

New Mexico Cancer Council 2009 Retreat Summary

Introduction:

The New Mexico Cancer Council (Council) is a collaborative effort between private and public partners working to reduce the burden of cancer in New Mexico. It plays a vital role in the development, implementation, and evaluation of the New Mexico Cancer Plan. The Cancer Plan is a document that outlines the goals and objectives to address cancer control and prevention in New Mexico. Each year, the Cancer Council holds a retreat for members to discuss issues related to the Cancer Plan and other Council business. The membership generally also discusses "Priority Area" topics for the next calendar year and participates in generating ideas for implementing upcoming projects.

Purpose of the Retreat

This year, the retreat had two areas of focus:

- Gathering information from the Cancer Council workgroups about their projects and progress towards Priority Area goals;
- Getting input from Cancer Council members about two Priority Areas for 2010:

communicating about the Colorectal Cancer White Paper, and resource planning for further development of the Cancer Survivor Treatment Summary/Care Plan initiative. In relation to the first area of focus, in the first hour of the retreat, all of the Cancer Council workgroups gave a brief (5-10 minute) report about their workgroup's activities for 2009 and 2010. The workgroups and reporters were:

- **Survivorship Workgroup:** *Fran Robinson*, San Juan Regional Medical Center
- **Colorectal Cancer Workgroup:** *Richard Hoffman*, University of NM Cancer Center, Albuquerque VA Medical Center
- **Albuquerque Cancer Coalition:** *Debbie Putt*, New Mexico Cancer Care Alliance
- **Public Relations Workgroup:** *Robyn Viera*, NM Cancer Council Chair-Elect, University of NM Cancer Center
- **Native American Workgroup:** *Michele Suina*, UNM Center for Native American Health
- **Policy & Advocacy Workgroup:** *Nathan Bush*, American Cancer Society Cancer Action Network
- **Rural Workgroup:** *Mary Ann Buckley*, Gila Regional Cancer Treatment Center

Following the workgroup reports, the retreat attendees divided into four groups. Each group, led by a facilitator, was responsible for coming up with ideas for two of the

Cancer Council's Priority Areas for 2010:

- Developing a communication plan for the Colorectal Cancer White Paper, (in development, to be released March 2010). The exercise required participants to brainstorm different potential audiences for the white paper, and then proceed to identify different factors for communicating with each audience, i.e., the audience's concerns and priorities, the best venue or forum for communicating with the audience, etc.
- Development of a "Mini Action Plan" to promote Cancer Survivor Treatment Summaries/Care Plans, which is a priority for the Cancer Council. Participants were required to identify resources needed for completing one of two tasks:
 - Developing a fact sheet about Cancer Survivor Care Plans
 - Promoting Care Plans to medical groups and survivors through presentations or a symposium.

Each group remained in the same room and maintained the same composition of members through the completion of each exercise; facilitators rotated between groups so that each group was led by two facilitators, one facilitating each exercise.

The information brainstormed by each group was captured by the facilitators or by note-takers in the group. These notes were compiled into informational tables, which can be found in Appendices A and B.

Summary of Retreat Survey Results

The retreat had a total of 43 attendees. In total, 21 of those retreat attendees (approximately 48%) responded to the survey. All 21 of the respondents who began the survey completed it.

The retreat survey had three sections: one containing questions about the workgroup presentations, one containing questions about the breakout session, and a final section containing questions about the retreat overall. In each section, respondents were asked to indicate their agreement with statements. There was also a question in each section where respondents could enter a free-form comment about that portion of the retreat.

A complete review of all survey results can be found in Appendix A.

Conclusions and Recommendations

Overall, feedback on the retreat was positive. Based on the responses to survey questions, attendees did see the value in attending the retreat and received useful information, or felt their participation in activities was valuable. Based on the survey

responses, there are some recommended actions the Cancer Council can take to enhance participant satisfaction at the Annual Retreat.

