

Barbara K. Rimer, DrPH
Chair, President's Cancer Panel



Update for the National Cancer Advisory Board

June 24, 2015



Mission

The Panel shall monitor the development and execution of the activities of the National Cancer Program, and shall report directly to the President.

Any delays or blockages in the rapid execution of the Program shall immediately be brought to the attention of the President.

Authority: 42 U.S.C. 285a-4; Sec. 415 of the Public Health Service Act, as amended



Members

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Overview

2012-2013 Report to the President

UPDATE: *Accelerating HPV Vaccine Uptake:
Urgency for Action to Prevent Cancer*

2014-2015 Series

*Connected Health: Improving Patients'
Engagement and Activation for Cancer-Related
Health Outcomes*



2012-2013 Report to the President – IMPACT

Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer



HPV Vaccines **Prevent Cancers**.
Why Are **So Few** U.S. Adolescents Vaccinated?



A Report to the President of the United States
from
The President's Cancer Panel

President's Cancer Panel Annual Report 2012-2013

ACCELERATING HPV VACCINE UPTAKE: URGENCY FOR ACTION TO PREVENT CANCER

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Human papillomaviruses (HPV) cause most cases of cervical cancer and large proportions of vaginal, vulvar, anal, penile, and oropharyngeal cancers. HPV also causes genital warts and recurrent respiratory papillomatosis. HPV vaccines could dramatically reduce the incidence of HPV-associated cancers and other conditions among both females and males, but uptake of the vaccines has fallen short of target levels. The President's Cancer Panel finds underuse of HPV vaccines a serious but correctable threat to progress against cancer. In this report, the Panel presents four goals to increase HPV vaccine uptake: three of these focus on the United States and the fourth addresses ways the United States can help to increase global uptake of the vaccines. Several high-priority research questions related to HPV and HPV vaccines also are identified.

Click below to read more.

- Letter to President Obama
- Executive Summary
- Recommendations at a Glance
- Download Full Report (PDF)

HOW TO ACCELERATE HPV VACCINE UPTAKE IN THE U.S.



INCREASE GLOBAL HPV VACCINATION

CONDUCT HIGH-PRIORITY RESEARCH



National HPV Vaccination Roundtable (Feb. 2015)

- ❑ With support from the ACS and CDC, a national coalition of public, private, and voluntary organizations is collaborating to increase HPV vaccination coverage.

- ❑ First meeting held Feb. 23-24, 2015, in Atlanta:
 - *Meeting goal: identify and define pilot projects for Roundtable implementation.*
 - **Pilot projects must be responsive to the PCP's HPV report recommendations.**



National Vaccine Advisory Committee (June 2015)

On June 9, 2015, NVAC voted to approve the 5 recommendations of the NVAC HPV Working Group:

- 1. Endorse the PCP report and adopt the recommendations therein.***
- 2. Endorse monitoring “the status of uptake and implementation of PCP recommendations” through an annual progress report from HPV immunization stakeholders.***

*Adopted June 2014



National Vaccine Advisory Committee (June 2015)

3. ASH* should work with relevant agencies and stakeholders to develop evidence-based, effective, coordinated communications strategies to **increase clinician recommendations** for HPV vaccination to adolescents.
4. ASH should work with stakeholders to strengthen the immunization system in order to **maximize access** to adolescent vaccinations, including HPV vaccines.

* Assistant Secretary for Health



National Vaccine Advisory Committee (June 2015)

5. ASH should encourage the review or development of available data that could lead to a **simplified HPV vaccination schedule.**



Research on the HPV Vaccine: Update from NCI

□ Intramural

- Proposed trial on single dose (direct evaluation of 2- and 1-dose regimens) is **responsive to PCP recommendation to safely reduce number of doses.**

□ Extramural

- Cancer Center grant supplements were awarded to gather local data on vaccine uptake, barriers, needs, and collaborators.
- New extramural announcements (in process) address **PCP's call for research on communication about HPV vaccines.**



Upcoming HPV Report Presentations

INNOVATIONS In Cancer Prevention and Research Conference

November 9-10, 2015 • Renaissance Arboretum Hotel in Austin

Abby Sandler, PhD, will give keynote address on PCP's HPV report at the Cancer Prevention & Research Institute of Texas' November conference.



