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| **Strategic Planning and Alliances Steering Committee**  **May 10, 2022** | | | |
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| **AGENDA ITEM** | **DISCUSSION** | **ACTION/FOLLOW-UP** |
| 1. Roll | | |
| 1. Review notes – Randi |  |  |
| 1. Discuss timeframe and possible locations for 2022 in-person meeting – Randi   The NAACCR Board approved the funds requesting to hold an in-person meeting. It would be ideal if we meet around the NAACCR Board in-person meeting. As of yet, it is unknown where the in-person board will take place. | * + - * Randi suggested the Zoom call before the in-person can focus on discussion topics including whether to finish the Power & Interest Grid before or during the in-person meeting. The grid exercise would be a launching pad for thinking through what kind of work to do around strategic alliances. | * Karen will follow-up with Monique and Jenna regarding any possible travel restrictions. |
| 1. Review purpose of discussing the future state of the cancer surveillance data model – Randi   Randi wanted the group to discuss this more to make sure all are on the same page regarding the “ideal future state”. Ann Marie reminded the group to keep in mind alliances as well as strategic planning. She believes the need to strengthen and expand alliances is critical for NAACCR. Betsy added we need to consider how we want to involve our current as well as future alliances. The question we need to answer regarding what future state our partners are heading to, will be addressed by stake holders at the NAACCR Summer Forum. | * Randi urged the group not to lose sight of data sharing and secondary data use. Dennis mentioned he is a part of a new group addressing secondary data sharing and can keep this group informed. * Is the future state a 2–3-tiered system? Or is it continuous?   + For all the points in the reporting continuum we are discussing, we need to consider when is good, good enough. * Do all registries collect everything? * What is the role of the hospital registries vs. central registry data collection? Are we thinking a central registry would bypass a hospital tumor registry and collect data from other sources? Or do we feel hospital cancer registries are integral and a requirement of our surveillance system? |  |
| 1. Continue discussion of ideal cancer surveillance data model – Randi   Bridging the disconnect between clinical and surveillance data will make us more successful. Are there other disease surveillance models in place to achieve this? Randi mentioned lessons could be learned from ELR at health departments, syndromic surveillance or COVID. Look at large medical health institutions that consolidate into one record before the case is transmitted. There was considerable discussion regarding what health provider organizations that provide care are consolidating cases and if so how. Winny shared her experience with Kaiser in California. | * Monique asked how supportive text come into play when looking at trying to automate and capture data from different streams? Supportive text does help in quality control. Randi added if we are going to continue, we should be considering the source of data how much do we need to rely on text. Ann Marie pointed out AI/machine learning will eventually be able to read text. * What else belongs in our future ideal state?   + Know what all our partners are up to.   + Connect to other sources of information up stream such as external environmental databases that might help identify the causes and preventions of cancer.   + Develop an inventory of skills needed to do some of what we are suggesting.   + A continuous, real-time data feeds with consistent consolidation.   + Need to develop better tools to analyze and interpret dynamic data.   + Need everyone on board with new vision. Strengthen alliances to get buy in.   + Cancer control people using the real-time data to inform their control and prevention strategies. | * While listening to national presentations consider where things fit into our ideal state. |
| 1. Next Meeting | Tuesday, June 7 at 11:30 am ET | |