Purpose
The purpose of this assessment is to identify the cancer-related needs of the area’s population, cancer-health disparities and gaps in cancer-related resources within Cuyuna Regional Medical Center’s service area.

Goal
The goal of this assessment is:

1. To improve and save lives in relation to cancer screening and prevention within underserved populations. We anticipate accomplishment of this by:
   a. Implementation of community outreach programs that will help to eliminate cancer-health disparities in the population.
   b. Creation of cancer-related resources so that underserved populations may have more readily available access to quality care.

Note: This assessment focuses on cancer disease sites that are top priority for CRMC’s cancer program—breast and colon.

Methods
The Cancer Committee has chosen secondary data analysis as the tool for this assessment. Data gathered for this report includes information from Crow Wing and Cass counties as well as CRMC’s Clinic Quality Data and Cancer Incidence and Stage reports.

Introduction
Community outreach is a top priority for CRMC’s Cancer Care Center. The program has supported community health through screenings, prevention, and health education. Last year, community outreach screening efforts included 1,069 breast cancer screening mammograms. Colon cancer screenings were not conducted. Great awareness and education of breast cancer was also accomplished through public lectures and health fairs as well as a Pink Frosting fund-raising event which benefited local breast cancer patients.

Cancer prevention through education has been a regular component of CRMC’s community efforts. Education is a top factor in prevention of cancers and has the potential to impact numerous individuals at an economically reasonable cost. Topics such as the importance of a healthy diet, regular exercise, weight management, tobacco cessation and stress management are only a few education topics that are shared with the area’s population through participation in health fairs, wellness screenings and coaching, group education sessions, and community health events.

The overall goal of our community outreach program is to reduce the burden of cancer in CRMC’s service area through screening, prevention, and education services.
<table>
<thead>
<tr>
<th>Primary Service Area</th>
<th>Secondary Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>56441 Crosby</td>
<td>56431 Aitkin</td>
</tr>
<tr>
<td>56444 Deerwood</td>
<td>56401 Brainerd</td>
</tr>
<tr>
<td>56447 Emily</td>
<td>56425 Baxter</td>
</tr>
<tr>
<td>56448 Fifty Lakes</td>
<td>56450 Garrison</td>
</tr>
<tr>
<td>56455 Ironton</td>
<td>56442 Crosslake</td>
</tr>
<tr>
<td>56465 Merrifield</td>
<td>56449 Fort Ripley</td>
</tr>
<tr>
<td>56662 Outing</td>
<td>56468 Nisswa</td>
</tr>
<tr>
<td></td>
<td>56472 Pequot Lakes</td>
</tr>
<tr>
<td></td>
<td>56473 Pillager</td>
</tr>
<tr>
<td></td>
<td>56435 Backus</td>
</tr>
<tr>
<td></td>
<td>56474 Pine River</td>
</tr>
<tr>
<td></td>
<td>56655 Longville</td>
</tr>
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<td></td>
<td>56672 Remer</td>
</tr>
</tbody>
</table>
Overview
CRMC’s primary and secondary service areas have a total population of 81,068 people. The adult population (18 years or older) makes up 78 percent of the total population. Ninety five percent of the population is White Non-Hispanic and there are equal amounts of men and women. The majority of households (78 percent) have an income of $50,000 or less. Thirty two percent of the residents have a high school education, 38 percent some college, and 21 percent a Bachelor’s degree or greater.