2014-2015 Series

Connected Health: Improving Patients' Engagement and Activation for Cancer-Related Health Outcomes



Improve communication, health care, health & reduce costs

“The participation of patients in their own healthcare could substantially improve their care...Access to electronic personal health information and interfaces that make it easy for public and private clinical organizations to share health information with each other and with patients could enable healthcare providers and patients to collaborate in informed decision-making.”

P. 17, PCAST, Realizing Potential of Health IT, 2010



Series Overview

Identifying the Opportunity

- Planning meeting San Diego, 6/2014
Cancer Communication in the Digital Era: Opportunities & Challenges
- 1st focused workshop held in Boston, 12/2014
Engaging Patients with Connected Health Technologies
- 2nd focused workshop San Francisco, 3/2015
The Personal Health Data Revolution, Connected Health, and Cancer



Series Overview (cont.)

Vision and Recommendations for the Future

- ❑ Next meeting: Chicago, 7/9/2015.
- ❑ Objective **1**: Review and develop agreement on a reasonably attainable future state.
- ❑ Objective **2**: Identify concrete recommendations for achieving future state for the benefit of patients and the public.



Workshop 1: Engaging Patients with Connected Health Technologies

*Cambridge, MA
December 11, 2014*



- ❑ Connected healthcare led to **50%** drop in general readmissions, **69%** drop in BP. (Kvedar)
- ❑ Wrist-worn devices showed **94%** rate for accurate prediction of convulsive seizures. (Piccard)
- ❑ Connected infrastructures are needed for team care. (Mandl)
- ❑ Precision medicine requires integration of research, care, and data. (Kibbe)
- ❑ Improving access is critical to eliminate disparities. (Gibbons)





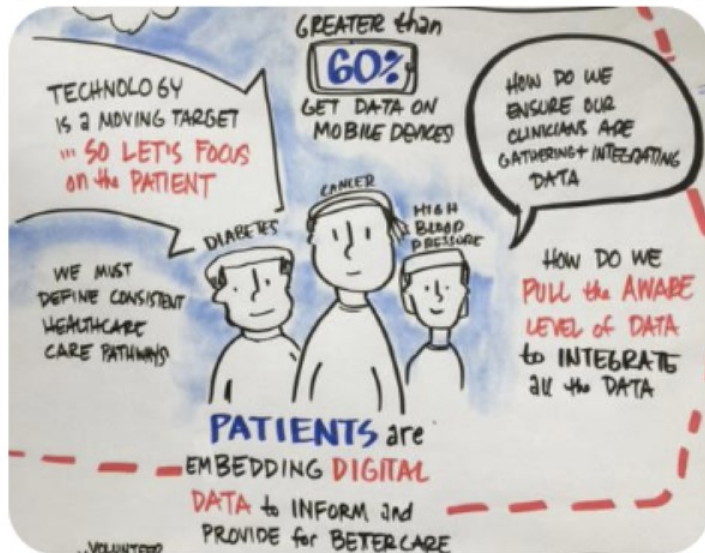
Workshop 2: The Personal Health Data Revolution, Connected Health, & Cancer

*San Francisco, CA
March 26, 2015*



The Personal Health Data Revolution,
Connected Health, and Cancer

March 26, 2015 • San Francisco, CA
Hyatt Regency San Francisco
[#cHealth4Cancer](#)



- ❑ Open data, patient wisdom and public involvement in research (Friend)
- ❑ Patient-centered, data-driven, coordinated, & continuous (Middleton)
- ❑ The Internet of things & mobile leave digital traces of everyday life. (Patrick)
- ❑ Use connected data to improve quality and support decisions in oncology. (Schilsky)
- ❑ Connected care in cancer: 6 X Pap, 6 X Mam, 10 X CRC & 100% equity (Shah)



Workshop 3: The Connected Cancer Patient: Vision for the Future & Recommendations for Action

*Chicago, IL
July 9, 2015*



**The Connected Cancer Patient:
Vision for the Future and
Recommendations for Action**

July 9, 2015 • 8:30 am to 5:00 pm
W Chicago Lakeshore Hotel
#cHealth4Cancer



Participants will contemplate and respond to a scenario for a **future connected health system by the year 2020** and consider key areas for potential intervention:

- ❑ Personal health information and data sharing
- ❑ Person- and family-centered care
- ❑ Optimal use of devices, sensors, and apps
- ❑ National health information infrastructure



