



Issue Brief

Accelerating What We Know Works in Cancer Screening and Care



A meeting report from the June 1, 2021, Issue Hub hosted by the American Cancer Society National Consortium for Improving Cancer Screening and Care



Introduction

Cancer screening rates are unacceptably low and remain well below the target goals that were set within Healthy People 2020. Apart from colorectal cancer, cancer screening rates are [persistently stagnant](#). Further data suggest that only 2 in 5 individuals are likely up-to-date with all cancer screenings as recommended. The task to improve cancer screening rates has only become more challenged due to the consequences of the COVID-19 pandemic. From March 2020 to March 2021, [reports](#) indicate that screening rates are lower than historical baselines. Not to mention, this overview does not even begin to call attention to enduring inequities in cancer screening and the disparities that exist by race/ethnicity, socioeconomic status, or other healthcare access indicators.

The American Cancer Society convenes a national consortium to engage a diverse and influential group of leaders to increase cancer screening rates. The National Consortium is an issue-focused, time-bound partnership that is dedicated to the acceleration of a national response to the COVID-19 pandemic in relation to its detrimental impact on our collective progress in cancer screening and care across the United States.

National Consortium Goals

Accelerate	Strengthen	Mobilize
Accelerate our responses to long-standing and emerging barriers to cancer screening and care.	Strengthen our preparedness, infrastructure, and partnerships to minimize disruptions and address inequities.	Mobilize around sustained, coordinated commitments to promote cancer screening and care as a public health priority and improve the long-term effectiveness of screening programs.

Issue Hub #1: Accelerating What We Know Works in Cancer Screening and Care

On June 1, 2021, the consortium welcomed over 300 attendees to participate in an inaugural Issue Hub titled *Accelerating What We Know Works in Cancer Screening and Care*. National Consortium Issue Hubs are facilitated panel discussions with renowned subject matter experts who are challenged to identify and deliberate the most pressing issues in the recovery and improvement of cancer screening and care nationwide.

Invited panelists explored key areas of national alignment in the implementation of evidence-based and emerging cancer screening activities.

Panelists included:

- Keysha Brooks-Coley, MA – Vice President, Federal Advocacy and Strategic Alliances, ACS CAN
- Timothy Mullet, MD, FACS – Chair, Commission on Cancer of the American College of Surgeons
- Lisa Richardson, MD, MPH – Director, Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, CDC
- Robert Smith, PhD – Senior Vice President, Cancer Screening, American Cancer Society
- John Williams, MD, FACS – Chair, President’s Cancer Panel
- *Discussion Lead:* Rich Wender, MD – Chair, Family Medicine and Community Health, University of Pennsylvania; Chair, National Colorectal Cancer Roundtable

Throughout the 90-minute session, panelists shared their best thinking on:

- The factors, big and small, that prevent us from seeing the outcomes we want to see in cancer screening and care
- How to accelerate the adoption of proven cancer screening and care activities to reach our desired outcomes
- The innovations or opportunities necessitated by the pandemic that we could leverage to expand our capacity in cancer screening and care

Attendees were invited to engage via virtual meeting tools, including live polling and idea boards.

National Consortium members will reconvene on June 17 in a virtual summit to further consider the discussion of this first Issue Hub, build consensus on sensible next steps, and look to provide actionable recommendations as the nation reprioritizes cancer screening. These recommendations will be critical to not only accelerate the recovery from the pandemic but also to accelerate the nation’s resilience and overall improvement in providing quality cancer screening and care for all.

A recording of the June Issue Hub is available [here](#).

This document presents the themes and results of the three key discussions from the first Issue Hub, as well as the top poll results and highest-rated comments contributed by event attendees.

Acknowledgments

The American Cancer Society’s enterprise-wide screening initiative, which the National Consortium is a core component, is supported by generous contributions from Genentech (a member of the Roche Group), Pfizer, Merck, and the National Football League.

Discussion Area 1

What are the factors, big and small, that prevent us from seeing the outcomes we want to see in cancer screening and care?