Demographics
The following 2013 information is for Crow Wing County, which contains the largest population of CRMC’s service area.
Population - 63,208 (53% age 40 or older; 75% age 20 or older)
Median Household Income - $47,633
Education – Graduate (7%), Bachelor’s (15%), Some College (39%), High School (31%), No Diploma (8%)
Race – White (96%)
Poverty – 8.5%
Unemployment – 5.8%
Households – 26,793
Health Behaviors: 18% use tobacco, 25% are obese, 19% physically inactive, 20% excessive use of alcohol
Health Rankings: 12% uninsured. 88% diabetic screening; 78% mammography screening

Cuyuna Regional Medical Center
CRMC has provided healthcare to the region for 50 years. More than 940 physicians, nurses, health care professionals, and support staff work together to provide patients and their families with positive, proactive, patient-focused, and family-centered care. The oncology care team includes experienced physicians, nurses, social workers, nutrition and rehabilitation staff, among others. A nurse dedicated to oncology care is available to assist patients and families through a navigation process to address health care barriers and assure continuity of care. Together, the team provides cancer patients with survivorship plans, genetic services, psychosocial screening, and ongoing support.

CRMC’s Cancer Care Center
CRMC offers cancer patients coordination of care among many disciplines including experienced physicians, nursing, social work, nutrition and rehabilitation staff and others.
- Treatment and survivorship plans
- Genetic services for patients and families
- Psychosocial screening and support
- Nurse navigator to assist patients and families through the process of addressing health care barriers and assure continuity of care
Cancer diagnosis and treatment can be a difficult path to navigate. CRMC is committed to making patient care positive and has the right staff, experience, and technology. CRMC has an on-site oncologist and oncology care coordinator who is with patients every step of their
journey. CRMC’s partnerships with the Virginia Piper Cancer Institute and Riverwood Healthcare makes oncology care at CRMC second to none.

Breast Cancer Partnerships for Quality Care

Virginia Piper Cancer Institute®
Virginia Piper Cancer Institute® provides comprehensive care through all aspects of cancer prevention, early detection and treatment to help individuals maintain quality of life and find ways to live with and beyond cancer. The Institute was founded in 1990 at Abbott Northwestern Hospital. Clinical experts and experienced caregivers provide oncology care and services across the Allina Health system, and offer expert support to various affiliate locations. Virginia Piper Cancer Institute® is part of Allina Health, a not-for-profit health care system, dedicated to the prevention and treatment of illness and enhancing the greater health of individuals, families and communities throughout Minnesota and western Wisconsin. For more information, visit www.allinahealth.org

Riverwood Healthcare
The communities of Aitkin and Crosby, longtime rivals in everything from high school sports to medical facilities, in October 2010 put aside their differences in a joint mission to provide the best breast health services in North Central Minnesota. The Cuyuna Riverwood Breast Health Alliance was created to bring together the talents and resources of two neighboring medical centers—Cuyuna Regional Medical Center (CRMC) in Crosby and Riverwood Healthcare Center (RHCC) in Aitkin—and includes partnerships with the Virginia Piper Cancer Institute in Minneapolis, Regional Diagnostic Radiology in Sartell and Minnesota Oncology in St. Paul. Despite the rivalry between the towns of Aitkin and Crosby, physicians and administrators in both communities recognized the potential benefit of working together to offer the region’s most sophisticated and complete breast cancer treatment initiative. By coordinating programs and services and avoiding costly duplication of technologies, both facilities will be better able to serve their communities, conserve financial resources, and preserve the long-term autonomy of healthcare region-wide. Through the Breast Health Alliance, state-of-the-art digital mammography is available in both facilities. Stereotactic breast biopsy, an even more sophisticated breast imaging and biopsy technology previously unavailable in the region, is also available.

Accredited Facility
The Commission on Cancer of the American College of Surgeons in December 2013 granted three-year accreditation with silver level commendation to the cancer program at CRMC. To earn voluntary accreditation, a cancer program must meet 34 quality care standards, be evaluated every three years through a survey process, and maintain levels of excellence in the delivery of comprehensive patient-centered care.

As an accredited cancer center, CRMC takes a multidisciplinary approach to treating cancer as a complex group of diseases that requires consultation among surgeons, medical and radiation oncologists, diagnostic radiologists, pathologists, and other cancer specialists. This
multidisciplinary partnership results in improved patient care.

