2. Program Highlights

2.1. Medical Oncology - Division of Medical Hematology/Oncology

By: Dr. Ana B. Oton, Associate Professor of Oncology

Clinical Practice

The Division of Medical Oncology/Hematology is integrated by four full trained and Board certified medical oncologists, Dr. Peter Raich Professor of Oncology, Dr. Michael McLaughlin Associate Professor of Medical Oncology, Dr. Ana B. Oton, Associate Professor of Medical Oncology and Dr. Sonia Okuyama Assistant Professor of Medical Oncology and one nurse practitioner, Jeralyn Fokken. During 2011-2012, the Medical Oncology/Hematology Division has provided care to more than 1000 new patients with diverse diagnosis of solid tumors, hematologic malignancies and benign hematologic diseases. The Division of Hematology/Oncology provides care as consultation team in the hospital and as part of the outpatient Hematology/Oncology clinic at the third floor of the Davis Pavilion. The Division provides as well professional training to fellows and residents of the University of Colorado Denver, who rotate through the different clinics and services of the Division. In addition, as an Academic Division associated with the University of Colorado Denver, we conduct several NCI and Pharmaceutical -sponsored clinical trials which are available to all patients treated with cancer or hematologic malignancies in the institution. For several years, the Division of Medical Hematology/Oncology has been the recipe of different grants including the Susan G. Komen Grant for patients with breast cancer and the NIH Navigation Program Grant.

Research Projects

Dr. Ana B. Oton:

Small Grants Program, Department of Medicine, Denver Health Medical Center
Title: Frequency of Epidermal Growth Factor Receptor Mutations in Latinos/Hispanics with Non-Small Cell Lung Cancer and Their Correlation with Survival
Date: April 2012 to October 2013
Role: PI
Grant Amount: $25,000

Susan G. Komen for the Cure
Title: Support and Survivorship
Date: June 2012 – April 2013
Role: PI
Grant Amount: $67,400

Dr. Sonia Okuyama:
Small Grants Program, Department of Medicine, Denver Health Medical Center
Title: Dignity Therapy
Date: April 2012 to October 2013
Role: PI
Grant Amount: $25,000

Dr. Michael McLaughlin:
Susan G. Komen for the Cure
Title: Treatment Grant
Date: June 2012 – April 2013
Role: PI
Grant Amount: $120,000

Publications in 2011-2012


Book Chapter published 2011-2012

Clinical Practice

While all of the general surgeons at Denver Health contribute to care of cancer patients, a few surgeons have specialized interests and training. Dr. Carlton Barnett, a surgical oncologist from M.D. Anderson, focuses on hepato-biliary malignancies and heads a multi-disciplinary tumor board involving hepatology, medical oncology, gastroenterology, pathology and radiology. Dr. Kshama Jaiswal, a breast surgical oncologist from Memorial Sloan Kettering, has started a multidisciplinary tumor board with radiation oncology, medical oncology, radiology, pathology, and patient navigators. Her multidisciplinary clinic also allows simultaneous patient consultation by a plastic reconstructive surgeon. Dr. Fred Pierraci, a general surgeon from New York Presbyterian, enjoys focusing on lung cancer and is active in Denver Health’s general tumor board.

Future clinical efforts will focus on developing multidisciplinary oncology clinics with the presence of surgeons and medical oncologist. Social work and psychologist presence will also be important in this clinic, as many Denver Health patients with cancer face complex medical and socio-economic issues.

Research Projects

Dr. Carlton Barnett:

American Cancer Society
Title: The Plasma Fraction of stored erythrocytes promotes pancreas cancer progression
Date: January 2009-December 2011
Role: PI
Grant Amount: 437,400

NIH: SBIR
Title: Clinical Determinants of Saline Enhanced Radiofrequency Ablation
Date
Role: PI
Grant Amount:

Dean’s Academic Enrichment Funds
Title: The Role of ICAM-1 in promoting hepatic metastases
Publications in 2011-2012


3. **Infusion Center** - *Division of Medical Hematology/Oncology*  
By: Sandi Vannice, Clinical Nurse Specialist

Location: Infusion Center- Davis Pavilion, South Tower. 10 Chairs, 1 bed  
Staffed by five RNs, three of them hold national certifications in oncology nursing (OCN) and one with infusion nursing certification (CRNI). Managed by the Oncology Clinical Nurse Specialist, who holds a Master’s degree in nursing and advanced oncology certification (AOCN). Vacancies=0

