The REDUCING CANCER DISPARITIES BY ENGAGING STAKEHOLDERS (RCaDES) INITIATIVE
2nd Annual Conference
December 1, 2017

Engaging a Health System-based Learning Community to Improve Population Health
Welcome and Opening Remarks
Agenda

• Welcome and Opening Remarks
• A Health System-Based Learning Community
  - Break
• Adapting Evidence-Based Intervention Strategies
• Identifying Sources of Support for Intervention Implementation
  - Lunch and Networking
• Keynote Conversation: Learning Community Formation
  - Break
• Roundtable Discussions: Supporting Health System-Based Learning Communities
• Report Out and Summary
• Closing Remarks
RCaDES Initiative in Theory

Synthesis

Translation

Implementation

Evaluate Intervention Implementation Process, Outcomes and Cost

Learning Community Active Implementation Model

The RCaDES Initiative

Cancer Disparities

Center for Health Decisions at Jefferson

Until every cancer is cured
RCaDES Initiative in Theory

**Synthesis**
- Coordinating Team

**Translation**
- Steering Committee
- Patient and Stakeholder Advisory Committee

**Implementation**
- Steering Committee
- Patient and Stakeholder Advisory Committee

Evaluate Intervention Implementation Process, Outcomes and Cost

Learning Community Active Implementation Model

The RCaDES Initiative

Sidney Kimmel Cancer Center at Jefferson

Cancer Disparities

Until every cancer is cured
RCaDES Initiative in Theory

**Synthesis**
- Specify Problem and Identify Evidence-Based Intervention(s)
- Coordinating Team
- Assess Readiness for Adaptation and Implementation of Intervention(s)

**Translation**
- Steering Committee
- Adapt Evidence-Based Intervention(s) with Fit and Fidelity
- Patient and Stakeholder Advisory Committee

**Implementation**
- Steering Committee
- Implement Adapted Intervention(s) in the Organization
- Patient and Stakeholder Advisory Committee

Evaluate Intervention Implementation Process, Outcomes and Cost

Learning Community Active Implementation Model

The RCaDES Initiative

Sidney Kimmel Cancer Center at Jefferson

Cancer Disparities

Center for Health Decisions at Jefferson

Until every cancer is cured
Coordinating Team Members

- Ronald E. Myers, PhD, Thomas Jefferson University
- Daniel Bellefontaine, Thomas Jefferson University
- Melissa DiCarlo, MPH, MS, Thomas Jefferson University
- Linda Fleisher, MPH, PhD, Children’s Hospital of Philadelphia
- Emily Lambert, MPH, Thomas Jefferson University
- Anett Petrich, RN, MSN, Thomas Jefferson University
- Martha Romney, RN, JD, MPH, Thomas Jefferson University
- Randa Sifri, MD, Thomas Jefferson University
- Joy Soleiman, MPA, Thomas Jefferson University
  - Emily Frelick, MS, Thomas Jefferson University
  - Alexandria Skoufalos, EdD, Thomas Jefferson University

The RCaDES Initiative

Sidney Kimmel Cancer Center at Jefferson
NCI – designated

Center for Health Decisions at Jefferson

Until every cancer is cured
Steering Committee Members

- Cheryl Bettigole, MD, MPH, Philadelphia Department of Public Health
- Patricia Bradley, PhD, RN, FAAN Intercultural Cancer Center
- Victor Caraballo, MD, MBA, Independence Blue Cross
- Beth Careyva, MD, Lehigh Valley Health Network
- Beverly A. Collins, MD, MBA, MS, Health Partners Plans
- David J. Delgado, PhD, MPH, Jefferson College of Population Health
- Neil Goldfarb, Greater Philadelphia Business Coalition on Health
- Humberto Guerra-Garcia, MD, MPH, FACP, AETNA
- Jenné Johns, MPH, AmeriHealthCaritas
- Mitchell Kaminski, MD, Delaware Valley Accountable Care Organization
- Edith Mitchell, MD, Sidney Kimmel Cancer Center
- Suresh Nair, MD, Lehigh Valley Health Network Cancer Institute
- Tiffany Newmuis, MA, Thomas Jefferson University and Jefferson Health
- Norma Padron, PhD, MPH, Main Line Health System
- Peggy Payne, MA, Cigna
- April Reilly, MSW, American Cancer Society
- Val Slayton, MD, MPP, MBA, Humana
- Sharon Sowers, Pennsylvania Department of Health

