

Georgia Cancer Coalition Corporate Strategic Plan (2007-2010)

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EXECUTIVE SUMMARY

Georgians of all backgrounds have experienced the devastating impact of cancer. It is the second leading cause of death in the state, (nearly 15,000 Georgians were expected to die from the disease in 2006), and each day more than 100 new cases are diagnosed. Four cancer types account for the majority of cancer deaths reported in Georgia. These are: lung, colorectal, breast and prostate. Presently, among males, mortality rates from lung and prostate cancer are approximately 20% higher than the national average.

It is estimated that the total annual cost associated with cancer care in the state is approximately \$4.6 billion. Much of this represents costs associated with direct medical care, but indirect costs due to lost productivity from illness and premature death are also significant.

Though the burden of cancer is shared by all who live in Georgia, the distribution of its impact is not equally spread across the entire population. Throughout the state, racial/ethnic disparities in cancer incidence and mortality persist, even as the science of cancer prevention, detection, and treatment continue to advance.

As a consequence of these and other advances in medical care, Georgians are living longer and face an ever-increasing risk of developing or living with cancer over their lifetime. Today there are 10 million cancer survivors in the United States, and though the number residing in Georgia is not known at this time, more will need to be done to address the health issues faced by this population.

In 2001, the Georgia Cancer Coalition, the only such organization of its type in the nation, facilitated the creation of a strategic cancer plan that would serve as the reference point for statewide cancer control efforts for five years. The plan represented the dedicated work of a diverse group of stakeholders who remain committed to comprehensive cancer control throughout Georgia. To date, many of the objectives have been achieved. More however remains to be done in the effort to improve Georgia's ability to provide the best cancer care to its residents.

As a part of its mission to improve the quality of cancer care throughout the state, the Georgia Cancer Coalition commissioned the Institute of Medicine to conduct a quality of care study in 2004. As a result of this study, the IOM outlined and recommended 52 measures to serve as guideposts for state cancer control activities. Georgia's participation in the CDC-sponsored Comprehensive Cancer Control Leadership Institute has also served as the backdrop for fresh ideas and motivation for even greater efforts at collaborative cancer control

BACKGROUND

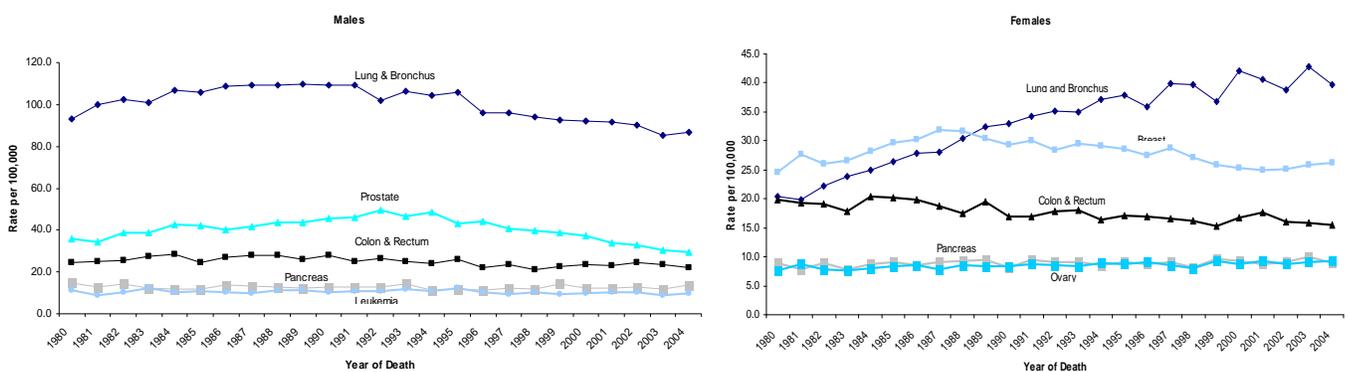
Cancer in Georgia

Every year cancer impacts the lives of many Georgians, in some way – whether by coping with a diagnosis, providing care for a patient, supporting a loved one, or searching for a cure. Like much of the rest of the nation, due to advances in medical care, Georgians are living longer and now face an increasing risk of developing or living with cancer at some point in their lives.

Nationally, cancer kills over 550,000 Americans each year. In Georgia, cancer is the second leading cause of death, accounting for almost a quarter of all deaths. In 2000, at the time of the drafting of the last Strategic Plan, nearly 33,000 Georgians were expected to be newly-diagnosed with the disease and 13,700 were expected to die of cancer. By 2006, the estimated number of new or incident cases rose to 36,600 (about 100 cases per day) and more than 15,000 Georgians were expected to die from the disease. Though a 10% increase in the population is noted over the period, this does not account for the increase in the number of incident cases.

Four primary cancer sites account for 53% of all cancer deaths in Georgia. These are: lung, colorectal, breast and prostate. The state’s lung and prostate cancer mortality rates are nearly 20% higher than the national average for males. In Georgia, lung cancer accounts for more deaths than colon, breast, and prostate combined. As demonstrated in the graphs below, since 1990, lung cancer mortality rates have been declining in men, but still remain higher than all other cancers. Over the last two decades lung cancer has surpassed breast cancer as the leading cause of cancer death in women.