### Infusion Center Volume 2011-2012

<table>
<thead>
<tr>
<th></th>
<th>Total Visits</th>
<th>Non-Oncology Visits</th>
<th>Oncology Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2011</strong></td>
<td>3982</td>
<td>1207</td>
<td>2775</td>
</tr>
<tr>
<td><strong>2012</strong></td>
<td>4201</td>
<td>1424</td>
<td>2777</td>
</tr>
</tbody>
</table>

Referrals to the Infusion Center from the Department of Medicine and Primary Care, for non-oncology related IV therapies, contribute 34% of the total volume in 2012. Wait time for an infusion center appointment varies depending on the length of treatment and chair availability. Most treatments can be accommodated within 7-14 days.

### Payer Mix 2011 YE 2012 YE

<table>
<thead>
<tr>
<th>Payer</th>
<th>2011 YE</th>
<th>2012 YE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CICP</td>
<td>25%</td>
<td>22%</td>
</tr>
<tr>
<td>City Safety</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Commercial</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Department of Safety</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>DHMP</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>20%</td>
<td>27%</td>
</tr>
<tr>
<td>Medicaid Choice</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Medicaid Pending</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Medicare</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Self Pay</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Essential partnerships are necessary for operations and service, include collaboration with many Denver Health departments as well as key community agencies:

- Patient Registration
- Pharmacy
- Central Supply
- Division of Oncology
- Adult Subspecialty Clinic
- Primary Care clinics
- Managed Care
- Facility coding and billing
- BioMedicine
- Environmental services
- Amerita Specialty Infusion Services (ambulatory infusion pumps)

**Key Indicators monitored for the Infusion Center:**

**Medication Administration Safety**

In 2012 there were 15 PRN reports, five of which were medication errors, three of these reached the patient. Systems contributing to these errors were reviewed and modifications made to prevent these errors in the future. In addition Medication Administration Check (MAK) is being evaluated for implementation into the Infusion Center for 2013.

**Patient Falls** = 0 We continue to be conscious of equipment in our environment that has the potential to be a safety risk and contribute to patient falls.

**Quality Improvement**

1. Surveys were conducted of 50 patients during one week in October to determine patient’s use of the Internet for obtaining health information. When asked if they have internet access at home 55% responded yes, 37% stated they used the internet for accessing information about their cancer, and 20% searched for information about their medications. The majority of patients rely on their health care providers for information needed regarded their disease and treatment. As we move toward a more wired health care system and the ability to access personal health information through a patient portal, there is opportunity in the future to create programs to educate our patients about where and how to access reliable health information.

2. As cancer in a parent can be disruptive to family roles and distressing to children, we asked if those patients with children would be interested in a support program through the Child Life Program. Forty six percent of the respondents indicated an interest in such a program. Currently, the Child Life Program is only available for family support should patients become hospitalized.
Nursing Education

Three chemotherapy and biotherapy administration courses were held in collaboration with University Hospital and the Denver VA during 2012. This course follows standardized curriculum set by the Oncology Nursing Society (ONS) and is open to all nurses in the community wishing to obtain the ONS Chemotherapy and Biotherapy Provider Card. Approximately 100 nurses from around the state of Colorado attended these courses.

An oncology/chemotherapy nursing journal club was held quarterly during 2012 and attended by nurses throughout Denver Health with an interest in care of the cancer patient.

Awards and Recognition

The Infusion Center once again has exceeded the UHC benchmark related to “Culture of Safety” and received “Above and Beyond “recognition for employee engagement 2012.

4. Clinical Trials Program - Division of Hematology/Oncology
By: Sonia Deutsch, Oncology Clinical Trials Coordinator, and Dr. Ana B. Oton, MD. Associate Professor of Medical Oncology, Hematology/Oncology Clinical Trials Director

With the increased support over the past 6 years, the Denver Health Cancer Clinical Trials Program has developed into diverse, sustainable and productive program. Clinical Trials addressing treatment with surgery, chemotherapy, hormonal therapy and radiotherapy are available for cancers of head and neck, breast, lung, colon and rectum, kidney, prostate and ovaries at various diseases stages, as well multiple myeloma, lymphomas and leukemia. Four clinical investigators in the Division of Hematology/Oncology are actively involved in clinical research, in close collaboration with the departments of Surgery, Pathology, Pharmacy, Radiology and University of Colorado Cancer Center (UCCC) Radiation Oncology. Our clinical trials coordinator works closely with physicians, nurses, fellows, residents, and patient navigators to coordinate care of patients participating in clinical trials, and provides education on study protocols to DH medical staff and oncology fellows.