The RCaDES Initiative
Jefferson Health-PASAC Members

- Shirley Beckett, LPN, TJU Practice Staff
- Winnie Chen, Patient Representative
- Epi DeJesus, Patient Representative
- Victor Diaz, MD, TJU Family Physician
- Johnnie Mae Smith, Patient Representative
- Therese Narzikul, MBA, MSN, CRNP, VP, Practice Design & Care Coord.
- Samira Woods, Patient Representative
- Melisa Gebizlioglu, MPH, Population Health Project Manager
- Sung Whang, MSN, CRNP, CTTS, TJU Smoking Cessation Provider
Lehigh Valley Health Network (LVHN)-PASAC Members

- Marisa Cruz, Patient Representative
- Melanie Johnson, MPA, LVHN Administrator
- Rebecca Kauer, Patient Representative
- Myra Piña, MD, Patient and Community Org Representative
- Dianne Porter-Hughes, Patient Representative
- Alicia Rivera, LVHN Patient Assistant
- Hursey Ruffin, Patient Representative
- Brian Stello, MD, Vice-Chair, Quality and Research, Department of Family Medicine, Associate Medical Director for Quality and Safety, Lehigh Valley Physicians Group
- Martha Kahan, LVHN Physician Liaison-Diagnostic Outpatient Imaging
The RCaDES Initiative in Practice

Learning Community:
Academic Centers - Health Systems - Payers - Employers - Community Organizations

1. Identify Evidence Based Intervention (EBI)
2. Define EBI Core Components for Adaptation
3. Train patients and stakeholders in EBI Adaptation
4. Adapt EBI Core Components
5. Implement the Adapted EBI

Disseminate Lessons Learned

Learning Community Members

- Academia
- Health Systems
- Payers
- Employers
- Community Organizations
Thank you to our exhibitors!

**Silver Level Exhibitors:**

- Genentech
- Quest Diagnostics

**Bronze Level Exhibitors:**

- Keystone First
- aetna®
- Humana
- Health Partners Plans

---

The RCaDES Initiative

Center for Health Decisions at Jefferson
A Health System-Based Learning Community: Synthesis
Communication
Online Collaboration Software (Basecamp)
- Messages
- File Sharing

Telephone
- Messages
- Reminders

Email
- Messages
- File Sharing

Meetings
- Discussion
- Evaluation
- Dissemination

SC

CT

JH PASAC

LVHN PASAC

Online Collaboration Software (Basecamp)
- Messages
- File Sharing
- Discussion Posts
Continuous Communication

- Open communication is essential to establish a collaborative environment, and to develop trust among community members.
- Continuous communication allows members to work toward the best solutions, ensuring that all voices are heard and interests are considered.
- Learning community communications are catalyzed through scheduled meetings, telephone, electronic mail, and web-based communication platforms that support interaction between meetings.
Scheduled Meetings

• Coordinating Team
  o Weekly, 1hr conference calls
  o Quarterly, in-person meetings meant focus on big picture issues and team building

• Steering Committee
  o 3 meetings annually, approximately 2 hours each
  o In-person and virtual attendance option

• Patient and Stakeholder Advisory Committees
  o 6 meetings annually, 2 hours each
  o Mainly in-person, virtual attendance available as needed
  o Interactive sessions that include presentation and collaboration

The RCaDES Initiative
Sidney Kimmel Cancer Center at Jefferson
NCI – designated
Center for Health Decisions at Jefferson
Until every cancer is cured
Web-based Communication

• Use of Basecamp collaboration software
• Includes separate space for each committee, and spaced for shared committee community interactions
• Space includes:
  o Calendar
  o Discussion space
  o File sharing
  o Task Assignment
• Adaptations required in order to address technology and access limitations
Shared Statement of Purpose & Common Agenda
Achieving Consensus on Mission among Learning Community Members

CT Activities
- Review project goals and objectives
- Engage SC and PASAC members in developing consensus on shared statement of purpose
- Engage SC and PASAC members in developing consensus on a common agenda

SC and PASAC Activities
- Review initiative goals and objectives
- Achieve consensus on shared statement of purpose
- Achieve consensus on a common agenda

The RCaDES Initiative
Center for Health Decisions at Jefferson
Until every cancer is cured
The Project Coordinating Team will engage and support a learning community that includes health systems, stakeholders, and patients who represent vulnerable populations in order to translate evidence-based cancer screening interventions into practice and reduce cancer disparities.
Achieving Consensus: Shared Statement of Purpose and Common Agenda