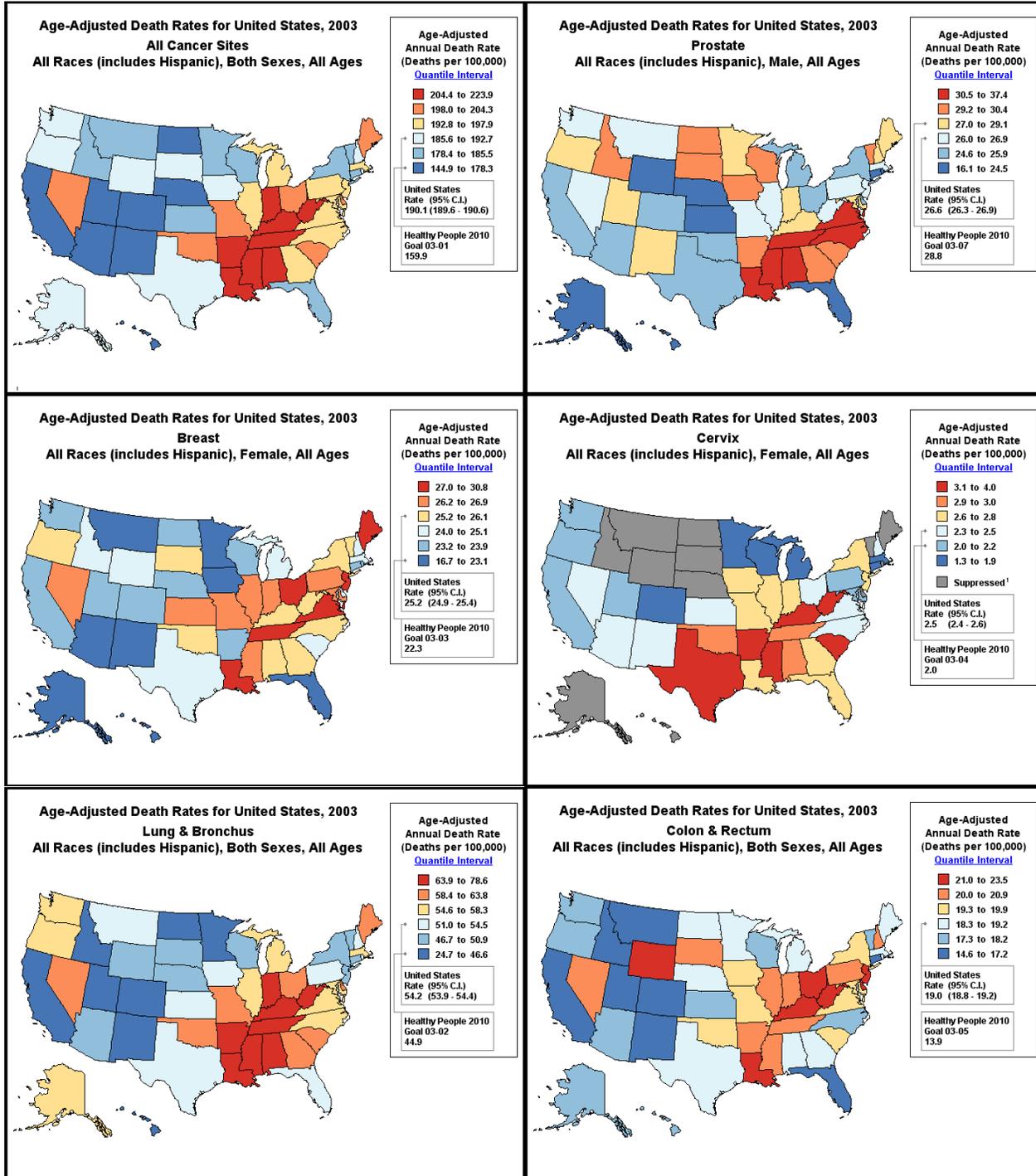
Figure 1: Georgia Cancer Mortality Trends (1990-2002)



Source: Georgia Comprehensive Cancer Registry

The remaining cancer deaths are primarily due to pancreatic cancer, ovarian cancer, leukemia and lymphoma.

Figure 2: U.S. Age Adjusted death rates by cancer site



Source: statecancerprofiles.cancer.gov

Disparities

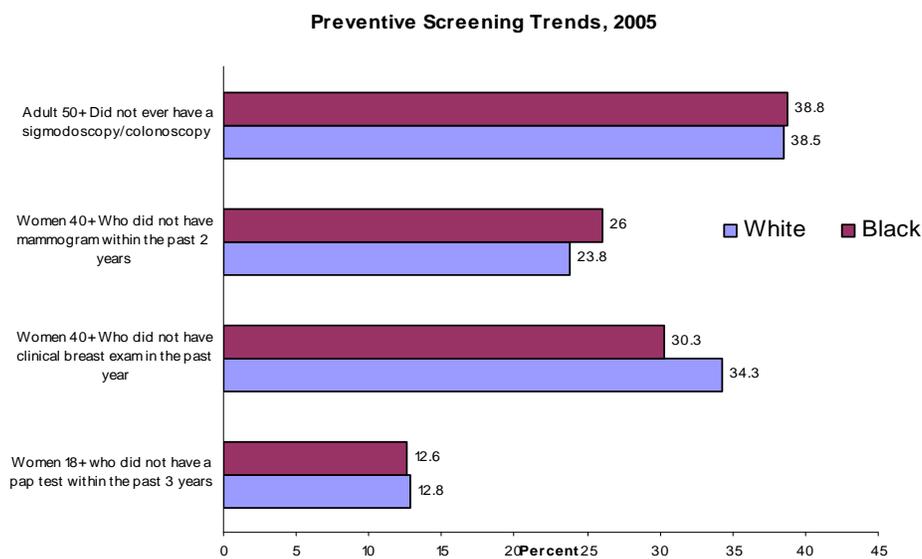
A detailed examination of available data also reveals that, although the burden of cancer is shared by all, the distribution of its impact is not equal across the entire population. Throughout the state, minority and underserved groups are more severely impacted by cancer incidence and mortality.