Fractures in Cancer Care



Primary Prevention:

e.g., “**70%** of smokers visit healthcare, but few receive adequate follow-up.” Fiore (2013)

Survivorship

Communication problems have devastating consequences for cancer survivors. (IOM, 2005)



Secondary Prevention:

e.g., 56% of late stage cervical cancer cases in community hospital had not been screened. (Zapka et al, 2010)



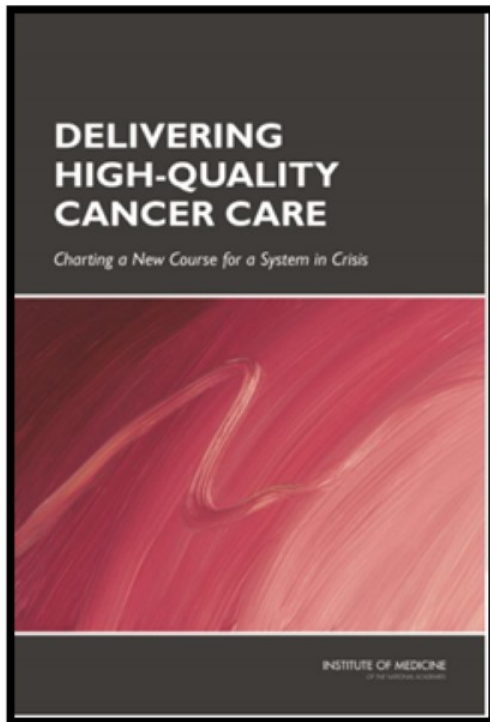
Treatment Adherence:

e.g., “**63%** of teens & young adults do not adhere to cancer Rx regimens,” Kondryn et al. (*Lancet Onc*, 2011)





Stresses in Oncology



<http://www.iom.edu/Reports/2013/Delivering-High-Quality-Cancer-Care-Charting-a-New-Course-for-a-System-in-Crisis.aspx>

Stresses that will likely exacerbate fractures, obstruct progress:

- ❑ Aging demographics
- ❑ Increasing incidence overall
- ❑ Complexity in oncology care
- ❑ Increasing number of survivors (18 million by 2022)
- ❑ Shrinking work force
- ❑ Rise in treatment costs



The Healthcare Communication Revolution: Bridging Disconnects



I. Make Effective Communications An Organizational Priority to Protect the Safety of Patients



- ❑ Fix patient handoffs (50% of errors).
- ❑ Provide asynchronous channels (to ensure reliable communication).
- ❑ Use smart scheduling, issue routing (as preemptive error control).
- ❑ Offer secure messaging (to preserve privacy and confidentiality).
- ❑ Leverage eHealth, telemedicine apps (to move care to patient).



Unleashing the "Power of Connectivity"* in Oncology



UNLEASHING THE POWER OF CONNECTIVITY IN HEALTH CARE.

A health care crisis of communication.

Over the last 50 years medical science has advanced exponentially. Yet the ability of caregivers to access and apply both science and complete patient information is

improving, secure and accurate. And we've invested \$4 billion to build and install a system that we believe this generation of patients and caregivers needs.

A health care crisis of communication.

Over the last 50 years medical science has advanced exponentially. Yet the ability of caregivers to access and apply both science and complete patient information is repeatedly impeded by the paper system that contains it. Patient data typically sits in static, inert and functionally truncated paper records. Paper medical records are often incomplete and out of date. Sharing evidence, research findings and simple patient information is usually an arduous, inconsistent and often inaccurate task when paper records produce the data.

be self-evident. Full and secure access to data will give physicians visibility into patient status and health history, improving diagnosis and delivery of care. Information retrieval that took days, will take minutes. Or less.

The future system should open unprecedented new diagnostic tools. Physicians should be able to instantly share imaging and test results with colleagues across the hall or across the country. Patients should have instant access to their own records and be able to send, transmit or carry it from one provider to another. Secure, computerized data sharing can reduce errors, redundancies, lost information and costs.

A culture of continuous learning and connected care. Today, we're a mobile and connected society in everything except healthcare. At Kaiser Permanente we believe in a future healthcare system where patient information is accessible, instantaneous, constantly

20,000 secure e-messages between clinicians and patients every single day.