Barrier: Inadequate Prioritization and Messaging of Cancer Screening. Cancer screening is one of the most reliable and cost-effective disease prevention and detection interventions that reduce mortality, but it too often seems underutilized. Altogether, the U.S. lacks a coordinated, mission-focused, and holistic priority for cancer screening. Further, the cancer control community is disjointed in its messaging about the importance of cancer screening, and screening is therefore undersold as a key component for health and wellness to both providers and the public.



Barriers: Fragmented Healthcare System and Disconnected Programming/Service Delivery. A national strategy to improve cancer screening not only requires prioritization but also relies on a combination of highly variable modes of healthcare delivery. Some approaches are highly organized and offer integrated screening services and follow-up care, while others are more opportunistic models to complete screening but lack coordination for follow-up care. As screened individuals transition into follow-up care, many do not know how to go from one system to another or from one doctor to another. Further, payment models and program design can force patients seeking cancer screening into separate systems for each screening, thus heightening complexity and confusion.



Barriers: Limitations in Workforce Capacity and Patient Monitoring. To adequately transition patients into both screening services and follow-up care, specialized professional services and coordinated data systems are valuable and further help to connect with the populations of focus. However, too often, there is not an adequate workforce to reinforce screening programs. Navigators and community health workers can lessen the burden on primary care by reminding individuals when they are due for screening, connecting them with screening and follow-up tests/services, assisting them through scheduling and financial tasks, and building relationships through outreach programs.



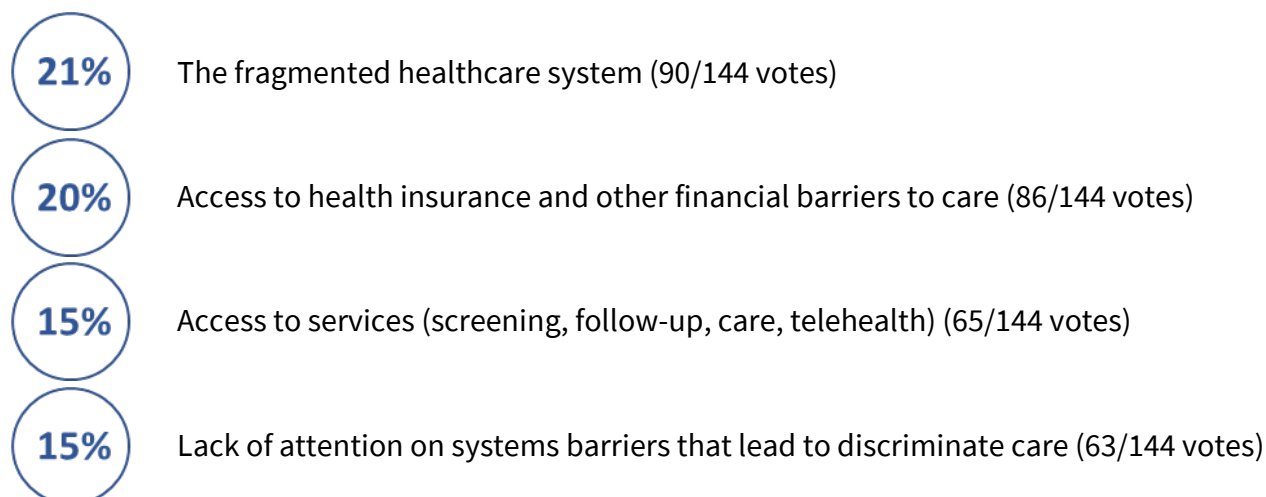
Barrier: Access to Care. Providing access to high-quality and affordable healthcare will certainly demand both small- and large-scale policy change. Screening rates among the uninsured are typically 40-50% lower than among the insured; thus, insurance coverage and related policy solutions are as relevant now as ever. As millions of individuals have lost their employer-based insurance coverage because of job loss during the pandemic, access to life-saving screening is a direct consequence of pandemic-related disruptions.

Discussion Area 1: Poll Results

At the beginning of each discussion area, attendees were asked to participate via a poll to consider a thought-provoking question. Responses helped frame and guide the facilitated panel discussion.