Specifically, disparities in incidence and mortality occur by gender, race/ethnicity, geography and insurance status. Males are 44% more likely to be diagnosed with cancer than females. Black men in Georgia are 17% more likely to be diagnosed with cancer than white men and 34% more likely to die from it. The disparity is even more pronounced in some specific cancers:

- *Prostate cancer* – black men are twice as likely as white men to die from the disease.
- *Lung cancer* – white women have a 40% higher incidence than black females; rural males are more likely than urban males to die from this cancer.
- *Colorectal cancer* – black men and women have higher mortality rates than their white counterparts.
- *Breast cancer* – black women incur higher mortality rates though the incidence of the disease is less than it is in white females.
- *Cervical cancer* – Latino women have a higher incidence (18.6 per 100,000) than white women (8.4 per 100,000).

While ongoing global research is attempting to clarify the contribution of biology to some of this disparity, present evidence suggests that differences in access to screening and patterns of care, contribute significantly to these unequal outcomes. The burden of cancer in minority groups and non-urban populations in Georgia is exacerbated by insufficient use of screening technology (mammogram, fecal occult blood testing, colonoscopy/sigmoidoscopy, etc.) and other early detection examinations.

Figure 3: Screening Trends in Georgia 2005 by Race/Ethnicity



Source: Georgia BRFSS 2005

A significant number of Georgians from ethnic minority groups continue to lack health insurance and are therefore unable to access cancer screening and/or treatment. Georgia also has a relatively high percentage of residents who live in poverty and have not completed high school. Research shows that these socioeconomic status measures are highly correlated with incidence of, and mortality from, cancer perhaps due to the inability of these individuals to access services.

Survivorship

Major advances in prevention, early detection, diagnosis and treatment of cancer are allowing many more people to survive and live longer with the disease. Today there are 10 million cancer survivors in the United States. According to the National Cancer Institute (NCI), 65 percent of adults diagnosed with cancer will survive their cancer for at least 5 years. Little is presently known about the number or status of cancer survivors in Georgia.

In the last decade, survivorship research has grown in importance on the scientific cancer research agenda at the national level. Over the next 5 years, Georgia will focus on issues related to understanding and improving cancer survivorship throughout the state. Some of these issues include: the ability to get health care and follow up treatment, late effects of treatment, second cancers, and quality of life for those who are post-treatment. As the number of survivors continues to grow, issues that impact their physical, psychosocial, and economic wellbeing will need to be researched.

Economic Burden

The economic burden of cancer on individuals and the state as a whole is very significant. In Georgia, it is estimated that the annual cost associated with cancer care is approximately \$4.6 billion. Of this amount, \$1.7 billion is spent on medical care, \$406 million for indirect morbidity costs, and \$2.5 million for indirect costs associated with premature death. Further, the costs associated with treating breast, lung, and prostate cancers account for more than half of all direct medical costs.

MISSION

The mission of the Georgia Cancer Coalition is to reduce the number of cancer-related deaths in Georgia.

GOALS AND OBJECTIVES

- 1. Prevent cancer and detect existing cancers earlier.**
 - a. Provide education to Georgians about how to prevent and detect cancer.
 - b. Ensure that the most innovative and effective cancer-screening programs are available and accessible, and that the citizens of Georgia have access to the appropriate follow-up services.
 - c. Engage in population-based studies of Georgia to obtain a better understanding of the patterns, lifestyles, and other factors of those individuals that ultimately will have cancer or will have a reoccurrence of cancer.
 - d. Continue to advocate for smoking prevention and cessation programs, screening programs and the cervical cancer vaccination program at the Georgia Department of Human Resources.

- 2. Provide quality care for all Georgians with cancer.**
 - a. Increase accrual rates for cancer clinical trials in Georgia to 10% by 2012.
 - b. Ensure that healthcare providers in Georgia have the appropriate state-of-the-art equipment for treating cancer.
 - c. Ensure that cancer treatment is available and accessible to all Georgians.
 - d. Address the unique needs of cancer survivors in Georgia and to improve their quality of life, through education, clinical research, a needs assessment profile, and access to personal health records information.
 - e. Facilitate the achievement of National Cancer Institute (NCI) Comprehensive Cancer Center designation for 3 Georgia institutions.
 - f. Ensure that Georgia has an adequate supply of and most highly trained and skilled cancer caregivers

- 3. Establish ongoing, collaborative processes for addressing cancer data and metrics issues in Georgia.**
 - a. Expand and enhance data collection from new and existing sources for assessing Georgia's progress in reducing the impact of cancer.
 - b. Improve stakeholders' knowledge and use of available cancer data.

- 4. Georgia will become a destination site for cancer patients, biotechnology, and biomedical companies in the southeastern United States.**
 - a. Establish a program to expand the number of world-class experts in GA universities and medical centers for research in cancer prevention and education, early detection and screening, diagnosis and staging, and treatment and palliation in order to create an environment for cancer discovery.

- b. Retain the highest performers of the cancer clinicians and scientists previously recruited to GA.
 - c. Establish a state-wide initiative for harvesting and storing serum and tissue samples to be available to both clinicians and scientists, while ensuring patient confidentiality.
 - d. Invest, as appropriate, in cancer research in the four major cancer areas and others as appropriate.
 - e. Create an entrepreneurial environment for biotech and biomedical companies using the rich reserve capacity of the Georgia Cancer Coalition.
 - f. Evaluate and quantify the number of cancer patients living in Georgia that seek their healthcare outside the state and significantly reduce this migration in the next 5 years.
 - g. Serve as the administrative body, in partnership with the Department of Human Resources, for planning, implementation, and evaluation of Georgia's Comprehensive Cancer Control Plan.
 - h. Rigorous planning for capacity: treatment facilities, physicians, nurses and equipment.
- 5. Generate a combination of state, federal, and private funds to support the fight against cancer.**
- a. Leverage every dollar of state funds with either federal or private funds.
 - b. Shift the reliance of funding from state funds to federal and private funds over the next 5 years.
 - c. Report to all stakeholders the results of the Georgia Cancer Coalition's ability to leverage state funds.