• Coordinating team (CT) develops draft shared statements of purpose (SSPs) and common agendas (CAs) for Steering Committee (SC) and Patient and Stakeholder Advisory Committees (PASACs)

• During respective meetings, committee members are asked for comments and changes to draft SSPs and CAs

• Revisions are made by CT members, and statements are shared again for approval
  o Approval requested in person or via meeting evaluation survey

• The CT reviews the SSPs and CAs at key milestones and midyear to assess accuracy and relevance
Steering Committee
Shared Statement of Purpose

The Steering Committee will review evidence-based interventions, review screening rates and related disparities, review system readiness for intervention and identify factors likely to influence intervention use, recommend strategies to support intervention adaptation and implementation.
Patient and Stakeholder Advisory Committee
Shared Statement of Purpose

The PASACs at JH and LVHN will work with the Coordinating Team and the Steering Committee to review and adapt evidence-based interventions and programs for cancer screening to achieve good fit and fidelity in health systems and for populations experiencing cancer disparities in care, including African American, Hispanic/Latino, and Asian American patients.
Specifying the Problem, Identifying Intervention Strategies, and Assessing Readiness for Change
Evidence-Based Intervention (EBI) for Adaptation and Implementation

- Interview Intervention Administrators
- Assessing Screening Rates
- Evaluate Organizational Readiness for Intervention Implementation
- Administer Intervention Inventory Survey
- Literature Review of EBI

Evidence-Based Intervention (EBI) for Adaptation and Implementation
Determine Screening Rates

- Engage a data analysis team
  - Working together, the Coordinating Team and Steering Committee engage health system data personnel for electronic medical record data access and analysis
- Identify patients eligible for screening
  - In partnership with data analysis team develop algorithm, using existing guidelines, to identify those patients eligible for screening
- Calculate overall screening rates and disparities
  - Screening rates for population subgroups can then be computed for review and comment by the CT, SC, and PASAC members
  - Findings will guide the future adaptation and implementation of EBIs that can increase screening rates and reduce disparities
Conduct a Literature Review

- Identify interventions that have been successful at increasing screening
- Apply criteria that accounts for health system needs, disparities, and intervention effects
- Consult with experts in order to conduct manual review of current relevant literature in the field
- Characterize intervention strategies in order to identify intervention core components
- Share results with learning community members in order to select an intervention that will work best within existing health system structures
Assess Organizational Readiness

• Complete an Organizational Readiness Survey
  o Assess the capacity of health care networks to adapt and implement evidence-based screening interventions
  o Include screening program inventory to determine the nature of screening interventions currently in use

• Interview health system leaders and administrators to:
  o Identify components of system interventions and programs
  o Determine their impact on screening rates
  o Identify challenges and opportunities related to intervention implementation
A Health System-Based Learning Community: Translation
PASAC Recruitment

• Modeled after an earlier PCORI-funded project that focused on CRC screening in primary care Hispanic patients

• Worked with practices and the research team to identify participants who would be willing to participate and commit to 2 years of involvement

• Included patients, providers, administrators and community leaders/advocates
PASAC Recruitment (continued)

• Specifically looked to identity members who could provide insights and representation from the African American, Hispanic and Asian American communities

• For the JH PASAC, drew on the experience and membership of the Jefferson Family Medicine Associates Patient and Family Advisory Council

• Membership adapted to bring in expertise on CRC and Lung Cancer Screening
PASAC Training and Responsibilities

• Develop a training program that includes:
  o Background education on CRC and Lung Cancer screening guidelines and controversies
  o Orientation to EBIs
  o Identification of core components of intervention/program
  o Adaptation and pre-testing of core components

• Work with PASAC members to:
  o Pretest and pilot test adapted EBI
  o Disseminate lessons learned and recommendations to health system leaders
Questions?
Thank you to our exhibitors!

**Silver Level Exhibitors:**

- Genentech
- Quest Diagnostics

**Bronze Level Exhibitors:**

- Keystone First
- aetna
- Humana
- Health Partners Plans
Adapting EBI Strategies for Implementation: The PASAC Role
Adaptation & Recommendations for Implementation

Year 1
Colon Cancer

Year 2
Lung Cancer Awareness

The RCaDES Initiative
Center for Health Decisions at Jefferson
Until every cancer is cured
# Lung Cancer Screening Guidelines