The Accreditation Program provides the framework for CRMC to improve its quality of patient care through various cancer-related programs that focus on the full spectrum of cancer care including prevention, early diagnosis, cancer staging, optimal treatment, rehabilitation, life-long follow up for recurrent disease, and end-of-life care. When patients receive care at an accredited facility, they also have access to information on clinical trials and new treatments, genetic counseling, and patient-centered services, including psycho-social support, a patient navigation process, and a survivorship care plan that documents the care each patient receives and seeks to improve cancer survivors’ quality of life.

Like all accredited facilities, CRMC maintains a cancer registry and contributes data to the National Cancer Data Base, a joint program of the Commission on Cancer and American Cancer Society. This nationwide oncology outcomes database is the largest clinical disease registry in the world. Data on all types of cancer are tracked and analyzed and used to explore trends in cancer care. Accredited cancer centers, in turn, have access to information derived from this type of data analysis, which is used to create national, regional, and state benchmark reports. These reports help facilities with their quality improvement efforts.

Established in 1922 by the American College of Surgeons, the Commission on Cancer is a consortium of professional organizations dedicated to improving patient outcomes and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive, quality care. Its membership includes Fellows of the American College of Surgeons. For more information, visit: [www.facs.org/cancer](http://www.facs.org/cancer)

### Cancer Incidence by Site

<table>
<thead>
<tr>
<th>Site</th>
<th>CRMC</th>
<th>Minnesota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>28</td>
<td>18,677</td>
</tr>
<tr>
<td>Colon</td>
<td>5</td>
<td>12,200</td>
</tr>
<tr>
<td>Lung</td>
<td>16</td>
<td>15,037</td>
</tr>
<tr>
<td>Prostate</td>
<td>12</td>
<td>22,216</td>
</tr>
<tr>
<td>Melanoma</td>
<td>5</td>
<td>6,204</td>
</tr>
<tr>
<td>Bladder</td>
<td>11</td>
<td>6,041</td>
</tr>
<tr>
<td>Kidney</td>
<td>3</td>
<td>4,249</td>
</tr>
<tr>
<td>Uterine</td>
<td>8</td>
<td>4,028</td>
</tr>
<tr>
<td>Thyroid</td>
<td>4</td>
<td>2,864</td>
</tr>
</tbody>
</table>

*Source: 2013 CRMC Cancer Registry, Minnesota Department of Health*

### Mortality Rates by Site

<table>
<thead>
<tr>
<th>Site</th>
<th>Total Expired</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>5</td>
</tr>
<tr>
<td>Colon (includes rectum)</td>
<td>11</td>
</tr>
<tr>
<td>Lung</td>
<td>34</td>
</tr>
<tr>
<td>Prostate</td>
<td>2</td>
</tr>
</tbody>
</table>
Breast Cancer Screening
Minnesota Community Measurement 2013 Health Care Quality Report
This measures the percentage of women ages 52 to 69 who received a mammogram in the prior two years (the measurement year or prior year). The statewide rate for Breast Cancer Screening is 73 percent and has remained relatively stable for about 10 years. Data for this measure are collected from health plan claims.

January 1-December 31, 2012
Fairvew Medical Group (largest) 16,594
Cuyuna Regional Medical Center 629
Cromwell Medical Clinic (smallest) 40

Screening
CRMC has a breast cancer screening program that focuses on early detection and education with its service area. Screening mammograms are provided at CRMC’s Radiology Department.

Mammography by Population
CRMC performed 1,069 screening mammograms on women age 40 to 84 in 2013 and of those, 17 women were diagnosed with breast cancer. The population screened by community is low as shown in the chart below.

