**Florida Cancer Plan 2030 Planning Meeting
Subgroup on Diagnosis/Treatment, QOL/Survivorship, Childhood Cancers
June 24, 2025 at 12:30 PM**

**Quick recap**
The group reviewed Florida's cancer plan objectives, focusing on health insurance coverage rates and discussing data sources and measurement methods. They evaluated current progress, challenges, and potential modifications to various objectives related to cancer care quality, workforce metrics, and palliative care services. The team also addressed barriers to implementing cancer survivorship care plans and discussed initiatives for childhood cancer, including insurance coverage and genomic testing programs, while noting improvements in research funding applications.

**Summary**

**Florida Cancer Plan Progress Review**

The group reviewed objective 15.1 of the Florida cancer plan, which aims to increase health insurance coverage among Floridians aged 18-64 to 85% by 2025. They discussed the data sources and measurement methods for this goal, with Bobbie confirming that Florida has exceeded the target of 85%. The team agreed to review the data and current efforts for each of their assigned goal areas, with Clement emphasizing the need to answer two main questions:

* what the data is telling them,
* what is working or not working in the context of each objective.

**BRFSS Insurance Coverage Analysis**

The team discussed the Behavioral Risk Factor Surveillance Survey (BRFSS) data, focusing on health insurance coverage statistics. David explained that core BRFSS questions are administered statewide, while optional modules may not be included every year. The current insurance coverage rate of 89% exceeds the target, but David warned that recent gains may reverse due to changes in Medicaid coverage, suggesting the target should remain at 85% rather than increasing.

**Cancer Plan Insurance Coverage Review**

The group discussed objective 15.1 of the cancer plan, which aims to maintain insurance coverage at 85%. Seth suggested this should be a threshold rather than a target, as maintaining the current level may be challenging due to various barriers. Clement agreed, emphasizing the need to dialogue about the usefulness of this objective and consider its potential removal. Bobbie shared the current goal and objectives, prompting Clement to stress the importance of presenting the goal before the objectives. The team agreed to review and potentially modify both the goal and objectives to better reflect their intentions.

**Florida Health Insurance Coverage Analysis**

The group discussed the current state of health insurance coverage in Florida, noting that it contributes to good clinical outcomes and access to care. They agreed to use the Behavioral Risk Factor Surveillance System (BRFSS) as a data source for measuring health insurance coverage, with David suggesting they use the latest available data as a baseline. Karin emphasized the importance of taking a step back to consider the big picture before getting into specific details, and encouraged the group to think about where they are doing well and where they are not, as well as potential challenges. The group agreed to keep the current goal related to health insurance coverage and move on to discuss the next objective 15.2 about increasing the number of cancer facilities participating in quality improvement programs.

**Cancer Care Quality Metrics Review**

The group discussed several objectives related to cancer care quality and workforce metrics. They identified a need to update and clarify data sources for measuring progress from 72% to 80% in certain metrics, with Bill offering to share a current list of COC-accredited hospitals. Seth suggested adding oncology social work certification as a new objective, which the group agreed to consider separately rather than modifying the existing objective. The team also discussed the need to gather more data on fellows in Florida and to potentially revise objective 16.1 regarding standardizing the definition of palliative care services in Florida state statute, with Bobbie noting they would connect with the Florida Hospital Association for more information.

**Florida Palliative Care Progress Review**

The group discussed progress and challenges related to palliative care in Florida, focusing on legislative efforts and data tracking. They noted that while some objectives have been met, such as increasing the number of palliative care-trained medical residents, others, like creating a palliative care services availability map, still face barriers. The team agreed to further explore these barriers and potential strategies with Paul Ledford, who has a paid position to staff the Florida Palliative Care Coalition. They also discussed the need to define who would develop minimum standards for palliative care agencies and how to track Medicaid savings from pilot projects.

**Cancer Survivorship Care Plan Challenges**

The group discussed barriers to implementing cancer survivorship care plans, with Bill explaining that the main challenge is the lack of consensus on what survivorship means and how to create standardized plans. Bill noted that referral systems break down quickly in the survivorship space, particularly in rural areas of Florida, and highlighted that the number of cancer survivors is growing rapidly, with estimates of 30,000 survivors in Florida within 5-6 years. Seth suggested measuring survivorship programs by comparing the number of cancer centers offering survivorship clinics to the current number of patients, as a way to track improvements in this area.

**Childhood Cancer Coverage and Research**

The group discussed several objectives related to childhood cancer, focusing on measurable outcomes and challenges. They decided to keep objective 18.1 related to By 2025, decrease the percentage of Florida children without health insurance from 7.6% (Baseline, 2018 US Census Bureau’s American Community Survey) to 5.2% (national average) or lower. Nicole highlighted issues with insurance coverage for children in clinical trials, and the group agreed to investigate this further with the help of ACA. They also reviewed a new initiative, the Comprehensive Childhood Cancer Network, which received funding and will focus on connectivity between clinical trials and patients. The group considered adding a goal to increase the number of hospitals enrolled in a genomic testing program. Finally, Danny provided an update on research funding, noting an improvement in the quality of applications but limited funding availability.

**Next steps**

* Paul Ledford to provide more details on how to track Medicaid and implement palliative care standards for the next meeting.
* Bobbie is to reach out to Chris Cogle from AHCA regarding challenges with insurance coverage for childhood cancer treatments.
* Nicole to provide more information on the new Comprehensive Childhood Cancer Network (CCCN) initiative, including potential metrics to track.
* Seth to gather data on the current number of COG hospitals enrolled in the LLS PEDAL initiative and the total number of eligible hospitals in Florida.
* Bobbie is to schedule the next meeting in 2 weeks, July 8th at 12:30 PM.
* All members to review and consider potential revisions to objectives based on the discussions, particularly for palliative care and childhood cancer goals.
* David to verify if health insurance coverage questions are part of the BRFSS core questionnaire.
* Bill to share the list of current COC accredited hospitals after the meeting.
* Bobbie to compile updated data sources and current metrics for the objectives discussed.
* All members to consider strategies for addressing rural healthcare needs across goal areas for the next meeting.

**Relevant links/Resources**

* <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=BRFSS.Dataviewer&bid=0011>
* <https://oswcert.org/verify/>
* <https://www.census.gov/data/tables/time-series/demo/health-insurance/acs-hi.2018.html#list-tab-776654388>
* <https://www.lls.org/dare-to-dream/pedal>