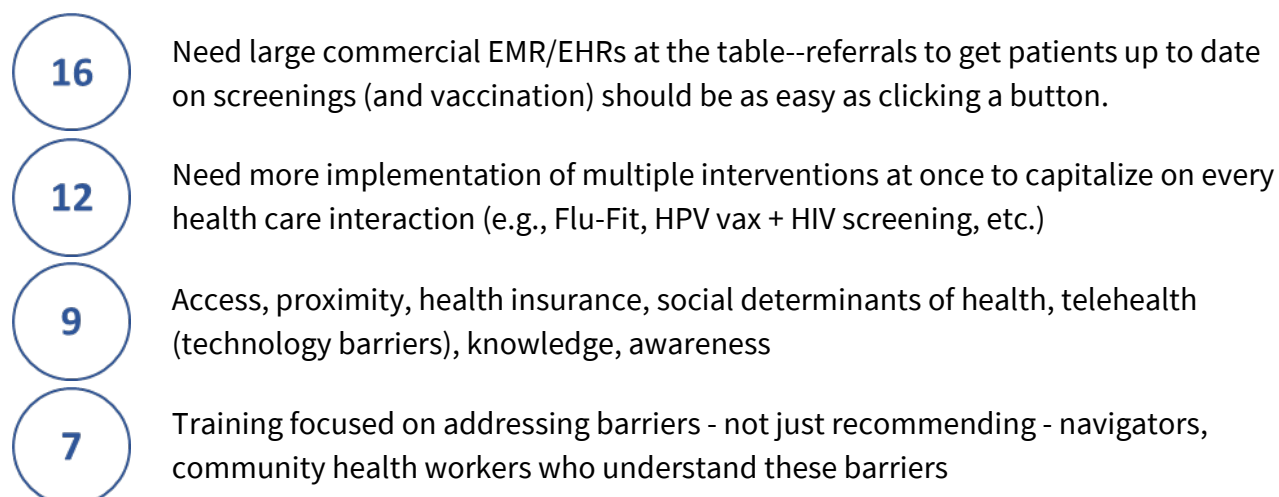
The top poll results are shown below.

What are the factors, big and small, that prevent us from seeing the outcomes we want to see in cancer screening and care? (Select three answers from the set.)



Discussion Area 1: Attendee Perspectives and Ideas

Attendees were encouraged to actively participate in the conversation and share their ideas and immediate responses to the panel discussion via chat features. The top attendee perspectives and their upvoted scores are shown below.



Discussion Area 2

How can we accelerate the adoption of proven cancer screening and care activities to reach our desired outcomes?



Accelerate the collective action of partnerships, coalitions, and roundtables to influence and promote the adoption of proven cancer screening interventions.

Opportunity exists to amplify and better support the strengths of roundtables and local coalitions that break down silos and facilitate coordination within a fragmented healthcare system. They inspire collaboration and collective action, and they provide a credible and trusted space for innovation, education, and message delivery.



Accelerate a coordinated campaign to promote cancer screening as a national public health priority.

Screening is a low priority for most individuals. Educating individuals about the survival benefit and value of screening would be a dramatic win. Messaging is difficult because the providers and the public are two diverse groups and need different messages. National cancer control agencies and organizations can energize activity around screening as seen by the 80% by 2018 colorectal cancer screening campaign. Screening should be bundled together.



Accelerate screening efforts by supporting and expanding the proven programs that already reach underrepresented and underserved communities.

Collaborative efforts need to continue focusing on communities that lack access to life-saving cancer screening. Many existing programs can help us reach desired outcomes, including CDC's National Breast and Cervical Cancer Early Detection Program and Colorectal Cancer Control Program. Navigation programs and community health workers are recommended and [cost-effective](#) (Cervical, CRC).