<table>
<thead>
<tr>
<th>U.S. Preventive Services Task Force (USPSTF) 2013 Recommendation</th>
<th>Centers for Medicare &amp; Medicaid Services (CMS) 2015 National Coverage Determination (NCD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Annual screening for lung cancer</td>
<td>• Annual screening for lung cancer</td>
</tr>
<tr>
<td>• Low-dose computed tomography (LDCT)</td>
<td>• Low-dose computed tomography (LDCT)</td>
</tr>
<tr>
<td>• Adults aged 55-80 years</td>
<td>• Adults aged 55-77 years</td>
</tr>
<tr>
<td>• 30 pack-year smoking history</td>
<td>• 30 pack-year smoking history</td>
</tr>
<tr>
<td>• Currently smokes or quit within past 15 years</td>
<td>• Currently smokes or quit within past 15 years</td>
</tr>
</tbody>
</table>

Discontinue if the patient:
• Hasn’t smoked for 15 years, develops a health problem that substantially limit life expectancy, and/or is unable or unwilling to have curative surgery

Requires a written order from a physician or qualified non-physician practitioner that meets certain requirements, shared decision making, and smoking cessation counseling; and data collection

---

The RCaDES Initiative
Center for Health Decisions at Jefferson until every cancer is cured
# PASAC Roadmap

## 1. Kicking Off Year 2
- Introductions
- Review of Year 1 and next steps
- Overview of Year 2
- Defining lung cancer (LCa) screening, disparities and opportunities

## 2. Health System Screening Program
- Review of LCa program requirements
- Discussion of current system LCa program components
- Discussion of gaps in knowledge about LCa program

## 3. Learning about population needs & comparing existing programs
- Disparities in smoking, screening and diagnosis
- Comparison of practice based LCa screening programs
- Pretesting review and practice with existing materials

- Summary and discussion of community feedback
- Summary and discussion of health system leaders to bring into the discussion

## 5. Enhancing the Health System LCa screening Program
- Discuss challenges and opportunities to enhancement
- Draft recommendations for health system
- Define what population adaptation involves and why it is important
- Conference presentation ideas

## 6. Recommendations and Conference Planning
- Finalize recommendations for an improved LCa screening program
- Develop conference presentation

**Annual Conference: December 1, 2017**
Pretesting Community Education Materials

• Ask 5 friends or family members to review the materials (infograph) with you.
• Try to have a diverse group - age, gender, background so that you get some different perspectives.
• Let them know this will take about 15-20 minutes and that this will help us improve the materials that will be shared in the community.

The RCaDES Initiative
Center for Health Decisions at Jefferson

Sidney Kimmel Cancer Center at Jefferson
NCI - designated

Cancer Disparities
Lung Cancer Screening Saves Lives!

What is Lung Cancer?
Lung cancer is when abnormal cells form in the lungs and grow out of control. These cells can form a tumor and can spread to other parts of the body.

What is Screening?
Screening is a medical term for identifying disease before you are aware of symptoms or problems.

Who Can be Screened?

- You must be between the ages of 55 and 80 (up to 75 for Medicare reimbursement)
- You must be a current cigarette smoker or a former smoker who has quit within the past 15 years.
- You must have smoked an average of a pack a day for 30 years.

Guidelines in accordance with the American Cancer Society and US Preventive Services Task Force

Calculating Pack Years
(20 cigarettes = 1 pack)

To Calculate Pack Years:

- Number of years smoked
- Average number of packs per day

For Example: A 40 year smoker, that smokes 1/2 a pack a day

\[
\text{Pack Years} = \frac{\text{Number of years smoked} \times \text{Average number of packs per day}}{20}
\]

40 years
\[
\frac{\text{Average number of packs per day}}{20}
\]

Visit [www.shouldiscreen.com](http://www.shouldiscreen.com) for help in calculating your pack years.

What is the Screening Procedure?

Low-Dose Computed Tomography (LDCT) is an x-ray of the chest that is used to find lung cancer before there are signs or symptoms. The level of radiation is similar to that of dental x-rays.

The Benefits of Screening

- Most insurance plans, including Medicare and Medicaid, cover lung cancer screening for eligible current and former smokers.
- Be sure to check with your insurer about any additional costs.

Talk to your provider today or call 1-800-JEFFNOW to find a provider to see if screening is the right choice for you.
Lung Cancer Screening Saves Lives!

What is Lung Cancer?
Lung cancer is when abnormal cells form in the lungs and grow out of control. These cells can form a tumor and can spread to other parts of the body.

What is Screening?
Screening is a medical term for identifying disease before you are aware of symptoms or problems.

Who Can be Screened?