<table>
<thead>
<tr>
<th>City</th>
<th>Mammograms</th>
<th>Percent of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aitkin</td>
<td>104</td>
<td>3.7%</td>
</tr>
<tr>
<td>Longville</td>
<td>49</td>
<td>10.6%</td>
</tr>
<tr>
<td>Outing</td>
<td>26</td>
<td>13.7%</td>
</tr>
</tbody>
</table>
Pine River  23  2.1%
Remer       21  3.3%
Baxter      30  1.6%
Brainerd    151 2.2%
Crosby      177 19.1%
Crosslake   35  4.4%
Deerwood    169 17.2%
Emily       51  14.6%
Fifty Lakes 13  11.2%
Ironton     86  22.2%
Merrifield  37  6.0%
Nisswa      24  1.7%
Pequot Lakes 73  3.8%

Performance Measures
The American College of Surgeons Commission on Cancer requires the CRMC Cancer Committee to develop and disseminate a report of patient or program outcomes to the public. Breast cancer data evaluated for this report is from 2011-2012.

Measure 1
Imaging timeliness of care: time between screening mammogram and diagnostic mammogram
Average number of business days from date of screening mammogram to date of diagnostic mammogram performed. The first diagnostic mammogram date is subtracted from the screening mammogram date. Non-business and weekend days are subtracted.
51 patients from 2011
- Average days from Jan – June 2011 2.78
- Average days from July – Dec 2011 3.8
48 patients from 2012
- Average days from Jan – June 2012 3.17
- Average days from July – Dec 2012 4.24

Measure 2
Imaging timeliness of care: time between diagnostic mammogram and needle/core biopsy
Average number of business days from diagnostic mammogram to core biopsy. The core biopsy date is subtracted from the diagnostic mammogram date. Non-business and weekend days are subtracted.
68 patients from 2011
- Average days from Jan – June 2011 3.26
- Average days from July – Dec 2011 3.86
71 patients from 2012
- Average days from Jan – June 2012 3.32
- Average days from July – Dec 2012 2.78

Measure 3
Surgical timeliness of care: time between needle biopsy and initial breast cancer surgery
Average number of business days from needle breast biopsy to when initial breast cancer surgery is performed (lumpectomy or mastectomy). The cancer surgery date is subtracted from the biopsy date. Non-business and weekend days are subtracted. Excludes patients having neoadjuvant chemotherapy.

15 patients from 2011
- Average days from Jan – June 2011 11.60
- Average days from July – Dec 2011 11.80

21 patients from 2012
- Average days from Jan – June 2012 14.29
- Average days from July – Dec 2012 11.36

Conclusion:
CRMC’s timeliness data was entered into the National Quality Measures for Breast Cancers,™ A Quality Initiative for the National Consortium of Breast Centers, Inc. CRMC data is then compared to all centers’ data. These centers are across the nation and represent any size facility.

CRMC is pleased with the outcome results. They show CRMC in the 75th percentile or better for both years in all categories (with the exception of July – Dec 2012 Screening Mammogram to Diagnostic Mammogram at the 74th percentile).

Free Breast Screenings
About four times annually, CRMC offers free breast and cervical cancer screenings to uninsured and under-insured women age 40 years and older who meet income guidelines. The day is an opportunity for women to learn about breast cancer and the benefits of screening and early detection of the disease. The screenings are offered through SAGE, the Minnesota Department of Health’s cancer screening program.

CRMC hopes to make more women in the Cuyuna Lakes Area aware of this free program. For eligible women, SAGE provides free office visits for breast and cervical exams, as well as a screening mammogram and Pap tests. If a woman’s screening tests show a problem, SAGE covers many diagnostic services and can often connect to treatment coverage, if needed.