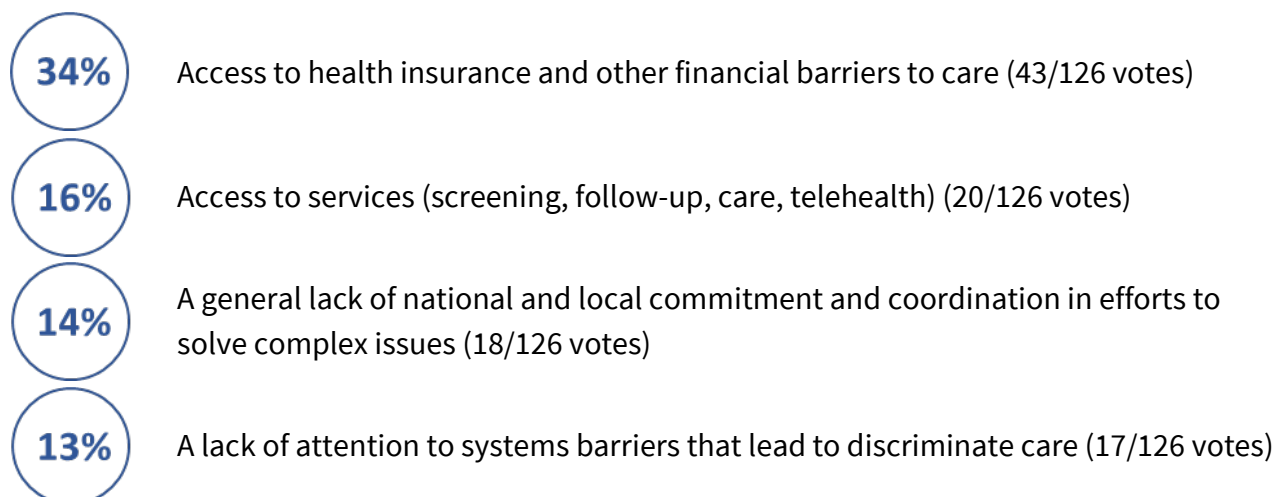
Accelerate the adoption of improved quality measures, accountability measures, and institutional goal-setting.

What gets measured gets done. Systems that see the most success often begin by capturing screening baseline numbers and setting system-wide goals. National quality measures provide requirements and incentives for improvement and thus can hasten progress and improve outcomes. Measures that track on-time screening or follow-up to abnormal tests are potential areas for improvement.

Discussion Area 2: Poll Results

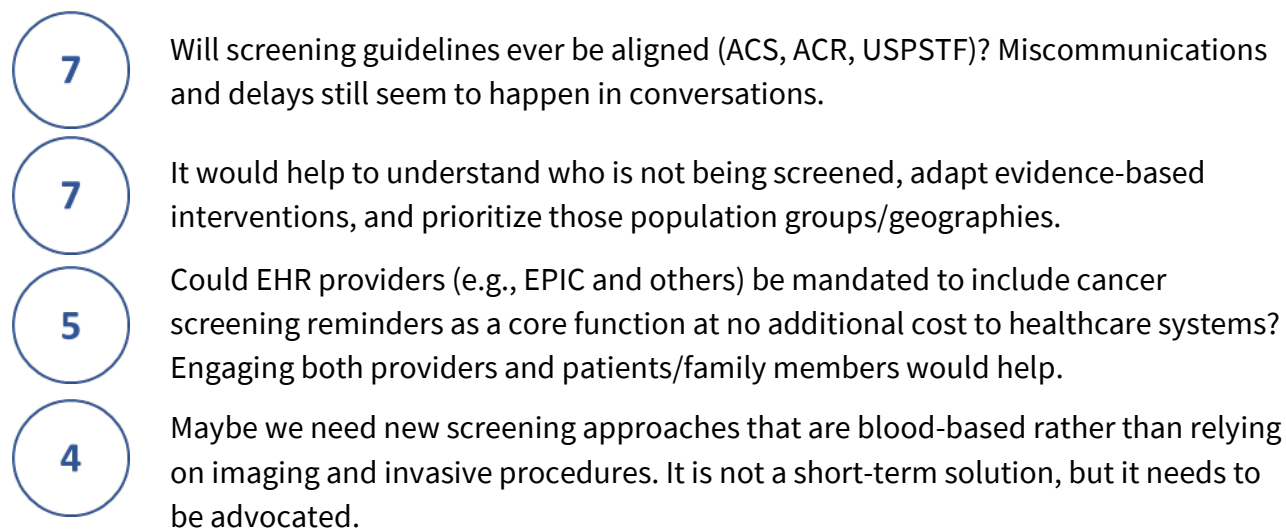
At the beginning of each discussion area, attendees were asked to participate via a poll to consider a thought-provoking question. Responses helped frame and guide the facilitated panel discussion. **The top poll results are shown below.**