Goal One – Prevent cancer and detect existing cancers earlier.

Objective 1: Provide education to Georgians about how to prevent and detect cancer.

- **Task 1a:** Utilize the Regional Cancer Coalitions of Excellence to facilitate the strategic assessment of local efforts, expedite statewide education, and play significant roles in the statewide adoption of patient navigators and the mobilization of community groups.
 - **Function** – Continuously look to identify state, private or federal funding opportunities for education on the prevention and early detection of cancer and refer these opportunities to the Regional Cancer Coalitions of Excellence.
 - **Function** – Include education programs of the Regional Cancer Coalitions of Excellence (Community Health Advocate program) in the annual budget recommendation of the Georgia Cancer Coalition for tobacco settlement funds.
 - **Function** – Work collaboratively with the Regional Programs of Excellence on their respective education programs to unify, expand and streamline their efforts, strategies and processes through out Georgia.

- **Task 1b:** Develop a faith-based cancer ministry that incorporates the education component of Life Counts that would be implemented in faith-based organizations in Georgia to serve as dissemination channels for information focused on cancer prevention and education.
 - **Function** – Implement cancer ministry in eight Baptist churches in Georgia by June 30, 2008 through a grant from the Georgia Baptist Healthcare Ministry Foundation.
 - **Function** – Implement cancer ministry at a minimum of three additional organizations for each year after June 30, 2008.
 - **Function** – Include the faith-based cancer ministry in the annual budget recommendation of the Georgia Cancer Coalition for tobacco settlement funds.

Objective 2: Ensure that the most innovative and effective cancer-screening programs are available and accessible, and that the citizens of Georgia have access to the appropriate follow-up services.

- **Task 2a:** Utilize the Regional Cancer Coalitions of Excellence to facilitate the strategic assessment of local efforts, expedite statewide education, and play significant roles in the statewide adoption of patient navigators and the mobilization of community groups.
 - **Function** – Continuously look to identify state, private or federal funding opportunities for education on the prevention and early detection of cancer and refer these opportunities to the Regional Cancer Coalitions of Excellence.
 - **Function** – Include education programs of the Regional Cancer Coalitions of Excellence (Community Health Advocate program) in the budget recommendation of the Georgia Cancer Coalition for tobacco settlement funds.
 - **Function** – Work collaboratively with the Regional Programs of Excellence on their respective education programs to unify, expand and streamline their efforts, strategies and processes through out Georgia.

- Task 2b: Assist in removing financial barriers to receiving recommended cancer screening services by developing and/or strengthening relationships with key executives of the major healthcare payors in Georgia and advocate for coverage of cancer screenings recommended by the National Cancer Institute and the American Cancer Society (both have measured the effectiveness of cancer screening tests and weighed the strength of the evidence obtained from cancer screening research studies).
 - Function – Annually meet with the Board of Directors of the Georgia Association of Health Plans in order to discuss the activities, accomplishments and challenges of the Georgia Cancer Coalition.
 - Function – Leverage existing relationships and develop new relationships with the key executives of the top health plans in Georgia.
 - Function – Execute contract renewals for an additional three-year period of the Agreement to Reduce Cancer Morbidity and Mortality in Georgia between the Georgia Cancer Coalition and eight health plans in Georgia, which ensures coverage of routine patient care costs for persons participating in cancer clinical trials in Georgia and coverage of cancer screenings and examinations as recommended by the National Cancer Institute and the American Cancer Society.
 - Function – Develop annual reporting metrics from each of the health plans that would summarize the impact the Agreement has had on cancer patients in Georgia (i.e. total dollars spent on an annual basis for routine costs in a cancer clinical trial and total dollars spent on cancer screenings and examinations).
 - Function – Execute an original Agreement to Reduce Cancer Morbidity and Mortality in Georgia with other health plans and managed care organizations (that were not part of the original eight) in order to ensure that at least 75% of the privately insured patients in Georgia have access to cancer clinical trials and cancer screening services.

Objective 3: Engage in population-based studies of Georgians to obtain a better understanding of the patterns, lifestyles, and other factors of those individuals that ultimately will have cancer or will have a recurrence of cancer.

- Task 3a: Conduct the Georgia Cancer Study in partnership with the Rollins School of Public Health at Emory University.
 - Function – Enroll 140,000 patients into the Study by 2012.
 - Accrue approx. 3,000 – 5,000 patients by June 30, 2008.
 - Accrue approximately 30,000 – 40,000 patients by June 30, 2009.
 - Accrue approximately 70,000 – 80,000 patients by June 30, 2010.
 - Accrue approximately 100,000 -110,000 patients by June 30, 2011.
 - Accrue approximately 140,000 patients by June 30, 2012.
 - Function – Identify sources of private or federal funding to complement tobacco settlement funding by the state of Georgia for implementation of the study.
 - Function – Collaborate with other partners and programs of the Georgia Cancer Coalition in order to generate efficiencies and economies of scale in managing and operating the study.

- Function – Include the Georgia Cancer Study in the annual budget recommendation of the Georgia Cancer Coalition for tobacco settlement funds.

Objective 4: Continue to advocate for smoking prevention and cessation programs and screening programs at the Georgia Department of Human Resources.