- Allocate more retreat time to the breakout activities, especially if the activities are going to entail a group of people discussing a detailed set of instructions and providing specific action steps. The lack of time to complete the breakout session activities created dissatisfaction among some survey respondents. It may become necessary to expand the retreat to a full day, to ensure there will be enough time for participants to complete the breakout activities.
- Have both the retreat leader and the session facilitators provide clear instructions and background information about the activities before the activities commence. Although the retreat leader provided information about the background of the activities, based on survey responses, some attendees were still unclear or confused about the purpose or goal of the activities while they were participating.
- Provide more basic information about the background of a given activity. Although the term “white paper” is familiar

to many in the business world, at least one survey respondent/retreat attendee was unfamiliar with the term, and that unfamiliarity hampered participation in the activity for him/her. It may be helpful to have a “glossary of terms” or other brief explanatory document included in the retreat packet.

Other recommendations:

- Obtain feedback from Cancer Council members about which activities should be selected for the retreat. This could be done either at a Cancer Council meeting as a discussion item, or through a survey that could be sent out to participants several months before the retreat, asking them to choose one or two potential activities out of a field of several.
- It may also be useful to open a dialogue with Cancer Council members about what their expectations are for the annual retreat, and what elements could be included in either the overall retreat content or the facilitation of the activities to meet those expectations. One comment in the second section indicated dissatisfaction with the lack of an “open exchange of ideas” in the respondents’ breakout session. It is possible retreat attendees are not aware that the goal of a

facilitated activity is not always free-form brainstorming, but directed idea generation designed to answer specific questions. Clarifying goals of the retreat and expectations of the participants prior to the event may result in less confusion among the attendees about the true purpose of a given activity.

Appendices:

Appendix A: Table of Survey Results

Appendix B: Summary of results from the Colorectal Cancer White Paper Communication Plan Activity

Appendix C: Summary of results from the Cancer Care Plan “Mini Action Plan” Activity

New Mexico Cancer Council

Appendix A – Survey Results

Question 1:

	Strongly Disagree	Disagree	Agree	Strongly Agree
It was a good idea to have the workgroups present at the Cancer Council retreat.	0%	0%	47.6% (10/21)	52.4% (11/21)
I learned something I did not know about a particular workgroup.	0%	4.8% (1/21)	57.1% (12/21)	38.1% (8/21)
These presentations were a good use of my time.	0%	0%	60.0% (12/20)	40.0% (8/20)
I have a better understanding of what all the Cancer Council workgroups are doing.	0%	0%	61.9% (13/21)	38.1% (8/21)
I would like to hear follow-up presentations from the workgroups sometime in 2010.	0%	0%	65.0% (13/20)	35.0% (7/20)

Comments summary:

Helpful: N=2

Useful: N=1

Concise: N=1

Unnecessary: N=1

Question 2:

	Strongly Disagree	Disagree	Agree	Strongly Agree
The purpose of the breakout session was adequately explained.	0%	23.8% (5/21)	66.7% (14/21)	9.5% (2/21)
The session was well-facilitated.	0%	23.8% (5/21)	42.9% (9/21)	33.3% (7/21)
The session was well-organized.	0%	28.6% (6/21)	47.6% (10/21)	23.8% (5/21)
The brainstorming my group did was productive.	0%	21.1% (4/19)	63.2% (12/19)	15.8% (3/19)
I understand the Cancer Council's Priority Areas for 2010.	0%	0%	81.0% (17/21)	19.0% (4/21)

Comments summary:

Not enough time to complete task: N=3

Not enough background given to complete task adequately: N=2

Facilitator did well: N=3

Discussions were open: N=2

Discussions were not productive: N=2

Question 3:

	Strongly Disagree	Disagree	Agree	Strongly Agree
The retreat was a good use of my time.	0%	14.3% (3/21)	66.7% (14/21)	19.0% (4/21)
The retreat was well-organized.	0%	9.5% (2/21)	66.7% (14/21)	23.8% (5/21)
The refreshments provided were adequate.	0%	0%	47.6% (10/21)	52.4% (11/21)
I am enthusiastic about participating on the Cancer Council for 2010.	0%	0%	75.0% (15/20)	25.0% (5/20)

Comments:

Retreat was good: N=2

Thanks to the Cancer Council: N=2

APPENDIX B: Colorectal Cancer White Paper Communication Plan – Breakout Session Results

Group 1:

Identified audience	Interests/Concerns	Messages	Talking Points	Forum/Setting	Materials	Outcome	Notes
Physicians	<ul style="list-style-type: none"> Screening needs, reimbursement, competing priorities, time in appointments 	<ul style="list-style-type: none"> Mortality statistics You can make a difference Resources 	<ul style="list-style-type: none"> You have an opportunity to change behavior Empower your patients to get screened Work with insurance companies 	<ul style="list-style-type: none"> Annual meetings and conferences Journal articles Fact sheet Continuing education sessions 	<ul style="list-style-type: none"> Fact sheet Survey for physicians to send back 	<ul style="list-style-type: none"> Increased screening Get physician's perspective Find out how they prioritize colorectal cancer 	
Health Plans	<ul style="list-style-type: none"> Manage healthcare costs Understand impact of stage 1 vs. stage 3 	n/a	n/a	<ul style="list-style-type: none"> Annual meeting Education sessions 	<ul style="list-style-type: none"> Fact sheet Education materials for members 	n/a	Messages, talking points and outcome not developed by this group.
Media	Is it newsworthy	Important issue: white paper, need public feedback	Press release – what if this happens to you – human interest/actual patient	<ul style="list-style-type: none"> Press conference Private interview 	<ul style="list-style-type: none"> Press release Patient and doctor mechanism for feedback 	<ul style="list-style-type: none"> Publicity Feedback 	
NM Cancer Council	<ul style="list-style-type: none"> Broad communication of the white paper. NM Cancer Plan implementation Cancer Outcomes for NM Collaborating among diverse groups Disparities in cancer outcomes 	<ul style="list-style-type: none"> Raising awareness among ourselves and how to disseminate it. Cancer control resources can vary by community Suggested Cancer Council priorities based on white paper results Underutilization of screening opportunities Comprehensive/collaborative approach to cancer prevention and control. 	<ul style="list-style-type: none"> We can make a difference. We need to raise awareness among different audiences. No cancer plan impediment to Community Health Council (CCHC) planning. Relate needs of the community to white paper outcomes. CCHC disseminate through the state 	<ul style="list-style-type: none"> Workgroups Website Emails NMCC website Executive summary/policy brief Special meeting to review and discuss cancer plan. Website/online access 	<ul style="list-style-type: none"> Fact sheet Executive summary and white paper for easy dissemination 	Getting feedback on the white paper	

Group 2:

Identified audience	Interests/Concerns	Messages	Talking Points	Forum/Setting	Materials	Outcome	Notes
Primary Care Providers	<ul style="list-style-type: none"> • Reimbursement • Performance measures • Targeted efforts • Deliver high-quality care 	<ul style="list-style-type: none"> • Screening works • Overscreening should be avoided • Be conscious of how screening is delivered – colonoscopy is not the only way 	n/a	<ul style="list-style-type: none"> • Medical society meetings • Staff/grand rounds • Advocacy groups 	<ul style="list-style-type: none"> • PowerPoint Presentation • Talking points document • Booklet 	<ul style="list-style-type: none"> • Buy-in • Need for additional resources • Questions • Recommendations • Feedback from patients 	<p><i>Talking points and messages were combined into one unit by this group.</i></p>

Group 3:

Identified audience	Interests/Concerns	Messages	Talking Points	Forum/Setting	Materials	Outcome	Notes
<p>Cancer Council</p>	<ul style="list-style-type: none"> • NM Cancer Plan • Cancer Outcomes for New Mexicans • Collaboration among diverse groups • Disparities of cancer outcomes 	<ul style="list-style-type: none"> • Colorectal cancer resources vary by community • Suggest council priorities based on white paper results • Underutilization of screening opportunities • Comprehensive, collaborative approach to cancer prevention/control 	<ul style="list-style-type: none"> • 33 county CCHC • 5 tribes • County health plan • State plan – no cancer – impediment to CCHC planning • Relate needs of community to WP outcomes 	<ul style="list-style-type: none"> • Special meeting to review and discuss the white paper • Website 	<ul style="list-style-type: none"> • Whole packet • Exec. Summary/policy brief 	<p>n/a</p>	<p><i>Outcomes not addressed by this group.</i></p>
<p><i>Other mentioned audiences:</i> Native American Workgroup, NMDOH, NM Legislature, IHS, Tribal leaders, Pueblo Health Committee, national cancer organizations, Navajo Nation DOH, County/Tribal Health Councils, Hispanic committees, healthcare providers, universities, health plan administrators, media</p>							

Group 4:

Identified audience	Interests/Concerns	Messages	Talking Points	Forum/Setting	Materials	Outcome	Notes
<p>Healthcare providers</p>	<ul style="list-style-type: none"> • Access • Costs • Capacity/resources • Burden/epidemiology/prevalence • Correct information • Reimbursement • Sources of referral • Impact clinical outcomes 	<ul style="list-style-type: none"> • Plan for NM around colorectal cancer • Relatively easy, accurate, undervalued test can impact clinical outcomes • NM specific data • Value 	<ul style="list-style-type: none"> • Finding cancer early saves lives • Treatment costs are higher for later-stage diagnoses • Colorectal cancer is the 2nd leading cause of death in NM 	<p>n/a</p>	<ul style="list-style-type: none"> • Fact sheet • White paper online • Reference guidelines 	<p>n/a</p>	<p><i>Forum/setting and outcomes not addressed by this group.</i></p>
<p>Other mentioned audiences: Providers in urban areas and providers in rural areas, policymakers, media, employee health promotion organizations (large companies), potential funders, CHC, health insurance companies, AARP (retired advocacy groups)</p>							

APPENDIX C

Cancer Survivor Care Plan Group 1 Option 2: Presentations

Type of Resource	Needed?	Details on Resources Needed
Contract Employees	No, Voluntary	<ul style="list-style-type: none"> • Local to boards Cancer Conference • Survivor speaker bureau • Ongoing regulatory • Coordinate with local institutions/support groups • Collaboration with others for presentation
Cancer Council Members	Yes	<ul style="list-style-type: none"> • Maintaining calendar, list of speakers • Workgroup members – presentations • Coupled with colorectal, etc. presentations
Travel/Meetings/Food	Yes	<ul style="list-style-type: none"> • Minimal – may be cost/cost basis • Small communities – schools/church restaurants
Materials	Yes	<ul style="list-style-type: none"> • Handouts, fact sheets • General/specific care plans • Survivors’ tool kit (disk) • Explanations/directions • Templates – on-line • Patient education • Website clinician/patient
Paid Media	No	<ul style="list-style-type: none"> • No charge for public service announcements • Focus cost – maybe on production
Equipment	Yes	<ul style="list-style-type: none"> • Laptop • Projector
Data Collection		<ul style="list-style-type: none"> • Evaluate effectiveness of program • Pre-survey and post-survey <ul style="list-style-type: none"> ○ Patient ○ Oncologist ○ Health Care Provider (Primary)
Cost of Service Delivery		Look to places that have CEUs, CMEs
Other		<ul style="list-style-type: none"> • Training to those presenting • Lists of potential audiences/contacts • Federal grant programs for survivorship – costly process (strategy, funding resource)

**Cancer Survivor Care Plan
Group 2
Option 2: Presentations**

Type of Resource	Needed?	Details on Resources Needed
Contract Employees	Yes	<ul style="list-style-type: none"> • National – Ganz • Local – Oncology Nursing Society • NM Cancer Council PR • Bilingual, if existing for care plan – use this • Directory members – Clinic UNM) – model and experience • Dr. Butros • Cancer Survivor • Survivor Organizations, Support Groups • Clinician Champion – Peer Oncologists from Different Practices
Cancer Council Members	Yes	<ul style="list-style-type: none"> • Survivorship board • Dr. B. McAneny, Paul Sanchez
Travel/Meetings/Food	Yes	<ul style="list-style-type: none"> • Minimum = \$25/person (breakfast/box Lunch) • Free conference rooms • Typically small in NM working groups • Workshop \$3,000
Materials	Yes	<ul style="list-style-type: none"> • Video, PowerPoint, fact sheets, care plan • Treatment summary • Invitations, announcements, targeted direct mail • Printed material/website <ul style="list-style-type: none"> ○ Resources ○ Directory • Poster – for poster presentations • Accreditation
Paid Media	No	
Equipment	Yes	<ul style="list-style-type: none"> • Laptop and projector, presentation • Handouts – printed materials • Tele-Health Network for presentation
Data Collection	Yes	<ul style="list-style-type: none"> • Evaluations – track value/success • Contact information • Impact – participants <ul style="list-style-type: none"> ○ Follow-up surveys for use ○ Survivors
Allowances for Cost		<ul style="list-style-type: none"> • Paid presentation <ul style="list-style-type: none"> ○ National – yes ○ Local – maybe not • Support to host <ul style="list-style-type: none"> ○ Work groups ○ Admin support ○ In-kind