How do we accelerate the adoption of proven cancer screening and care activities to reach our desired outcomes? (Select one answer from the set.)



Discussion Area 2: Attendee Perspectives and Ideas

Attendees were encouraged to actively participate in the conversation and share their ideas and immediate responses to the panel discussion via chat features. The top attendee perspectives and their upvoted scores are shown below.



Discussion Area 3

What are the innovations or opportunities necessitated by the pandemic that we could leverage to expand our capacity in cancer screening and care?



Opportunity: Effective Messaging of Public Health and Cancer Screening. The COVID-19 pandemic showed that messages should be tailored for different populations and that populations with historically low screening prevalences should be included in the message-creation process. In addition to their reluctance to get screened because of fear of being exposed to the coronavirus, people who have been marginalized are also more likely to distrust clinicians, medical systems, and other institutions due to their experience with historical exploitation, discrimination, and oppression. A strong provider recommendation to schedule screening remains the most influential message delivery source.



Opportunity: Telehealth. Telehealth visits rose during the pandemic due to patient fears about visiting health care facilities and visiting restrictions imposed by health care facilities and created a “live demonstration model” of virtual-based care. There are many potential benefits to further embracing telehealth. Telehealth enables providers to continue to see patients for well visits and acute visits and creates opportunities to recommend screening to individuals. Telehealth also enables providers to provide home-based testing options to individuals who cannot or do not want to visit in person, to navigate individuals through abnormal screening results, and to provide other general preventive care. Telehealth approaches could also prove useful to track and remind people they are due for screening. Policy changes to strengthen telehealth systems and ease financial constraints should be further codified.



Opportunity: Maintain and utilize infrastructure expansions. The pandemic necessitated changes in how care was delivered, how patients were informed, and how healthcare staff was educated on emerging issues. We have an opportunity to utilize this momentum to create an innovative workforce that can reach people where they are. Community and lay health workers were utilized to bring trusted health messaging to hard-hit communities. Retail health and community health clinics established leading roles in testing and vaccination rollout. How can these channels be leveraged to improve screening rates nationwide?