- Task 4a: Continue to develop the relationship with the Commissioner of the Department of Human Resources and the Director of the Division of Public Health and to work together to ensure adequate state funding of programs related to smoking prevention and cessation, screening and cervical cancer vaccination.
 - Function – Conduct quarterly review meetings with representatives from the Department of Human Resources to understand program goals and objectives, program accomplishments and measurable outcomes, barriers to success, and utilization of resources of each cancer-related program, including smoking prevention and cessation program as well as other early detection and screening programs.
 - Function – Work collaboratively with representatives from the Department of Human Resources in the development of the annual budget recommendation of tobacco settlement funds for smoking prevention and cessation programs as well as other early detection and screening programs.

Goal Two – Provide quality care for all Georgians with cancer.

Objective 1: Increase accrual rates for cancer clinical trials in Georgia to 10% by 2012.

- **Task 1a:** Establish clinical trials infrastructure outside of metro Atlanta using the expertise of Georgia CORE.
 - **Function** – Develop a demonstration project in at least one rural hospital chosen by Georgia CORE through a request for proposal (RFP) to show the ability to increase cancer clinical treatment trials by 20% over 2 years using 2006 baseline.
 - **Function** – Evaluate the demonstration project and extend successful components to at least one other Regional Cancer Coalition of Excellence.
 - **Function** – Evaluate the potential for further replication of the demonstration project.
 - **Function** – Perform inventory of clinical trials in Georgia by practice site and identify gaps in services and ways to fill these gaps.
 - **Function** – Continue to develop and expand the statewide database of clinical trials in Georgia (Georgia Cancer Trials by TrialCheck) as a means of bringing detailed information on industry-sponsored, investigator initiated and cooperative group trials to patients, advocates, physicians and providers.
- **Task 1b:** Identify new sources of funding for and continue providing state funding for Georgia CORE to develop a state-wide clinical trials network.
 - **Function** - Continuously look to identify state, private or federal funding opportunities as well as strategic partnerships with clinical research organizations and pharmaceutical companies for development of cancer clinical trials and refer these opportunities to Georgia CORE.
 - **Function** – Include the clinical trial programs of Georgia CORE in the annual budget recommendation of the Georgia Cancer Coalition for tobacco settlement funds.

Objective 2: Ensure that healthcare providers and researchers in Georgia have the appropriate state-of-the-art equipment for treating cancer.

- **Task 2a:** Identify sources of funding, vendor partners, and implementation guidelines for the equipment beta testing program.
 - **Function** – Identify state, private or federal funding opportunities for the equipment beta testing program of the Georgia Cancer Coalition.
 - **Function** – Identify all vendors that provide medical equipment that is used in the diagnosis and treatment of cancer and select those strategic partners that will be part of the equipment beta testing program.
 - **Function** – Leverage existing relationships and develop new relationships with the key executives of the strategic partners and gain their support and commitment to the program.
 - **Function** – Develop guidelines as to how the program will be implemented and managed.

Objective 3: Ensure that cancer treatment is available and accessible to all Georgians.

- Task 3a: Continue to develop and/or strengthen relationships with the Commissioner of the Department of Human Resources and the Commissioner of the Department of Community Health in order to ensure adequate state funding of programs related to cancer treatment.
 - Function – Conduct quarterly review meetings with representatives from the Department of Human Resources and Department of Community Health to understand program goals and objectives, program accomplishments and measurable outcomes, barriers to success and utilization of resources of each cancer-related program.
 - Function – Work collaboratively with representatives from the Department of Human Resources and Department of Community Health in the development of the annual budget recommendation of tobacco settlement funds for their respective cancer-related programs.

Objective 4: Address the unique needs of cancer survivors in Georgia and to improve their quality of life, through education, clinical research, a needs assessment profile, and access to personal health records information.

- Task 4a: Identify sources of funding and implementation guidelines for the cancer survivorship program and coordinate with the cancer survivorship program of the National Cancer Institute.
 - Function - Identify state, private or federal funding opportunities for the cancer survivorship program of the Georgia Cancer Coalition.
 - Function – Conduct an assessment of all cancer survivorship programs in Georgia.
 - Function – Conduct a pilot program based on a needs assessment of each patient that would capture the personal health records of patients during and after treatment that will provide the tools for cancer survivors to partner with their physicians about ongoing care and future health issues.
 - Function – Evaluate the potential replication of the personal health record throughout the State.
 - Function – Collaborate with the AFLAC Cancer Center at Children’s Healthcare of Atlanta in order to develop a teaching curriculum to educate oncologists, primary care physicians, nurses, and social workers about cancer survivorship issues.
 - Function – Provide funding for research projects specific to cancer survivorship issues, as funds are available.

Objective 5: Facilitate the achievement of National Cancer Institute (NCI) Comprehensive Cancer Center designation for 3 Georgia institutions.

- Task 5a: Assist with Emory University’s attainment of NCI’s Comprehensive Cancer Center designation by FY2008.

- Function – Provide assistance and support, on an as needed basis, to the leadership of the Winship Cancer Institute at Emory University in their effort to obtain NCI Comprehensive Cancer Center designation.
- Function – Continue to recruit world-class experts in Georgia’s universities and medical centers for research in cancer prevention and education, early detection and screening, diagnosis and staging, and treatment and palliation.
- Function – Retain the highest performers of the cancer clinicians and scientists previously recruited to Georgia.
- Task 5b: Assist with the Medical College of Georgia’s attainment of NCI’s Comprehensive Cancer Center designation by FY2012.
 - Function – Provide assistance and support, on an as needed basis, to the leadership of the Medical College of Georgia in their effort to obtain NCI Comprehensive Cancer Center designation.
 - Function – Continue to recruit world-class experts in Georgia’s universities and medical centers for research in cancer prevention and education, early detection and screening, diagnosis and staging, and treatment and palliation.
 - Function – Retain the highest performers of the cancer clinicians and scientists previously recruited to Georgia.
- Task 5c: Assist with attainment of a third NCI designated Comprehensive Cancer Center by FY2017.
 - Function – Provide assistance and support, on an as needed basis, to the leadership in the effort to obtain NCI Comprehensive Cancer Center designation.
 - Function – Continue to recruit world-class experts in Georgia’s universities and medical centers for research in cancer prevention and education, early detection and screening, diagnosis and staging, and treatment and palliation.
 - Function – Retain the highest performers of the cancer clinicians and scientists previously recruited to Georgia.