Denver Health Hematology/Oncology fellows are encouraged to participate in clinical research early on in their careers and are provided with an opportunity to identify potential candidates for the various clinical trials, under close supervision of the principal investigator.

During 2011-2012, we had 23 cancer treatment trials open at Denver Health, with 2 additional prospective study protocols under review. As of May 2013, 13 studies are National Cancer Institute (NCI) cooperative group trials, 2 are UCCC investigator initiated studies and 6 are
industry-sponsored trials. Seventeen patients are currently participating in our studies, 38 in follow-up; 20 patients were enrolled in 2011-12 and more than 500 were screened for study eligibility. We are pleased to announce that Denver Health Hematology/Oncology Treatment Assistance Grant was approved by Susan G. Komen Foundation for the year 2013-14, to support patient breast cancer treatment.

For additional information about Oncology and Hematology clinical trials at DH, please contact Sonia Deutsch at 303-6026048
5. **Cancer Registry at Denver Health and Hospital Authority**
By: Pat Ploegsma, RHIA, CTR

The Denver Health Cancer Registry is one of the oldest in the State established in 1971 and has 12,481 cases in its database to date with 6145 cases since the reference date. To optimize consistency in follow up, our reference date was set at January 1, 1997.

The Cancer Registry ensures that timely, accurate and complete information is collected, and maintained. The cancer registrars work very diligently to identify and abstract all cancer cases that are seen through Denver Health. They review the Disease Index and the Pathology reports to assure completeness. The goal is to achieve 100% completeness of all cancer cases. The State of Colorado Central Cancer Registry and The Commission on Cancer requires completeness, timeliness and accuracy. Data Accuracy is achieved through Data review, data edits and submission to the NCDB (National Cancer Data Base). As a vital piece of the Cancer Committee and key to obtaining accreditation for Commission on Cancer through the American College of Surgeons the registry has met the follow up standard having successful follow up on 81.7% of our patients -following 2866 cases. Follow up is a very important part to patient survival, reaching out to the patient to let them know someone is still there after the treatment is over is a very comforting though to many of our patients.

The registry provides a comprehensive picture of the patient’s disease by abstracting cancer data (including site, histology, stage & treatment) on all reportable cancers, and provide life-time follow-up of each Denver Health cancer patient. The Denver Health Cancer Registry population data is reported to the Colorado Central Cancer Registry (CCCR), who reports to the National Program of Cancer Registries, and affiliate of the Centers for Disease Control (CDC) and the North American Association of Central Cancer Registries (NPCR) and the National Cancer Database. Statistics provided by the Cancer Registry are used for measuring the occurrence of cancer in the population and monitoring trends in incidence, mortality, survival and patterns of care. Cancer Registries are valuable research tools for organizations interested in the cause, diagnosis and treatment of cancer. State and national public health and medical providers utilize these data in a wide variety of ways to evaluate patient outcomes, satisfaction issues and quality of life to implement procedures for improvement. Internally the registry data is used to project and assess future needs for the needs of Denver Health patients.
### Analytic Cancer Cases 2001 to 2012

Denver Health Medical Center

Number of Cases Accessioned per Year

### Analytic Cancer Cases

**Most Common Site 2011 Analytic Cases at Denver Health**

<table>
<thead>
<tr>
<th>Site of Cancer</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>68</td>
</tr>
<tr>
<td>Prostate</td>
<td>61</td>
</tr>
<tr>
<td>Anus</td>
<td>39</td>
</tr>
<tr>
<td>Lung</td>
<td>38</td>
</tr>
<tr>
<td>Liver</td>
<td>34</td>
</tr>
<tr>
<td>Kidney</td>
<td>26</td>
</tr>
<tr>
<td>Colon</td>
<td>25</td>
</tr>
<tr>
<td>Lymph Nodes (lymphoma)</td>
<td>35</td>
</tr>
<tr>
<td>Thyroid</td>
<td>21</td>
</tr>
<tr>
<td>Bladder</td>
<td>20</td>
</tr>
<tr>
<td>All Others</td>
<td>205</td>
</tr>
<tr>
<td><strong>Total All Analytic Cases</strong></td>
<td><strong>561</strong></td>
</tr>
</tbody>
</table>
The Denver Health Community Voices program is a learning laboratory dedicated to increasing access to healthcare for the underserved and changing public health policy. Community Voices pilot researches different approaches to improve health care delivery and formulate new policy solutions. Community Voices program areas include: access to care, community outreach, patient navigation, care coordination and men's health. Reaching out to underserved populations is the hallmark of Denver Health Community Voices.

