

Working Together

Spring 2009



THE MINNESOTA CANCER ALLIANCE UPDATE

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Minnesota Cancer Alliance

Communications

Gonda Lobby – CEC 334
200 First Street SW
Rochester, MN 55905

507-266-9087 phone
507-284-1544 fax

www.mncanceralliance.org

A Note from the Chair: The Minnesota Cancer Alliance's Commitment to Colorectal Cancer

Since the Minnesota Cancer Alliance was established in 2005, colorectal cancer screening was one of our four priorities. In January 2008, the Steering Committee voted to strengthen its focus on ways to increase colorectal cancer screening in Minnesota. This decision was based on several factors: availability of effective screening tests and national screening guidelines; data showing that colorectal cancer is a major source of avoidable cancer morbidity and mortality that affects some groups disproportionately (e.g., American Indians, uninsured); and the ongoing work of committed Alliance members of the colorectal cancer screening and health disparities task forces. Thus, the elements were in place to accomplish our goal to increase colorectal cancer screening from 66 percent to 75 percent by 2010.

As we organize to accomplish this goal, it is helpful to think about what we need to do to increase access to colorectal cancer screening services, to improve delivery of these services by health systems and providers and to improve demand by the community for colorectal cancer screening. In this newsletter issue, we share how we are working in each of these areas to increase screening to reduce deaths.

An exciting development to share is a grant that the Minnesota Department of Health is submitting to the Centers for Disease Control and Prevention to offer colorectal cancer screening to men and women as part of Minnesota's Sage Screening Program. Many Alliance members are contributing to this effort. If the grant is funded, it will help move us closer to providing access to life-saving cancer screening to under- and uninsured individuals.

If you have ideas about how we can improve screening rates for colorectal cancer or you wish to get involved in these activities, please let us know. We are open to other potential opportunities to help screen more Minnesotans for this preventable disease.

Sincerely,

DeAnn Lazovich, Ph.D.
Chair, Minnesota Cancer Alliance

**Cancer Plan Minnesota
Progress Report 2009 is now available.**

To view or order visit www.mncanceralliance.org



minnesota cancer alliance
WORKING TOGETHER TO ELIMINATE THE BURDEN OF CANCER

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Partners Host Free Colorectal Cancer Screening Event

In an effort to improve access to colorectal cancer screening, Allina Hospitals and Clinics and partners offered free colorectal cancer screenings to under- or uninsured Minnesotans at Abbott Northwestern Hospital Saturday, March 7.

Twenty-three people received colonoscopies, seven of whom had polyps removed.

Services were donated by Abbott's Center for Advanced Endoscopy and Virginia Piper Cancer Institute; Minnesota Gastroenterology, P.A.; Colon and Rectal Surgery Associates, Ltd.; Hospital Pathology Associates, P.A.; American Cancer Society; Portico Healthnet; Colon Cancer Coalition; Minnesota Cancer Alliance; and Minnesota Department of Health.

"Colorectal cancer is the second most common cause of cancer death in the U.S., even though it is almost entirely preventable when people undergo routine screening," says John Allen, M.D., a gastroenterologist with Minnesota Gastroenterology, P.A., who helped provide colonoscopies at the event. "When detected early, the survival rate for colorectal cancer is greater than 90 percent. Even if you don't have family risk factors, it's important for all people 50 and older to get screened."

Dr. Allen cites lack of insurance as the biggest barrier for people who do not get screened. "We are trying to help people get screened and send a message about the importance of colon cancer prevention," he says.

Thus far, the Colorectal Cancer Screening Task Force and its partners have hosted four screening events, during which 90 individuals have been screened. The first two events were held last year at Fairview Southdale Hospital in Edina and one was at HealthPartners in Saint Paul. A fifth event is planned at Unity Cancer Center in Coon Rapids in May.

While the Alliance and its partners continue to plan additional screening events, cost is a challenge. Currently, there is no source of funding for colon cancer screening or treatment for the uninsured. Therefore, supporting organizations must seek partners willing to donate their services for the day, including follow-up care for individuals who may need it.

For more information, contact David Simmons at (651) 201-3607 or david.s.simmons@state.mn.us.

Colorectal Cancer Prevention Act Moving Forward

The Minnesota Colorectal Cancer Prevention Act (HF 293/SF 366) is proposed legislation to fund colorectal cancer screening services for low-income, uninsured and underinsured individuals. The legislation has been approved by health policy committees in both the Senate and the House of Representatives chambers. It is also under consideration for inclusion in the House health and human services budget. The legislation would provide funding to Hennepin County Medical Center and MeritCare – both serving at-risk, low-income populations – to screen 100 to 200 eligible patients. Learn more about the bill at:

http://www.house.leg.state.mn.us/bills/billnum.asp?Billnumber=HF+293&ls_year=86&session_year=2009&session_number=0&Go.x=8&Go.y=13.

For more information, contact Rebecca Thoman, M.D., at rebecca.thoman@cancer.org or visit <http://acs.can.org/action/mn/campaigns/httpacscanorgactionmncoloncancer>.



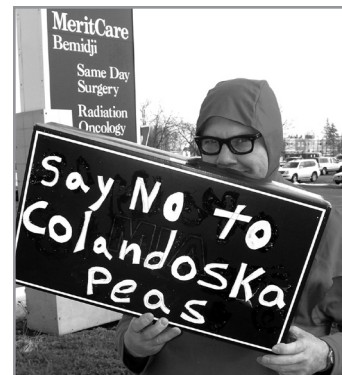
Abbott's Center for Advanced Endoscopy staff volunteers: Ann Harris, Carolyn Allen, Carol Squalls, Lorri Herlofsky, Scott Ketover, M.D., and Cathy Weinandt

Group Uses Humor to Spread Cancer Prevention Message

Cancer screening can detect early cancer and the polyps that might develop into cancer, but the preparation for the test and the colonoscopy itself are a hard sell. Detected early, colorectal cancer has a 90 percent survival rate.

