgroups were combined, has a broad mission. The workgroup develops promotional materials, the web site and helped coordinate council participation in lobby day. Additionally, the workgroup supports priorities of the cancer council and provides technical assistance as needed. A new project includes the development of the Cancer Council newsletter, which will help members maintain communication between meetings. The hope is that the first issue will be out in late spring. If council members are interested in writing something for inclusion, they are encouraged to contact Christine. This workgroup will collaborate with content area experts to develop fact sheets or prepared statements on issues related to cancer control. Anyone who is interested is invited to join workgroup.

#### Rural Issues – Beth Pinkerton for Hugo Vilchis

Group has been on hiatus for a while, pending data to guide their work to address some of the challenges of rural cancer patients. DOH has contracted with NM Tumor Registry to produce a report that highlights opportunities for cancer control throughout NM; completion of report expected at end of June. Workgroup may be on hiatus until then; any council members interested in joining should contact Beth.

	<p>Survivorship workgroup update – Patricia Torn</p> <p>Medical Records fact sheet was distributed. Patricia announced that Beth Brown is the new chair and Patricia will serve as executive committee liaison. They are currently focused on disseminating the fact sheet to as many places as possible. It is also available online for people to print. Robyn suggests a press release about the availability of the fact sheet. Would like to send letter to all patient navigators (or those that serve in that function) with the fact sheet for their reference. Survivorship workgroup is still encouraging anyone who would like to join and they meet every other month on the 3<sup>rd</sup> Friday. [Note: meeting date may change.]</p>
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**V. COUNCIL UPDATES**

**ROBYN VIERA**

<b>DISCUSSION</b>	<ul style="list-style-type: none"> <li>A. Survivorship Care Plans See above workgroup report.</li> <li>B. Cancer Plan Revision Several contractual delays have prevented this from moving forward more quickly, however, contracts are now in place and Barbra Portzline is working with subject matter experts to revise the plan’s objectives and goals. The overall goal is that this document will go into production no later than June 2012. The executive committee has been working on the goals and objectives, and Terri Stewart has been instrumental in moving this process forward. Additionally some goals and objectives from the Cancer Plan have been incorporated into the NM shared strategic plan for prevention and control of chronic disease.</li> <li>C. Sustainability of Cancer Control Operations Feedback from council members indicated that there is a desire for more information on sustainability. In June of 2012 a sustainability workshop will be offered in conjunction with the DOH diabetes program. In addition, there will be a workshop for council members on collaboration that will be led by Deborah Openden. Council members are encouraged to save the date of June 13 for this training.</li> <li>D. 2012 Priorities It was determined at the Executive Committee meeting that priorities are to be based on the goals and objectives. Therefore, these will be completed once the Cancer Plan is finalized.</li> </ul>
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**VI. EDUCATION COMPONENT:**

<b>DISCUSSION</b>	<p>Dr. Susan Baum provided a review of the BRFSS, an on-going telephone survey that is a random selection of the population, developed by CDC and conducted by states. This survey is the best source for data for chronic conditions. Additionally, in 2010 New Mexico included the optional cancer survivorship module, which offers specific data for cancer survivorship and treatment.</p> <p>Attendees were provided with the PowerPoint presentations as well as cancer survivorship module questions. [Handouts will be available on the web site at <a href="http://www.cancernm.org/cancercouncil">www.cancernm.org/cancercouncil</a>, under NMCC trainings.]</p> <p>Dr. Laura Tomedi analyzed the NM data and presented national data; information about cancer survivors in New Mexico including treatment, insurance and pain; and the differences in health indicators between survivors and adults</p>
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never diagnosed with cancer. The BRFSS survey is conducted with adults over the age of 18, so it only includes those diagnosed with child cancer who were older than 18 at the time of the survey. Demographic information shows that survivors are more likely to have been white, married, college educated and women compared to BRFSS respondents on the whole. One could assume that other factors contribute to a higher survivorship rate. Geographic distribution is fairly equal across the state compared with all BRFSS data. Data shows that 14% of survivors have been diagnosed with more than one different type of cancer, however it is unclear in these situation if the secondary cancer is a true different type of cancer or a metastasis of the original cancer. Dr. Tomedi presented the most common types of cancer among survivors, by gender, for survivors and also indicated the leading types of cancers.

The BRFSS is one of the few data sources to look at non-melanoma skin cancer. Non-melanoma skin cancer is excluded from other data sources, because it generally does not require treatment beyond surgery and is not collected by tumor registries.

It is interesting to note that 89% of survivors reported that insurance paid for all or part of their treatment. Of the survivors with a current household income greater than \$25,000, 92% were covered, compared to 80% of those under \$25,000.

BRFSS does ask about current employment status, but does not specifically ask if survivors lost job due to cancer. The majority of survivors were retired.

Dr. Tomedi presented differences in health status between survivors and those never diagnosed; the data presented is age adjusted. Many of the health events are related with age; age adjustment calculated both rates as if the groups were the same age, to even the playing field when comparing data.

Dr. Tomedi led a discussion about the data; discussion is included below:

- Data shows that survivors are more likely to have more anxiety and depression than those never diagnosed with cancer. This is based on a diagnosis not the perceived feeling.
- Fair/poor health was reported very high among survivors, compared to those never diagnosed with cancer; this could relate to a quality of life issue.
- Cultural and racial differences may make the self-reported data skewed.
- Survey is based on land-line phones; those not included can be
  - Homeless
  - Institutionalized
  - Incarcerated
  - Those without land lines
- After age adjustment, data shows that cancer survivors are almost twice as likely to smoke than adults never diagnosed with cancer; it is unclear whether they were smokers before diagnosis and continued or if they began after diagnosis

Dr. Baum opened the floor for discussion on how the council can use the data. Suggestions were included in the PowerPoint; additional ways are included below.

- Distributing the Spanish-language version of the Medical Records fact sheet [available on council web site]. Challenge – care plans are not bilingual.
- Health Insurance Alliance is being morphed to Health Insurance Exchange – data regarding insurance denial should be sent to HIA/HIX



	<ul style="list-style-type: none"> <li>• Having this data will help, hope is that the future BRFSS will ask same questions; will be interested to see if there is any difference in those that have been diagnosed more recently. Can use this data to help identify if cancer plan goals have been reached within the next five years.</li> <li>• Electronic health records are not widely available, people do not even have the capacity to have this implemented, across the nation.</li> <li>• Cancer survivors smoke at almost twice the rate as those never diagnosed with cancer, not surprising because smoking increases risk for cancer, however further tobacco cessation services may help reduce this number.</li> </ul>
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**VII. MEMBER ANNOUNCEMENTS AND UPDATES**

<b>DISCUSSION</b>	<p>Barbara Damron has been accepted to Roger Wood Johnson Foundation Congressional Health Policy Fellowship in Washington, DC. Will start as a fellow in September 2012 and will live in DC for a year working on Cancer Health Policy.</p> <p><b>Next meeting: Wednesday, June 13</b> training and collaboration workshop. (location TBD)</p>
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**VIII. ADJOURN**

	There being no further business to discuss, Robyn Viera adjourned the meeting.
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