Community Health Advisors serve as Denver Health ambassadors, going into hard-to-reach neighborhoods and connecting people with the care and services they need. Community outreach has been particularly effective in Denver's Latino, African-American and Native-American communities, bringing underserved individuals into the public health system.

Patient Navigators assist patients to overcome barriers to care, negotiate healthcare systems and access appropriate, quality care. Currently, patient navigators work with vulnerable men, patients in patient centered medical homes, patients with cancer and clients of Denver’s barbershops, to name a few examples.

The Community Voice program was originally launched in 1998 by the W.K. Kellogg Foundation and The Colorado Trust. Today, funding for Community Voices programs is provided by numerous national and local funding partners. Additionally, Community Voices partners with Denver Public Health and Denver Health’s Oncology Department on programs aimed at increasing access to healthcare for the underserved and health policy solutions.

The Women’s Mobile Clinic is one of Denver Health’s nine federally qualified community health centers. The Mobile Clinic provides patient education and breast and cervical cancer screening, including digital mammography. The Mobile Clinic is designed to help reduce barriers to cancer screening that many women experience. By moving the Mobile Clinic to the eight Denver Health community clinics and to various other sites in the metropolitan area. Denver Health patients are able to more easily access breast and cervical cancer screening. Women may access both cervical and breast cancer screening in one visit or they may opt to have only one service. Our clinic staff is fluent in English and Spanish and for most languages interpreter services are available. Patient navigation and case management services are available to those women who need additional follow-up to their screenings. If needed, a seamless transition is provided for Patient Navigation the treatment phase for breast and cervical cancer.

All payer sources are accepted at the Mobile Clinic, except unscreened self-pay for mammograms and except Medicaid, Medicare, or unscreened self-pay for Pap tests. If patients do not have commercial health insurance and are a Denver County resident, Denver Health Enrollment Services helps patients enroll in Family and Adult Medicaid, the Colorado Indigent Care Program
Community Health services has identified cancer screening in adult populations a key indicator of quality care in a patient centered medical home. In 2008, implementation of a lean quality improvement project from July, 2008-June, 2011 focused on cancer screening using Lean System Analysis tools, resulting in a Cancer Screening change package comprised of:

- Standard work to provide appropriate cancer screening at point-of-care

- Novel clinical registry tools:
  - Clinical registry summary
  - Feedback reports
  - Outreach letters and reports

- Patient outreach and education

- Standardized tracking and follow up of abnormal results for colorectal, breast and cervical cancer screening.

Cancer screening rates from 2008 to the present:

- Colorectal cancer screening rates improved from 38% to 61%
- Breast cancer screening rates improved from 45 to 67%
- Cervical cancer screening improved from 75% to 80%
7. Educational Activities

7.1. Tumor Boards

Tumor boards provide multidisciplinary discussion focused on current diagnoses and treatment standards. During tumor board discussions oncologists, pathologists, radiologists, physicians and other health care staff discuss actual patient cases and formulate best treatment plans. Discussions cover patient's history, radiographic studies, pathology slides, cancer stage, prognosis factors, possible treatments and clinical trial options. The objective is to come up with the best treatment options for our patients based in multidisciplinary expertise. At this moment, we have our general Tumor Board on every Tuesday at 11.15 am until 12.15 pm in the Pathology Conference Room. We also have a specific Breast Tumor Board every Tuesday at 12.15 pm until 12.45 pm in the Pathology Conference Room. The Head and Neck Tumor Board Conference in on Mondays from 7 am-8 am in the Pathology Conference Room. The Genito-Urinary Tumor Board one Thursday of the month at the GU Conference Room.