- **Age**
  - You must be between the ages of 55 and 80 (up to 75 for Medicare reimbursement)

- **Smoking Status**
  - You must be a current cigarette smoker or a former smoker who has quit within the past 15 years.

- **30 Pack Years**
  - You must have smoked an average of a pack a day for 30 years.

Calculating Pack Years
(20 cigarettes = 1 pack)

To Calculate Pack Years:

- Number of years smoked
- Average number of packs per day
- Pack Years

For Example: A 40 year smoker, that smokes 1/2 a pack a day...

- Number of years smoked: 40
- Average number of packs per day: 0.5 packs
- Pack Years: 20 Pack Years

Visit [www.shouldscreen.com](http://www.shouldscreen.com) for help in calculating your pack years.

What is the Screening Procedure?
Low-Dose Computed Tomography (LDCT) is an x-ray of the chest that is used to find lung cancer before there are signs or symptoms. The level of radiation is similar to that of dental x-rays.

The Benefits of Screening
- With early detection and surgery, the 5 year survival rate can increase to 85%
- Most insurance plans, including Medicare and Medicaid, cover lung cancer screening for eligible current and former smokers.
- Be sure to check with your insurer about any additional costs.

Talk to your provider today or call 1-800-JEFFNOW to find a provider to see if screening is the right choice for you.

Is Lung Cancer Screening Right for Me?

<table>
<thead>
<tr>
<th>Frequently Asked Questions</th>
<th>Screening using low dose CT</th>
<th>No Screening</th>
</tr>
</thead>
</table>
| **Who is it offered to?**  | High-risk smokers or ex-smokers:  
  - Aged 55 to 80  
  - Have smoked at least 1 pack a day for thirty years.  
  - No symptoms of lung cancer.  
  Ex-smokers are offered screening if they have quit in the last 15 years. | People who are not at high risk of lung cancer are not offered screening because there is no proven benefit to them. |
| **How is lung cancer found?** | Using low-dose CT: an x-ray offered once a year.  
This test takes a few minutes and needs no special preparation. | Without screening, lung cancer is usually found after symptoms are present or when other tests are done.  
In these cases, lung cancer is more likely to be found at a later stage. |
| **What are the benefits of screening?** | Low-dose CT finds signs of possible lung cancer in roughly 1 in every 100 screened at a time when treatment has a better chance of success.  
65 in every 100 scans will not find any problems. | Does not apply |
| **What are the harms or risks?** | False alarms: Roughly 25 in every 100 people have small nodules found in their lungs. To make sure these nodules are not cancer, more tests are done, for up to 2 years.  
Unnecessary treatment: Some suspicious nodules may be treated even though they may never cause problems.  
Finding more problems: Low-dose CT sometimes reveals findings in other parts of the body. These may lead to more tests and possible treatment.  
Radiation: There is a small radiation risk of CT scans, in this case it is similar to a dental x-ray. | If there is risk and do not screen, you might worry that you have missed an early finding. The cancer may be more advanced by the time it is finally diagnosed.  
If cancer is found because of symptoms (like unexplained weight loss and coughing up blood), then the cancer is probably more advanced, and treatment will be more difficult. |
| **What are the possible results?** | 25 people in every 100 screened will be told they have nodules, but few of these will be cancer. More tests will probably be done.  
Roughly 10 in every 100 people screened will be told about other problems, such as infections or lung damage from smoking. | Does not apply |
PASAC Recommendations
PASAC Recommendations

• Automation
  o Develop Epic eligibility identification system/pack year calculator
  o Develop automated tracking system for patient follow-up screening alerts and scheduling

• Education & Decision Support
  o Implement a patient education and decision support strategy to be used consistently across providers
  o Deliver provider education related to lung cancer screening guidelines, referral, and follow-up procedures
  o Provide adequate staffing - nurses and health educators
  o Insure that all smoking cessation options are offered

• Promotion of the Lung Cancer Screening Program
  o Include: Media, posters in offices, TV monitor, brochures, & videos
  o Partner with local organizations to get the message out
PASAC Member Panelists

• Epifano DeJesus, Jr., Jefferson Patient Representative
• Samira Woods, Jefferson Patient Representative
• Randa Sifri, MD, Jefferson Provider
• Myra Piña, MD, LVHN Patient Representative
• Melanie Johnson, MPA, LVHN Administrator
• Brian Stello, MD, LVHN Provider
Panel Discussion - Programmatic