Cancer Survivor Care Plan Group 3 – Fact Sheet

Note: We want the patients to ask for the care plan; a physician needs to start the form (takes 2 hours of staff time)

Type of Resource	Needed?	Details on Resources Needed
Contract Employees	Yes	<ul style="list-style-type: none"> • Speaker • Interpreters
Cancer Council Members	Yes	<ul style="list-style-type: none"> • CMEs • Council members giving presentation • Schedule time with medical groups • NMDOH annual conference – breakout • Attend existing groups and events • Medical society • Outline professional organizations
Travel/Meetings/Food	Yes: mileage No: we will be a guest	
Materials	Yes	<ul style="list-style-type: none"> • Marketing tool: talking points to present this to each of the groups • Patient groups • Medical oncologists • Primary care • Give the tool to Council members to use when presenting to groups
Paid Media	Yes	<ul style="list-style-type: none"> • On the Cancer Council website • PSA
Equipment	Yes	
Data Collection	No	<ul style="list-style-type: none"> • Evaluate the effectiveness of the Care Plan to each of the 3 groups • Find out where people find out about the Care Plan
Allowances for Cost	No	

Notes: Speak to patient navigators, social workers – get this at the point of diagnosis so people can collect this information as we go

Note: Need to keep the Cancer Council focused on this message

Resource identification details – Group 3 – for fact sheet development

Resource	Connection	Contact person or contact info	What the resource can contribute	Other notes
Ask all Council members to disseminate the info about Care Plans to their affiliates				Want to get the message out, so this care plan can get into the patients' hands immediately on diagnosis
ID key players within each group who can get this into patients' hands Ex: patient navigators at UNM		<ul style="list-style-type: none"> • PR Workgroup • Survivorship Workgroup 		Select Council members to speak to selected groups; who could work w/their constituencies
		PR and Survivorship Workgroups		Give a training to Council members on how to "market" the Care Plan
		PR Workgroup	Put info on the website	
		PR Workgroup	Survey the effectiveness of the care plan for each of the target groups	

Note: ID the impact of CMS no longer paying for consults for Medicare patients

Stress to current patients to start this at the onset/diagnosis

Cancer Survivor Care Plan Group 4 – Fact Sheet

Note: Want the practice built into the protocol for doctors

Type of Resource	Needed?	Details on Resources Needed
Contract Employees	Yes, if exceeds Workgroup members	Evaluate 6 state pilot sheets w/focus groups and revise; evaluate existing materials and modify
Cancer Council Members	Yes	Collect, determine what needs to be evaluated, will do initial design and NM slant at correct level
Travel/Meetings/Food		
Materials	Yes	<ul style="list-style-type: none"> • 4-color poster • 1-pager to hand patient or poster in office • Turn draft into final design • Develop fact sheet at appropriate level for patients • Translation into key languages of patients
Paid Media	Yes	<ul style="list-style-type: none"> • Possible DOH billboard • Get message to patients to ask their doctors for this • Poster for office for “5 things you need” • Checklist
Equipment		
Data Collection	Yes	<ul style="list-style-type: none"> • Collect existing materials • Collect data on effectiveness of draft • Get buy-in from groups during review and comment process
Allowances for Cost	Yes	<ul style="list-style-type: none"> • Comment process • Could write grant for patient education cost
Other	Yes	Involve representatives from providers and patient navigators

Note: NCCS has a flyer about post-cancer treatment plans

Note: The effort should be on printing and distribution; save effort on development by modifying existing materials

Resource identification details – Group 4 – for fact sheet development

Resource	Connection	Contact person or contact info	What the resource can contribute	Other notes
Will share in task of collecting material		Bernadette Lujan 242-3263		
Contact DOH for billboards or poster costs		PR Workgroup	Outreach for getting patients informed	
		PR Workgroup	Website w/links where people can print materials	
		Dr. McAneny	Prompt providers to use fact sheet w/patients	
Council members sign up to cover all cancer support groups			Get out into support groups to explain fact sheet	

Note: this needs to be a step in the total survivorship plan