Objective 6: Ensure that Georgia has an adequate supply of and most highly trained and skilled cancer caregivers.

- Task 6a: Continue relationship with the Georgia Academy of Family Physicians in providing education material to family physicians on cancer prevention and early detection.
 - Function – Provide cancer-specific content expertise as well as speakers for the annual meeting of the Georgia Academy of Family Physicians.
 - Function – Engage in regional activities of the Georgia Academy of Family Physicians throughout Georgia.
- Task 6b: Identify new sources of funding, potential nursing school partners and implementation guidelines for the Oncology Nursing Fellowship Program.
 - Function - Identify state, local or federal funding opportunities for the oncology nursing fellowship program of the Georgia Cancer Coalition.

- Function – Identify strategic nursing school partners that will be part of the oncology nursing fellowship program.
 - Function – Leverage existing relationships and develop new relationships with the key executives of the strategic partners and gain their support and commitment to the program.
 - Function – Develop guidelines as to how the program will be implemented and managed.
 - Function – Recruit a Distinguished Cancer Clinician and Scientist in oncology nursing to assist in the development and installation of the fellowship program.
- Task 6c: Increase the number of qualified clinical research professionals in order to support an overall increase in clinical trials (i.e. identify sources of funding, vendor partners, and implementation guidelines for the clinical research training program).
 - Function - Identify state, local or federal funding opportunities for the clinical research training program of the Georgia Cancer Coalition.
 - Function – Collaborate with the state’s universities and hospitals to create the curriculum and academic offerings for the training courses.
 - Function – Create an on-line training portal as part of the Georgia Cancer Coalition website.
 - Function – Facilitate the placement of highly trained and qualified clinical research professionals in Georgia in order to ensure successful clinical research practices.

Goal Three – Establish ongoing, collaborative processes for addressing cancer data and metrics issues in Georgia [Georgians will have comprehensive and responsive cancer data and information systems for planning, implementing, and evaluating programs, policies, and cancer research].

Objective 1: Expand and enhance data collection from new and existing sources for assessing Georgia’s progress in reducing the impact of cancer.

- Task 1a: Continue to develop and/or strengthen the relationship with the Commissioner of the Department of Human Resources and in order to ensure adequate state funding of the cancer registry program and its consistent gold standard level.
 - Function – Conduct quarterly review meetings with representatives from the Department of Human Resources to understand program goals and objectives, program accomplishments and measurable outcomes, barriers to success and utilization of resources of the cancer registry program.
 - Function – Work collaboratively with representatives from the Department of Human Resources in the development of the annual budget recommendation of tobacco settlement funds for the cancer registry program.

- Task 1b: Identify new sources of funding for and continue providing state funding for the implementation of the Georgia Cancer Quality Information Exchange (Exchange) within Georgia’s 34 American College of Surgeons (ACoS) certified hospitals.
 - Function - Continuously look to identify state, local or federal funding opportunities for implementation of the Georgia Cancer Quality Information Exchange (Exchange) within Georgia’s 34 American College of Surgeons (ACoS) certified hospitals.
 - Function – Include Georgia Cancer Quality Information Exchange in the annual budget recommendation of the Georgia Cancer Coalition for tobacco settlement funds.

- Task 1c: Expand the visibility of the IOM Indicators, the Dashboard and available data sources to all ACoS certified hospitals in Georgia.
 - Function – Present existing aggregated data in an accessible, understandable format.
 - Function – Publicize Exchange Demonstration Project Selection Criteria for ACoS cancer programs in Georgia.
 - Function – Work with ACoS cancer programs and other stakeholders to develop long-term reporting and aggregation model for Exchange.

- Task 1d: Develop an appropriate technological framework to support statewide collection and reporting of quality cancer data.
 - Function – Begin 4 additional demonstration sites for the Georgia Cancer Quality Information Exchange by June 30, 2008.
 - Function – Establish role of Business Advisory Board, Scientific Advisory Board and Technical Advisory Board by June 30, 2008.

- Function – Complete specification, due diligence and vendor selection for technology vision and plan by June 30, 2008 that will leverage existing data sources and other resources, and means for transmitting, aggregating and protecting data.
 - Function – Begin implementation of the technology plan to existing demonstration sites by June 30, 2008 in order to collect statewide data in Exchange.
 - Function – Complete implementation of the technology plan to all demonstration sites by June 30, 2009.
 - Function - Digital dashboard that provides near real-time data on each of the 52 metrics of quality cancer care that were determined by the Institute of Medicine by June 30, 2009 for those entities where the technology plan has been implemented.
 - Function – Implementation of the technology plan to other ACoS certified hospitals and oncology physician practices, as their information system infrastructure permits.
 - Function – Assess existing information technology infrastructure throughout the state including programs complementary to cancer initiatives and examine industry best practices and potential linkages to existing initiatives and resources across the nation.
 - Function – Evaluate and validate existing use of electronic medical records and work to develop technological standards that will support the electronic exchange of health information.
 - Function – Work with complementary efforts such as HIT task force, Georgia CORE and Georgia Healthcare Information Exchange to promote expanded use and adoption of electronic medical records to assist in data capture related to detection, diagnosis and treatment patterns at the provider level.
- Task 1e: Develop automation, tool sets and portals for utilizing, reporting, and sharing data.
 - Function – Digital dashboard that provides near real-time data, such as current performance, trends in performance, baselines and benchmarks, on each of the 52 metrics of quality cancer care that were determined by the Institute of Medicine by June 30, 2009 for those entities where the technology plan has been implemented.
 - Function – Develop a central repository and clearinghouse for all cancer data related to the Institute of Medicine indicators as well as new measures as they evolve which will allow stakeholders to identify best practice as well as areas where disparities and gaps exist, supporting continuous quality improvement in cancer care.
 - Function – Develop and implement a decision support system that utilizes data from Exchange and allows retrospective analysis of care patterns throughout cancer patients’ course of treatment (screening, detection, diagnosis, treatment, and survivorship/mortality).