• What did you learn about the process of adaptation through your participation?
• What surprised you about what you heard from the community?
• Why do you think we were able to gather so much feedback from the community?
• What was different for you between Year 1 (Colorectal) and Year 2 (Lung)
• What other recommendations would you make to improve the lung cancer screening program?
Panel Discussion - Moving Forward

- Where do we go from here and what do you hope is the next step for the PASACs?
- What worked best within the PASAC curriculum? In the meetings? What could have been improved?
- What would you recommend for others who may be forming PASACs?
A Health System-Based Learning Community: Implementation
CRC Screening Intervention Implementation: Sources of Support

- “Active Implementation in Health Systems to Increase CRC Screening and Reduce Disparities” (Submitted)
  - Specific Aims of a 5-Year Implementation Study (2018-2023)
    - **Aim 1**: Evaluate DSNI adaptation and implementation processes in LHVN
    - **Aim 2**: Measure DSNI implementation outcomes in LVHN
    - **Aim 3**: Assess DSNI implementation costs in LVHN

The RCaDES Initiative

Center for Health Decisions at Jefferson

Until every cancer is cured
CRC Screening Intervention Implementation - Sources of Support (continued)

- The Accelerating Colorectal Cancer Screening and Follow-up through Implementation Science (ACCSIS) program will provide national leadership on advancing the science on how best to increase the adoption, implementation, and sustainability of evidence-based practices, programs, and interventions to increase rates of CRC screening, follow-up, and referral-to-care among target populations for whom screening rates are below national standards.

- The ACCSIS Program will provide an evidence base for multilevel interventions that increase rates of CRC screening, follow-up, and referral-to-care, and best practices for how multilevel interventions can be scaled-up nationwide to reduce the burden of CRC cancer on the U.S. population.

- The NCI intends to commit $2.4M in FY 2018 to fund three awards.
LCa Screening Program Implementation - Sources of Support

- PA Comprehensive Cancer Control Program: Applications for the Implementation of Local Cancer Control Projects 2017-2018

  - Specific Aims of the Project (2017-2018)
    - Aim 1. Convene and evaluate two PASAC meetings
    - Aim 2. Train 6 PASAC members at each site to conduct semi-structured peer interviews
    - Aim 3. Develop an interview guide, with input from PASAC members
    - Aim 4. Complete 25 semi-structured interviews with JH community members, health system providers and administrators
    - Aim 5. Complete qualitative analysis of transcribed interviews
Engaging a Learning Community to Increase Lung Cancer Screening in Vulnerable Populations

Specific Aims of the Project (2018-2022)

- **Aim 1**: Engage a learning community in developing a model LCa screening program that is literacy appropriate and culturally relevant for vulnerable populations served by JH and JHS

- **Aim 2**: Adapt and implement the model screening program in JH and JHS primary and specialty care practices and with patients at risk for developing LCa

- **Aim 3**: Evaluate LCa screening program implementation, assess program outcomes, and disseminate findings in JH, JHS, and beyond
Jefferson Health System (JHS)

Coordinating Team and Steering Committee

• Needs Assessment and Program Development
• Population and Provider Education Activities
• Screening and Smoking Cessation Services

Jefferson Health (JH)

JHS Population and Stakeholder Advisory Committee (PASAC)

JH Population and Stakeholder Advisory Committee (PASAC)

The RCaDES Initiative

Sidney Kimmel Cancer Center at Jefferson
NCI – designated

Cancer Disparities

Until every cancer is cured
Thank you to our exhibitors!

**Silver Level Exhibitors:**

- Genentech
  - A Member of the Roche Group
- Quest Diagnostics

**Bronze Level Exhibitors:**

- Keystone First
- Humana
- aetna®
- Health Partners Plans

The RCaDES Initiative
Center for Health Decisions at Jefferson

Until every cancer is cured
Keynote Conversation: Strengths, Weaknesses, Opportunities and Threats to Learning Community Formation as a Strategy for Reducing Disparities
Roundtable Discussion: Supporting A Health System-based Learning Community
Discussion Questions

• What do learning communities need to achieve their goals?
• How should the success of a learning community be measured?
• Who should provide resources needed to support and sustain a learning community?
Report Out and Summary
Closing Remarks
Thank you to our exhibitors!

Silver Level Exhibitors:

Genentech
A Member of the Roche Group

Quest Diagnostics

Bronze Level Exhibitors:

Keystone First

Humana

aetna®

Health Partners Plans

The RCaDES Initiative
Center for Health Decisions at Jefferson

Cancer Disparities

Sidney Kimmel Cancer Center at Jefferson
NCI-designated

Until every cancer is cured