Maximizing information for the clinician means optimizing care for the patient. Done well, we believe a computerized care support system can help both to restore and enhance each physician's original mission. The right system provides more time with patients, better information about care and less time with traditional paperwork. The right system also needs to be focused on the patient's need for affordable, well informed, customized and compassionate care. We believe new computer systems are needed to lead our nation's health care reform agenda into the 21st century. For us, right now, it's a work in progress and progress is being made.

Get more information at kp.org/future



Meaningful Use Incentives:

- Safety, effectiveness
- Patient engagement
- Continuity of care
- Population health
- Private, secure

*Kaiser Permanente full page ad in "Washington Post," 2008



Four Primary Dimensions to Consider





Personal Health Information & Data Sharing

- ❑ Personal access to physiologic and clinical data contributes to a culture of health and better self-management.
- ❑ Personal health data are massively generated and collected from devices attached to and within the body under control of the individual.
- ❑ Patients are secure with informed consent in sharing data with designated health care professionals and researchers.



PRECISION MEDICINE INITIATIVE

Pioneer **a new model for doing science** that emphasizes **engaged participants, responsible data sharing, and privacy protection.**



Person- & Family-Centered Care

- ❑ Healthcare has transformed to a fully patient- and family-centric system with patient and family values as core components to any care plan for cancer.
- ❑ Patients report feeling:
 - more “connected” to their cancer care providers.
 - that help is just a mouse click or smartphone call away.
 - that most providers have equal access to vital life-saving information available in their records.





Devices, Sensors, & Apps

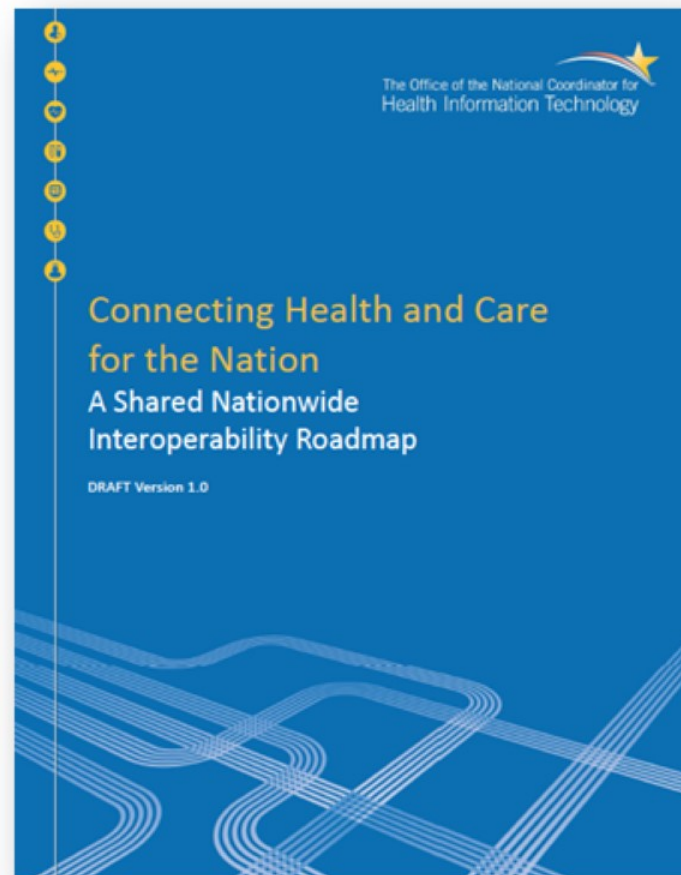
- ❑ Mobile computing reaches 85% of the US population by 2020 with broad adoption across race, ethnicity, region, or literacy level.
- ❑ Just-in-time, adaptive interventions become ubiquitous and accessible through a vibrant ecosystem of evidence-based, interoperable apps.





National Health Information Infrastructure

- ❑ ONC reaches its **2020** goal of an interoperable infrastructure for data flow controlled by individuals.
- ❑ Cancer prevention, control, treatment, and survivorship improve, with greater connectivity and fewer discontinuities.





2014-2015 Series Outcomes



Review and discuss content from workshops with series co-chairs.



Conduct additional research needed.



Write report to the White House.



2014-2015 Series Outcomes

The Panel will make **specific, actionable recommendations** relevant actors can take to facilitate interaction with an interoperable health system using connected health approaches.



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