

ACCCC Meeting – Friday, January 17th, 2020

Meeting Minutes

Birmingham, AL

10:00 a.m. – Casey Daniel, Coalition Chair, welcomed attendees.

10:10 a.m. – Updates on Cervical Cancer – Jennifer Young Pierce, MD, MPH, FACOG – USA Mitchell Cancer Institute

- Alabama is on par with national average of cervical screening rates, but mortality is higher here.
- Current screening efforts are missing the same 20-25% of women every year.
- 1 in 5 or 1 in 6 will have abnormal cells.
- Seeing an increase in cervical cancer in younger women.
- The HPV vaccine works. Alabama recently increased its HPV vaccination rates by 9%.
- Parents are more likely to vaccinate their children if they know someone who has been affected. You can help by starting in your personal circles and sharing medically factual information.
- Needs:
 - Policy changes
 - Alteration of Medicaid rules
 - Requiring physicians to enter all vaccines administered in the state registry
 - Coalition building
 - Increased HPV testing
 - Colposcopy outreach
 - Education

11:00 a.m. – Cervical Cancer Prevention and Control in Alabama – Isabel Scarinci, PhD, MPH – UAB O’Neal Comprehensive Cancer Center

- We have come a long way.
- Cervical cancer mortality among blacks is almost double that of whites.
- Cervical cancer is a disease of poverty and access.
- The key is to vaccinate before HPV exposure.
- Women should receive an HPV test at 30, which will determine their pap screening schedule.
- Have completed extensive research on self-collection for HPV testing in Brazil which is being expanded internationally to other areas. In Brazil there was a 100% success rate in self-collection. Work has also been done successfully in the Mississippi Delta, although at a lower rate than Brazil.
- Barriers in the unscreened population are more difficult and complex. Many women cannot access and/or cannot psychologically face the prospect of cancer because of poverty and/or other social constructs.
- Needs:
 - Increase access to and community demand for HPV vaccination.
 - Increase provider/system-based interventions.

11:45 – 1:15 – Networking Lunch + Committee Meetings

1:20 – The 2019 State-by-State Report Card on Access to Palliative Care – Jennifer Hicks, MSHA, MBA – UAB Center for Palliative and Supportive Care

- What is palliative and supportive care?
 - Medical specialty
 - Team approach
 - Serves people with serious illness and their loved ones
 - Focus is on symptoms and quality of life
 - Can be accessed at any time throughout a serious illness
 - Seeks to address avoidable suffering due to care dysfunction
 - Extra layer of support
 - Provides whole person care focused on quality and dignity
 - Restores the art of healing to the science of curing
 - Matches evidence to preference
 - Provides the ultimate in personalized/precision medicine
 - Can improve quality of life, lower symptom burden, reduce avoidable spending
- National trends:
 - Palliative care is the fastest growing medical specialty – has grown 178% since 2000
- Overall Challenges
 - Reaching rural communities
 - Payment mechanisms
 - Difficulty broadening evidence base
 - Connecting to patients earlier in the disease trajectory
- Alabama Challenges
 - Rural areas
 - Lack of Medicaid expansion
 - Socioeconomic issues
 - Cultural issues
 - # of people living with serious illness and overall health of population
 - Lack of mental health resources
 - No widely accepted POLST/MOLST document
- CAPC Report Card
 - Grades are based on reported existence of palliative care teams in hospitals
 - Alabama got a D – less than 40% of hospitals reported that they offer palliative care (most likely underreported)
 - 75% of states got an A or B
- State Initiatives
 - State Advisory Council – meets quarterly
 - UAB Palliative Care Leadership Center – provides training

2:00 – Closing announcements; Meeting adjourned.