7.2. DH Cancer Conferences/Seminars/Grand Rounds provided in 2011-2012

November 2012  “Lung Cancer in Smokers and Never Smokers”
Colorado Cancer Day, University of Colorado Denver, Aurora, CO

September 2012  “The Importance of Predictive Markers in Cancer”
Cancer Center Community Engagement Retreat
University of Colorado Denver, Aurora, CO

August 2012   “Health Care System in Uganda”
Department of Gynecology/Obstetrics
Denver Health Medical Center, Denver, CO

April 2012   “Global Health: Hematology/Oncology Practice in Uganda”
Medical Oncology Fellowship Lecture Series
Department of Hematology/Oncology, University of Colorado Denver
Aurora, CO

March 2012  “Global Health: an Important Issue in Uganda”
Journal Club, Division of Hematology/Oncology
Denver Health Medical Center, Denver, CO

“SWOG Lung Cancer Trials”
Quarterly Community Engagement Video Tumor Board, University of Colorado Denver, CO

November 2011  “Cancer, Introduction”
Colorado Cancer Day, University of Colorado Denver, Aurora, CO
8. Cancer Survivorship Project
By: Dr. Katherine Anderson, MD

The Cancer Committee is working in developing and implementing a comprehensive care summary and follow-up plan to all cancer patients treated at Denver Health Medical Center. The Survivorship Care Plan will be available for all patients that have completed cancer treatment with the objective of helping survivors to transition from their cancer diagnosis to a survivorship state. The written or electronic Survivorship Care Plan will contain a record of care received, important disease characteristics, and a follow-up care plan incorporating available and recognized evidence-based standards of care.

This effort is being conducted in conjunction with the Colorado Department of Public Health and Environment, which has piloted a cancer survivorship database that is populated from the Cancer Registry information. This is built on the WebPlus server that is currently being used by the State of Colorado and Colorado Health Systems and is available at no cost to health care providers in the State of Colorado.

This pilot project has been funded by the CDC. The pilot was conducted in Summer/Fall 2012, and the final code was submitted to the CDC in November 2012. The final product will be available to healthcare providers in Colorado some time after that. The Survivorship Care Plans for patients are initially populated from the cancer-screening registry. Nurse case managers from each health care system can be granted access to this secure site and can interact with the database to update information on their patients. For example, the specific agents used for chemotherapy, dates of radiation, and follow-up care can all be entered by the registered nurse. The information from this database can be used to generate a Survivorship Care Plan for the patient, and the patient’s primary care provider and electronic medical record.

As mandated in the FACS Program Standards 3.3 Cancer Survivorship
9. **System and Program Implementations in 2011-2012**

Genetic testing information from other facilities is being incorporated in the electronic medical record of the patient in our EDM system. We have been approved for a bar code number 2328. When genetic information is received, it will be scanned into “other facility info” in the Genetic Testing tab. This should make it easier to locate in EDM.

10. **Programmatic Projects for 2013-2014**

10.1. **Palliative Care Program**

Denver Health Medical Center and the Department of Internal Medicine have approved to work towards the development of an inpatient Palliative care service for 2013. Position has been advertised to recruit palliative care physician by August 2013.

10.2. **Tobacco Cessation Program**

By: Santos Diaz

Denver Public Health (DPH) was recently awarded four Amendment 35 tobacco tax grants from the Colorado Department of Public Health and Environment (CDPHE) to do work in the following five goal areas: Tobacco Cessation, Treat Tobacco Dependence as a Chronic Condition, Tobacco Use and Access (Youth), Young Adults, and Secondhand Smoke.

**Denver Community Tobacco Initiative**

**Year one Funding:** $486,288  
**Year two Funding:** $648,884

DPH is working to implement evidence-based tobacco control strategies to reduce the burden of tobacco in the City and County of Denver. Denver Public Health (DPH) through the Tobacco Education and Prevention Program is the lead agency, subcontracting with six community organizations. DPH selected six goal areas and corresponding objectives from the Tobacco Education, Prevention, and Cessation Grant Program Strategic Plan, 2012-2020. Those six goal areas cover increasing cessation through a hospital systems change; training and educating health care providers about cessation; treating tobacco use as a chronic condition by
integration with other DH chronic disease clinics; monitoring the tobacco industry; passing effective policies; decreasing tobacco prevalence and initiation with youth and young adults; and decreasing exposure to secondhand smoke. Priority populations include low SES, young adult 18-24 year old straight-to-work; and youth ages 14-18 years. The DPH Tobacco Education and Prevention Program maintain a diverse community coalition to engage multiple collaborators. Regionalized coordination among surrounding counties with other local health departments is occurring.