Objective 2: Improve stakeholders' knowledge and use of available cancer data.

- Task 2a: Establish baseline knowledge and train to reach 50% more of Georgia's cancer researchers, clinicians and registrars with information on data and metrics relevant to Georgia's Comprehensive Cancer Plan.
 - Function – Assess training needs throughout Georgia and determine target outcomes.
 - Function – Develop content, materials and delivery mechanisms for training.
 - Function – Schedule, publicize and deliver training.

Goal Four – Georgia will become the destination site for cancer patients, biotech companies, and biomedical companies in the southeastern United States.

Objective 1: Establish a program to expand the number of world-class experts in Georgia's universities and medical centers for research in cancer prevention and education, early detection and screening, diagnosis and staging, and treatment and palliation in order to create an environment for cancer discovery.

- Task 1a: Continue to recruit towards the goal of 150 Distinguished Cancer Clinicians and Scientists.
 - Function - Include the Distinguished Cancer Clinicians and Scientists Program in the annual budget recommendation of the Georgia Cancer Coalition for tobacco settlement funds.
 - Function – Fund approximately 37 new scholars during the year ending June 30, 2008.
 - Function – Fund approximately 15 new scholars during the year ending June 30, 2009.
 - Function – Fund approximately 6 new scholars during the year ending June 30, 2010.

- Task 1b: Create a culture for scientific discovery by collaboration among the Distinguished Cancer Clinicians and Scientists.
 - Function – Build online Georgia Cancer Research Community communication tool to enhance collaboration and focus on initiation of translation research opportunities.
 - Function – Plan and execute an Annual Georgia Cancer Research Symposium bringing together cancer researchers across disciplines and across institutions.
 - Function – Create bi-annual Distinguished Cancer Scholars report detailing program measures of success – citations, funding, clinical research, mentorship, etc.

Objective 2: Retain the highest performers of the cancer clinicians and scientists previously recruited to Georgia.

- Task 2a: Identify a source of funding for a Distinguished Cancer Clinician and Scientist Emeritus Program that would reward previously funded scholars who have proven to be exceptional and provide incentive to continue research in Georgia.
 - Function - Identify state, private or federal funding opportunities for the Distinguished Cancer Clinician and Scientist Emeritus Program of the Georgia Cancer Coalition.
 - Function - Establish specific criteria in order for an existing Scholar to qualify as Distinguished Cancer Clinician and Scientist Emeritus.
 - Function – Develop guidelines as to how the program will be implemented and managed.

Objective 3: Establish a state-wide initiative for harvesting and storing serum and tissue samples to be available to both clinicians and scientists, while ensuring patient confidentiality.

- Task 3a: Identify new sources of funding for and continue providing state funds to develop the state-wide tumor and tissue bio-repository.
 - Function – Identify sources of private or federal funding to complement tobacco settlement funding by the state of Georgia for the state-wide tumor and tissue bio-repository.
 - Function – Include the state-wide tumor and tissue bio-repository in the annual budget recommendation of the Georgia Cancer Coalition for tobacco settlement funds.
 - Function – Establish five additional regional sites by June 30, 2008.
 - Function – Establish 2 additional regional sites by June 30, 2009.
 - Function – Establish 2 additional regional sites by June 30, 2010.

Objective 4: Invest, as appropriate, in cancer research in the four major cancer areas and others as appropriate.

- Task 4a: Continue to use the income-tax check-off funds for cancer research for breast, ovarian, and prostate cancers.
 - Function – Contract with the Department of Human Resources for our management of the current year’s income-tax check-off funds.
 - Function – Award on an annual basis grants for cancer research for breast, ovarian, and prostate cancer in the total amount of the current year’s income-tax check-off funds.
- Task 4b: Identify new sources of funding for cancer research in Georgia in the four major cancer areas.
 - Function - Identify state, private or federal funding opportunities for the cancer research program of the Georgia Cancer Coalition.

Objective 5: Create an entrepreneurial environment for biotech and biomedical companies using the rich reserve capacity of the Georgia Cancer Coalition.

- Task 5a: Identify new sources of funding (potential biotech and biomedical companies) and implementation guidelines for the Georgia Cancer Coalition Clinical Trials Support Program.
 - Function – Identify state, private or federal funding opportunities for the Clinical Trials Support program of the Georgia Cancer Coalition.
 - Function – Identify cancer-specific bio-medical companies that are in the clinical trials phase of their development.
 - Function – Leverage existing relationships with the state’s medical schools as well as the Georgia Center for Oncology Research and Education regarding conducting the trials.
 - Function – Develop guidelines as to how the program will be implemented and managed.

- Function – Consult with the Georgia Research Alliance in order to model program after their University/Industry Collaboration Investment program.