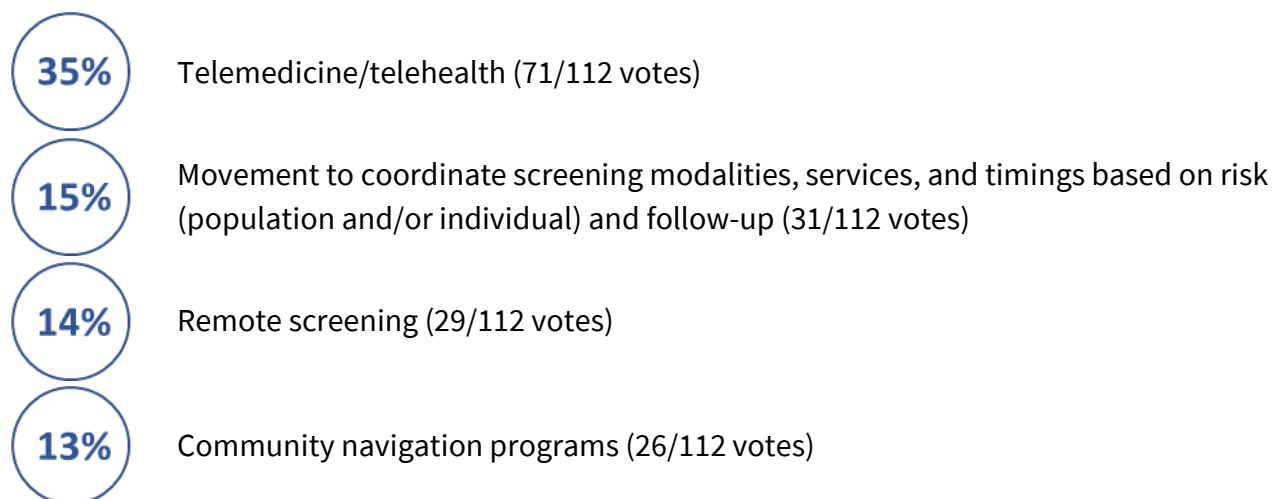


Opportunity: Remote screening. During the pandemic, some systems and providers turned to at-home stool-based testing for colorectal cancer screening. Remote screening for colorectal cancer offers patients options and aids in the triaging of patients by risk. Many proven programs already exist, including mail-based programs that have ensured the quality and value of this testing option.

Discussion Area 3: Poll Results

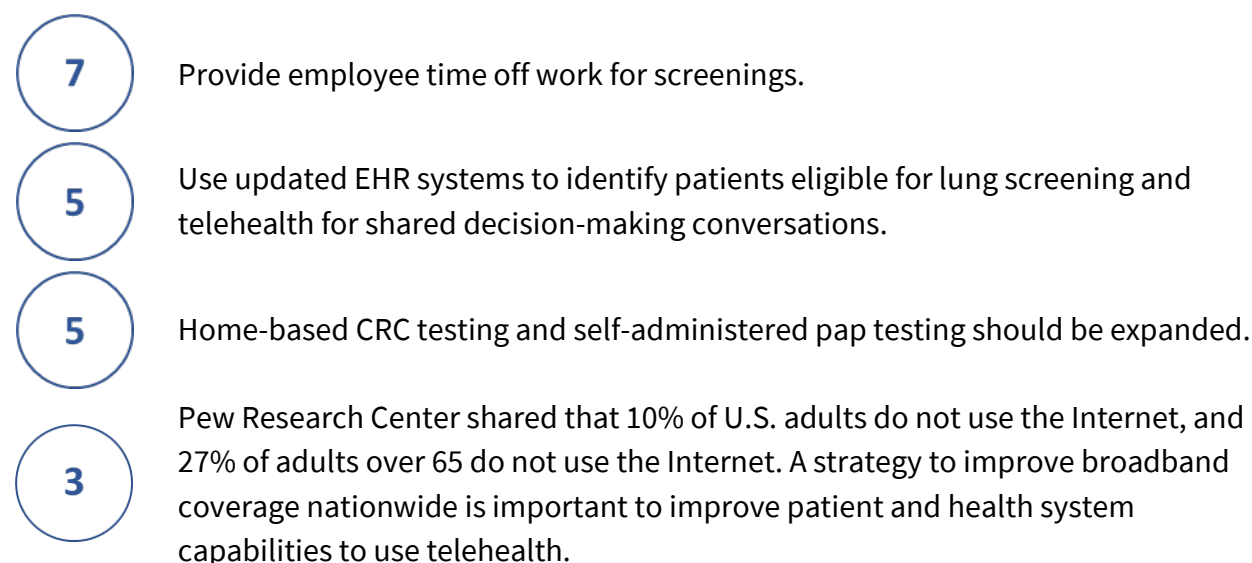
Attendees participated via a poll to consider a thought-provoking question. Responses helped frame and guide the facilitated discussion. **The top poll results are shown below.**

What are the innovations or opportunities necessitated by the pandemic that we could leverage to expand our capacity in cancer screening and care? (Select all that apply.)



Discussion Area 3: Attendee Perspectives and Ideas

Attendees were encouraged to participate in the conversation and share their ideas and responses to the panel discussion via chat features. The top attendee perspectives and their upvoted scores are shown below.



Appendix – Evaluation Survey Highlights

This section contains summarized highlights from the evaluation survey.