With regards to the cessation goal area, DH/DPH is working on a system change which includes:

1. Cessation Clinic Champion, Dr. Ali Zirakzadeh, to lead system change efforts within the Denver Health, Community Health and DPH clinics to build the “Advise” component in the electronic medical record.
2. Implementing a new simplified paper fax referral form for the Colorado Quitline. The current form normally takes a few minutes to complete and fax and now Dr. Zirakzadeh and other DPH staff have simplified the form which takes less than 30 seconds to complete. This makes a huge difference and easier for physicians to complete and is less time consuming.
3. Oversee education of clinic and health care provider education.
4. Collaborate with DH’s IT department (eHS) to include text messaging messages for our patients when they get appointment reminder phone calls. An example of a message would include: “the Denver Health Campus is a Smoke Free Campus”.

With regards to treating tobacco dependence as a chronic condition, DPH is:

1. Conducting an assessment of DH/DPH clinics to determine what other tobacco cessation programs are occurring across campus to maximize our resources and eliminate duplication of programs.
2. Dr. Zirakzadeh has also put together a Denver Health Tobacco Intervention Committee which includes Drs. from different specialties, nurses and other key personnel that will assist in coordinating, aligning and integrating tobacco cessation programs within DH.
3. Aligning and integrating efforts with other chronic disease groups: asthma, diabetes, cardiovascular, and oncology.
4. Updating and integrating different tobacco cessation materials into all the DH/DPH clinics which include flyers, posters, booklets, etc. These materials will be in different languages to meet the needs of our community. The materials will also be available in our internal intranet library for physicians, nurses, and other medical personnel so they can give patients the latest cessation material.

QuitLine Linkage and Information Network for e-Referral (Q-LINe)

Year one Funding: $511,991
Year two Funding: $682,655

DPH received funding to facilitate electronic referrals to the Colorado QuitLine as the final step in the ASK, ADVISE, REFER intervention. The concept is a “closed loop referral” embedded in an electronic health record (EHR) where by providers may communicate with the QuitLine without need to use a separate referral application. By creating an automated e-referral
process, providers may leverage the power of EHR clinical decision support tools. Increased referrals take advantage of QuitLine capacity and increase the likelihood of successful tobacco cessation intervention. Once a patient is referred, the QuitLine will automatically update providers of the status and outcome of their patient’s referral (e.g., referral received, declined, enrolled, invalid, quit medications, program complete, and unreachable). Certified electronic health records (EHR), meaningfully used by providers and hospitals, should collect tobacco-use status (e.g., current, never, and former) and demographic data. Providers/hospitals seeking meaningful use incentive dollars will need to track clinical quality measures, such as tobacco status of patients and brief cessation interventions (i.e., ASK, ADVISE, REFER). DPH has partnered with more than a half-dozen Colorado healthcare institutions to help aggregate patients’ tobacco-use status and brief interventions data.

Denver Innovative Community Tobacco Initiative
Year one Funding: $350,000
Year two Funding: $466,667

DPH is sponsoring Evolvement; a citywide youth movement to prevent and end tobacco use through policy change and addresses Goal Three in the Strategic Plan: “Strategies (policy, advocacy, community mobilization, research and evaluation) are to identify, strengthen, implement and enforce policies to reduce youth and adult use and access to tobacco”. Evolvement provides youth with a simple, but effective approach to create positive change both in their schools and the Denver community.

Currently, Colorado does not currently require a license to sell tobacco products. Although licensing is mandatory for retailers of alcohol, firearms, medical marijuana, and even food distributed by mobile food trucks, there is no corresponding requirement for tobacco retailers. In addition, minimal education on state and local marketing and display restrictions is provided to tobacco retailers, making compliance and enforcement of current laws difficult. Consequently, there is no way to accurately assess who is selling tobacco in Colorado communities and whether these retailers are marketing and selling to underage youth.

The movement towards tobacco licensing in Denver is gaining momentum with several organizations endorsing tobacco retail licensing including The Children’s Hospital, Colorado Academy of Family Physicians, Colorado Public Health Association, and Boys & Girls Club of Metro Denver, and other Public Health departments across Colorado. More recently, the cities of Golden, Manitou Springs, Steamboat, Pueblo and Fountain have passed a tobacco retail license ordinance. DPH is working through this innovative grant to advocate for the establishment of retail licensing for Denver.