Women screened: May 1 (1), July (3), October 14 (6)
Women diagnosed: 0

Breast Cancer Patient Assistance
Twenty two breast cancer patients from Cass, Crow Wing and Aitkin counties were financially assisted by the Pink Cupboard in 2014 and 2013. Patients ask for assistance and no financial check is done. Most referrals come from nurse navigators. The Pink Cupboard usually gifts around $1,000 per person. One of the ladies this past year was gifted twice and paid over $1,200 each time for her mortgage as she was too ill to work while going through chemotherapy. Cash is never given to them; bills are paid or gas or grocery cards are
The Pink Ribbon Cupboard provides emergency financial assistance to people undergoing breast cancer treatment. The goal is to reduce some of the stress encountered by families after a breast cancer diagnosis. Families are assisted with non-medical needs, such as gas vouchers for travel to treatment, rent and mortgage payments and help with grocery, telephone and utility bills. Funds even replaced a furnace in the middle of winter. Nearly 250 families have been helped since the nonprofit project was launched in 2010. A total of 24 area families were assisted in the last years.

**Prevention**
In line with screening efforts, CRMC also focuses on breast cancer prevention through education. In an average year, nearly 1,000 area women receive breast and health education at various local health fairs, wellness events, and screenings. CRMC believes that education is a key factor toward prevention of all types of cancer. Lifestyle habits such as proper weight management, exercise, and tobacco and alcohol avoidance have been linked to likelihood of the prevention of cancers, including breast cancer. These topics are a few of the education topics which are reviewed on one-on-one basis with women of the area.

**Support**
CRMC hosts a monthly Women’s Cancer Survivor Support Group the second Thursday afternoon of each month in its Ambulatory Conference Room. The group is facilitated by an oncology registered nurse and often there are guest speakers including psychologists, nutritionists, and physical therapists. The group is open to women who are newly diagnosed, undergoing treatment and post treatment. It is an opportunity to share and support one another, to listen and learn. Registration is not required and there is no cost to attend. FY15 attendance YTD: April-9, May-12, June-8, July-11, August-7, September-8, October-13, November-12

**Community Outreach**
“Until There’s a Cure: Breast Cancer Prevention and Treatment” lectures were held in Aitkin, Baxter and Crosby in October as part of CRMC’s Well Woman lecture series (40 women attended).

The Cuyuna Riverwood Breast Health Alliance each October hosts its annual Pink Frosting event to raise money for breast cancer patients. The event includes a silent and live auction, inspirational speakers, refreshments and door prizes. About $10,000 is raised each year to maintain the BHA Courage Cabinet which provides breast imaging services to eligible women, breast health education, gas cards, and wellness care packages to breast cancer patients.

**Colorectal Cancer Screening**
As part of health reform legislation passed in 2008. The Minnesota Statewide Quality Reporting and Measurement System requires all hospitals, physician clinics, and ambulatory surgical centers to submit date on quality measures for the purpose of public reporting. The goal of this
initiate is greater transparency about provider performance and, ultimately, improved health care for Minnesotans.

Measure Descriptions
Percent of patients age 51 to 75 who are up to date with appropriate colorectal cancer screening exams.

Methodology
Population identification is accomplished via a query of practice management system or electronic medical record to identify the population of eligible patients (denominator). Data elements are either extracted from an EMR system or abstracted through medical record review. CRMC has obtained a variance to submit a sample of the population due to lack of discrete data field for colorectal screening tests.

Denominator
Established patient who meets each of the following criteria is included in the population:
- Patient was age 51 to 75 at the end of the measurement period
- Patient was seen by an eligible provider in an eligible specialty face-to-face at least two times during the last two years
- Patient was seen by an eligible provider in an eligible specialty face-to-face at least one time during the last 12 months
Eligible specialties: Family Medicine *including General Practice), Internal Medicine, Geriatric Medicine, Obstetrics/Gynecology
Eligible providers: Medical Doctor, Doctor of Osteopathy, Physician Assistant, Nurse Practitioner

Allowable Exclusions
- Patient was in hospice at any time during the measurement period
- Patient died prior to the end of the measurement period
- Patient with history of any of the following diagnoses:
  Total colectomy
  Colorectal cancer
  Patient had a CT Colonography screening examination within five years