“We know colon cancer is preventable, and the prevention is screening,” said Warren Larson, public policy and community benefit coordinator for MeritCare-Bemidji. “It’s a tough message to get across, but dying of colon cancer is miserable.”

A committee concerned about the high rate of colon cancer in the Bemidji area – 125 cases diagnosed annually between 2001 and 2005 and 45 deaths – decided to take screening education in a new direction. Members will make presentations this month to Red Lake Nation, the Bemidji Noon Rotary Club, Leech Lake Band of Ojibwe and Ball Club. Red Lake plans to tape the presentation and post it on the Web site RLNN at rlenn.com.



Warren Larson, AKA “Polyp Man”

Led by Polyp Man, portrayed by Larson in a lumpy red costume created by Cheryl Winnett, the group will use reverse psychology and humor to focus community attention on the health hazard and urge people to undergo screenings.

“Polyp Man is going to train people how to say ‘No’ when their doctor brings up a colonoscopy,” Larson said. “He wants people to continue eating greasy food, not exercise, and for heaven’s sake, don’t get a colonoscopy. He fears that they could (put) polyps on the endangered tissues list. This is how we’re planning to reach people. I hope it works because it’s pretty silly.”

The serious side of the message is that colorectal cancer rates are higher among American Indians than among the general population. “American Indian men and women are more likely to die of colorectal cancer than any other group in Minnesota,” said Rosie Morgan, R.N., of Red Lake Community Health Nursing.

In addition to his position at MeritCare, Larson serves on the Midwest Division of the American Cancer Society and Minnesota Cancer Alliance boards of directors.

Reproduced with permission from Bemidji Pioneer. Photo courtesy of Monte Draper; Story courtesy of Molly Miron.

Roundtable Sparks Commitment to Reduce Colorectal Cancer Death Rates

During a recent colorectal cancer roundtable meeting Thursday, March 5, leaders from Minnesota’s health systems and health plans discussed how best to increase colorectal cancer screening rates to 75 percent to reduce the number of statewide deaths from colorectal cancer to fewer than 500 by the end of 2010.

Representatives from most Minnesota care systems, along with the Institute for Clinical System Improvement (ICSI); the Minnesota Department of Health; Minnesota Community Measurement; and all of Minnesota’s health plans reviewed Minnesota cancer data and strategized on how to collectively decrease deaths from colorectal cancer.

“The roundtable was sparked by the realization that today we have the capacity to effectively screen all Minnesotans for colorectal cancer according to accepted guidelines,” says Brian Rank, M.D., HealthPartners Medical Group and Clinics medical director. “With the understanding that screening saves lives, but that all of our care systems fail to screen many patients, participants committed to using their resources to measurably increase screening rates to decrease the misery, cost and deaths associated with a late stage colorectal cancer diagnosis.”

Looking ahead, ICSI will summarize the ideas generated and the Minnesota Cancer Alliance will convene an e-learning collaborative to move these ideas forward.

The roundtable was held at Medica Headquarters in Minnetonka, and was co-sponsored by the Minnesota Cancer Alliance and the American Cancer Society.



minnesota cancer alliance

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Gonda Lobby • Cancer Education Center 334
200 First Street SW • Rochester, MN 55905

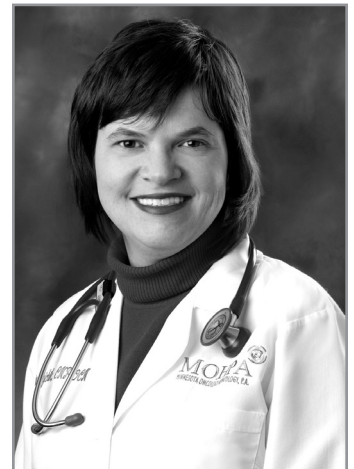
Member Spotlight: Minnesota Oncology

Minnesota Oncology is the largest independent oncology subspecialty practice in Minnesota. The group is dedicated to the diagnosis and treatment of various cancers and blood disorders. Known previously by the acronym, “MOHPA,” the practice has recently re-branded to Minnesota Oncology.

The practice is physician-owned and operated with 42 physicians and 10 certified nurse practitioners in seven clinics across the Twin Cities area. Its mission is to provide the highest quality cancer and hematology care to restore health and to enhance and prolong life for the patients it serves.

The work of the Minnesota Cancer Alliance is faithfully supported by Minnesota Oncology. Etta Erickson from the business development department and Kim Ness, R.N., C.N.S., A.O.C.N., both serve on the Minnesota Cancer Alliance Survivor Care Plan Project Team. Ness is a colon cancer nurse navigator with the group’s Edina Clinic and serves on the Alliance’s Steering Committee. “Our organization joined the Alliance because we are deeply committed to the patients and families we serve,” says Ness. “We believe that by linking arms with other Minnesotans who share our passion for this work, we can truly begin to make strides in reducing the impact of cancer on people throughout our state.”

For more information, call (651) 602-5349 or visit www.mohpa.com.



Kim Ness, R.N., C.N.S.,
A.O.C.N., Minnesota
Oncology colon cancer
nurse navigator

Working Together is published quarterly for health care professionals, community members, advocates and survivors. Its purpose is to share the Minnesota Cancer Alliance’s progress in reducing the state’s cancer burden.

Editor: Nicole Bennett Engler. To submit story ideas, provide feedback, or unsubscribe, contact Bennett Engler at 507-266-9087 or engler.nicole@mayo.edu.