See the websites below for additional information on this project:
http://licensed2selltobacco.com/

Health Communications Initiative
Year one Funding: $300,425
Year two Funding: $400,567
Community Lead Targeted Outreach Campaign - this funding supports DPH’s local outreach efforts to meet local needs/activities and the strategic tobacco education, prevention and cessation goals under the above initiatives. Templates for the detailed outreach campaigns will be developed as a separate part of a communications plan.

**Big Media Buy**
**Funding: $3,200,000**

DPH is also coordinating the media buy for the 5 metro counties as well as the surrounding smaller counties. DPH is collaborating with other local/regional public health agencies including Jeffco, TriCounty, Boulder and Larimer to implement a statewide paid media buy to promote the tobacco control goals and work occurring in our local communities this spring.

<table>
<thead>
<tr>
<th>Grant</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denver Community Tobacco Initiative</td>
<td>$486,288</td>
<td>$648,884</td>
</tr>
<tr>
<td>QuitLine Linkage and Information Network for e-Referral (Q-LINE)</td>
<td>$511,991</td>
<td>$682,655</td>
</tr>
<tr>
<td>Denver Innovative Community Tobacco Initiative</td>
<td>$350,000</td>
<td>$466,667</td>
</tr>
<tr>
<td>Health Communications Initiative</td>
<td>$300,425</td>
<td>$400,567</td>
</tr>
<tr>
<td>Media Buy</td>
<td>$3,200,000</td>
<td></td>
</tr>
<tr>
<td><strong>Total Funding</strong></td>
<td><strong>$4,848,704</strong></td>
<td><strong>$2,198,773</strong></td>
</tr>
</tbody>
</table>

10.3. *The Medication Assistance Program (MAP)*

For several years, the MAP helps uninsured or CICP/DFAP patients obtain free medication and can even help insured patients with high copays or deductibles. MAP has saved Denver Health and its patients over $2 million every year. MAP currently helps many subspecialty clinics, such as Oncology/Hematology, Rheumatology, Nephrology and Neurology. Hundreds of medications are available to eligible patients at no cost through patient assistance programs. We will continue providing this service to our patients and expand to other departments in the hospital for 2013-2014

For additional information, please contact Dana Underwood, 303-6026068
10.4. Denver Health’s Cancer Committee Open House

Denver Health’s Cancer Committee is excited to host for the first time a special Open House on November 14, 12:30 - 2:30 p.m. in Sabin Classroom, basement, Pavilion C.

The open house will give employees the opportunity to learn about the cancer-related services offered at Denver Health including:

- The Cancer Committee
- Oncological screening programs
- The navigation program
- Clinical services
- Clinical Trials
- Cancer Registry and Tumor Board
- Evaluating distress and spiritual services
- Infusion Center
- Survivorship
- Palliative Care Services and hospice care
- Patient Assistance Program
Teamwork

Members of the Denver Health Cancer Committee for 2011-2012

Chairman: Ana B. Oton, MD, Medical Oncology
Co-Chair: Kshama Jaiswal, MD, Surgical Oncology
Medical Liaison: Carlton, Barnett, MD, Surgical Oncology
Rebecca Lubow, Program Coordinator

Katherine Anderson, MD
Herminia Arambula, Navigator
Lisen Axell, Genetics
Donna Bigley, Pharmacist
Louann Convery, Tumor Registry
Pamela Crawford, NP, Surgical Oncology
Sonia Deustch, Clinical Trials coordinator
Linda Fielding, MD, Radiology
Christine Fisher, MD, Radiation Oncology
Loretta Gaido, MD, Pathology
Hollie Gonzalez, Tumor Board
Mario Harding, Administration
Pamela Harris, Social Worker
Ed Hommes, Pastoral
Fernando Kim, MD, Urology
Alison Lieberman, PhD, Psychology
Michael McLaughlin, MD, Medical Oncology
Kendra Moldenhauer, Quality and Outcomes
Loes Nardi-Korver, MD, Pathology
Fred Pieracci, MD, Surgical Oncology
Patricia Ploegsma, Tumor Registry
Patricia Uris, MD
Sandi Vannice, RN, CNS, Oncology Nurse Specialist
Peggy Wimmer, Pharmacist

Membership in the DH Cancer Committee is open to all DH staff interested in cancer care.
For inquiries about membership please contact Debbie Darnell at 303-602-8045