Participants rated Issue Hub #1 as follows:

- 100.0% of attendees were interested in another issue hub (92 responses: 91 Yes, 1 No Opinion).
- 100.0% would recommend participation to a colleague (92 responses: 87 Yes, 5 No Opinion).
- 100.0% would stay connected to the consortium's efforts. (90 responses: 88 Yes, 2 No Opinion).
- 98% rated the Issue Hub as excellent or good (92 responses: 49 Excellent, 41 Good).

Participants stated they would share the information and strategies with partners (responses 89):

- 80% - Discuss during a meeting
- 34% - Expand or revise existing strategies
- 37% - Engage new partners
- 34% - Develop new strategies
- 33% - Identify evidence-based interventions to implement
- 31% - Include in communication materials such as newsletters, email updates, or social media
- 12% - Train members on the topic

Participants stated the most helpful things they learned were (responses 30):

- 30% Messaging, 20% Strategies, 14% Collaboration, 10% Barriers, 10% Policies, 10% Data, 3% Technology, 3% N/A

Participants stated they had a greater understanding of (responses 92):

- 91% - Innovations from the pandemic that could expand our capacity in cancer screen activities
- 87% - The critical barriers preventing the nation from reaching improved outcomes
- 85% - Potential interventions, policies, and other drivers that can influence change nationwide that my organization could adopt or otherwise support that my organization could adopt or otherwise support.

Appendix – Complete Poll Results

Q1. What are the factors, big and small, that prevent us from seeing the outcomes we want to see in cancer screening and care? (Select three answers from the set.)

The top two barriers were a fragmented healthcare system and financial barriers to care.

Poll Option	Count	N Votes	Results	Pct Votes
Fragmented healthcare system	90	144	1.41	21%
Access to health insurance and other financial barriers to care	86	144	1.19	20%
Access to services (screening, follow-up, care, telehealth)	65	144	0.97	15%
Lack of attention on systems barriers that lead to discriminate care	63	144	0.82	15%
A general lack of national and local commitment and coordination in efforts to solve complex issues	43	144	0.52	10%
Data gaps or insufficient data collection infrastructure	30	144	0.40	7%
The lack of a robust system of primary care	31	144	0.38	7%
No national mechanism for translation of research to implementation	16	144	0.22	4%
Missing or insufficient national quality measures (& related incentives)	8	144	0.09	2%
	432			

Q2. How do we accelerate the adoption of proven cancer screening and care activities to reach our desired outcomes? (Select one answer from the set.)

The results showed that solving financial barriers was the best opportunity for accelerating care.

Poll Option	Count	N Votes	Results	Pct Votes
Access to health insurance and other financial barriers to care	43	126	34%	34%
Access to services (screening, follow-up, care, telehealth)	20	126	16%	16%
A general lack of national and local commitment and coordination in efforts to solve complex issues	18	126	14%	14%
Lack of attention on systems barriers that lead to discriminate care	17	126	13%	13%
Fragmented healthcare system	13	126	10%	10%
Data gaps or insufficient data collection infrastructure	5	126	4%	4%
The lack of a robust system of primary care	4	126	3%	3%
No national mechanism for translation of research to implementation	3	126	2%	2%
Missing or insufficient national quality measures (& related incentives)	3	126	2%	2%
	126			

Q3. What are the innovations or opportunities necessitated by the pandemic that we could leverage to expand our capacity in cancer screening and care? (Select all that apply.)

The poll showed that telehealth was easily the top opportunity to leverage for improvement.

Poll Option	Count	N Votes	Results	Pct Votes
Telehealth / telehealth	71	112	63%	35%
Movement toward coordinating screening modalities, services, and timing based on risk (population and/or individual) and follow-up	31	112	28%	15%
Remote screening	29	112	26%	14%
Community navigation programs	26	112	23%	13%
Public education and health & wellness messaging	19	112	17%	9%
Utilization of retail health	14	112	13%	7%
Addressing screening backlogs	8	112	7%	4%
Patient incentives	7	112	6%	3%
	205			