Objective 6: Evaluate and quantify the number of cancer patients living in Georgia that seek their healthcare outside the state and significantly reduce this migration in the next 5 years.

- **Task 6a:** Identify new sources of funding, potential managed care partners and implementation guidelines for the Georgia Cancer Coalition Migration Study.
 - Function - Identify state, private or federal funding opportunities for the Migration Study of the Georgia Cancer Coalition.
 - Function – Identify the top 10 private health insurance plans in Georgia that insure the majority of patients that are diagnosed with cancer on an annual basis.
 - Function – Leverage existing relationships and develop new relationships with key executives at each of the 10 private health insurance plans in order to gain.
 - Function – Leverage existing relationship with the Georgia Association of Health Plans to gain their support and commitment to the program.
 - Function – Develop guidelines as to how the program will be implemented and managed.
- **Task 6b:** Design a program that would allow for the reporting of new cancer patients of Georgia hospitals and physicians who reside outside of Georgia.
 - Function – Collaborate with the Cancer Registry of the Department of Human Resources, the Georgia Hospital Association and its member hospitals, and the Georgia Society of Clinical Oncologists to develop a process of reporting on a monthly or quarterly basis the number of new cancer patients of Georgia hospitals and physicians who reside outside of Georgia.
 - Function – Develop a reporting infrastructure that would allow for the accumulation and reporting of the data by the healthcare providers and a reporting of the results to all interested parties.
 - Function- Develop guidelines and processes to ensure that the data is accurate, timely and secure.

Objective 7: Serve as the administrative body, in partnership with the Department of Human Resources, for planning, implementation, and evaluation of Georgia’s Comprehensive Cancer Control Plan.

- **Task 7a:** Planning
 - Function – Assemble Steering Committee tasked with the oversight of Georgia’s Comprehensive Cancer Control Plan revision process.
 - Function – Engage 150 cancer caregivers across Georgia to participate in the revision of the state’s Comprehensive Cancer Control Plan.
 - Function – Formally distribute final revised plan by September 2007.
- **Task 7b:** Implementation
 - Function – Engage 50 cancer caregivers across Georgia to participate in the development of an implementation plan (to be done annually).

- Function – Formally distribute final year one implementation plan by January 2008.

- Task 7c: Evaluation
 - Function – Steering Committee will continue to evaluation progress on plan implementation and funding.
 - Function – Plan evaluation will be done on a quarterly basis.

Objective 8: Rigorous planning for capacity: treatment facilities, physicians, nurses and equipment.

- Task 8a: Assess the existing capacity for cancer diagnosis and treatment of hospitals, physicians, nurses and other medical providers in Georgia using specific metrics.
 - Function – Compile specific metrics related to capacity for every ACoS certified hospital in Georgia, such as cancer visits, cancer inpatient days, square footage of cancer facility, cancer beds, FTEs for cancer program, etc.
 - Function – Determine standards for each metric that would indicate capacity concerns.
 - Function – Develop a reporting methodology that would report these metrics by hospital as well as for the State and as compared to the standards for capacity
- Task 8b: Annually monitor trends in capacity.
 - Function – Annually update specific metrics for capacity for each ACoS certified hospital.
 - Function – Report trends in the capacity metrics.
- Task 8c: Begin rigorous planning to address capacity once metrics indicate capacity concerns.
 - Function – Convene all stakeholders (hospitals, physicians, Georgia’s medical schools, Department of Human Resources, Department of Community Health, etc.) in order to begin to plan on how to address the capacity issues in Georgia.

Goal Five – Generate a combination of state, federal, and private funds to support the fight against cancer.

Objective 1: Leverage every dollar of state funds with either federal or private funds.

- Task 1a: Require a minimum one-to-one matching requirement for every grant made by the Georgia Cancer Coalition.
 - Function – Include in every grant contract that is entered into by the Georgia Cancer Coalition a provision that requires a one-to-one match by the receiving institution.
 - Function – Ensure that other non-grant funds that are disbursed by the Georgia Cancer Coalition are to be used as matching funds for a larger federal, state or private funding opportunity.
- Task 1b: Leverage the talent of the assembled world-class clinicians and scientists.
 - Function – Encourage and assist, where possible, the world-class clinicians and scientists in identifying, applying for, and receiving federal, state and private funding.
 - Function – Require annual reporting by each of the world-class clinicians and scientist of all funds received during the current year.

Objective 2: Shift the reliance of funding from state funds to federal and private funds over the next five years.

- Task 2a: Shift the current ratio of organizational funding from 95% state and 5% federal and private to 50% state and 50% federal and private over the next 5 years.
 - Function – Identify state, private or federal funding opportunities for all the programs of the Georgia Cancer Coalition in order to supplement the tobacco settlement funding from the state of Georgia.
 - Function – Create and implement a private fundraising development plan with the assistance from the organization’s staff, Board of Directors and outside consultants.

Objective 3: Report to all stakeholders the results of the Georgia Cancer Coalition’s ability to leverage state funds.

- Task 3a: Prepare a real-time financial dashboard that will report all federal and private funds that have been leveraged from state funds since inception.
 - Function – Compile all federal, state and private funds that have been generated by the Georgia Cancer Coalition since its inception in an electronic format that could be used to prepare a real-time financial dashboard.
 - Function – Create a reporting format and structure that would provide the proper reporting of leverage effectiveness to all Georgia Cancer Coalition stakeholders.
 - Function – Collaborate with the other agencies that are currently receiving the state’s tobacco settlement funds for cancer to ensure that their leverage effectiveness is captured.

- Function – Create processes and systems in order to secure the data on a timely basis so that the financial dashboard is real-time and accurate, as possible.