Numerator
The number of patients who were up to date with appropriate colorectal cancer screening exams. Appropriate exams include colonoscopy, sigmoidoscopy, or fecal blood tests as outlined below:
- Colonoscopy within 10 years
- Sigmoidoscopy within five years OR
- Stool blood tests within one year with the appropriate number of tests performed
  Acceptable stool tests: guaiac FOBT and fecal immunochemical test (FIT).
CRMC Colonoscopies
Approximately 1,050 colonoscopies are performed at CRMC annually. These are for various reasons and include many types of procedures.
A Clinic Quality Data Summary dated May 2014 reports that on a monthly basis from April 2013 to March 2014 between 53.7 percent and 73.7 percent of qualifying patients received a colorectal cancer screening, an average of 64.4 percent. The organization’s goal was 73.9 percent.

CRMC Compared to Minnesota Facilities
July 1, 2012-June 30, 2013 dates of service
This measures the percentage of adults ages 51-75 who are up to date with the appropriate screening for colorectal cancer. Appropriate screenings for purposes of the measure include one of the following:
- Fecal occult blood test (FOBT) during the measurement year OR
- Flexible sigmoidoscopy during the measurement year or the four years prior OR
- Colonoscopy during the measurement year or the nine years prior
The statewide rate for Colorectal Cancer Screening is 69 percent.

Mayo Clinic Health System (largest) 5,452
Cuyuna Regional Medical Center 60
New Prague Women’s Health Center (smallest) 40

Other Lakes Area Resources
There are other community resources for cancer screening and prevention in the Brainerd Lakes Area.

Breast Cancer
Breast health resources are numerous and include, but are not limited to, Sage Breast and Cervical Cancer Screening Program, Crow Wing County Health Department, Susan G. Komen, Essentia Health, St. Joseph’s Foundation, American Cancer Society Look Food Feel Better and Reach to Recovery, and the Virginia Piper Institute of Abbott Northwestern Hospital. Each of these facilities offers or refers underserved women to breast resources which are commonly provided to them at no or low cost.

Other Cancers
There are periodic events held throughout the area for cancer screenings. These are more commonly skin cancer screenings as they are the most affordable.

Conclusion
Data continues to suggest the need for screening for breast and colon cancer among area residents. There are many breast screening resources available. However, there are very few if any colon cancer screening resources. CRMC believes that early detection is critical for breast and colon cancer survival and supports continued efforts of CRMC’s Cancer Committee for screening of uninsured or underinsured residents both at the hospital and its clinics.
As the area’s health care leader, CRMC will continue to screen women and men in the area for breast and colon cancer and to provide prevention through education and outreach. Opportunities to expand the program are continuous as local community partners, including churches, businesses, and other organizations, initiate new opportunities for comprehensive health screenings through health and wellness fairs.

Though public screening for breast and colon cancers among underserved populations in the Brainerd Lakes Area are non-existent/scarce, our program is not able to appropriately fund these screenings on a continuous basis. We recommend that screening guidelines for these cancers be followed and that upon presentations of symptoms, patients seek advice from a physician.

Because of a lack of community resources for low/no income populations in the area, and because lifestyle habits significantly contributes to the development of many types of cancer, CRMC’s Cancer Committee understands that there is an opportunity for more health and wellness education in the Brainerd Lakes Area.

CRMC believes this Cancer Care Center Community Needs Assessment and objectives below will benefit community health, thus supporting CRMC’s mission to accommodate patients with care and compassion by dedicating itself to patients every day.

**Implementation Objectives for 2105**
CRMC’s Cancer Committee has identified the following two objectives:
- Increase risk appropriate screening for breast cancer
- Increase risk appropriate screening for colorectal cancer

CRMC anticipate accomplishment of this by:

**Breast Cancer**
- Encourage all providers to recommend preventive care (mammography and self exams)
- Continued coordination of community outreach programs
- Cancer Center booth with education at all CRMC community events
- Mammography information distributed at all CRMC clinics and wellness screenings
- Creation of additional breast cancer-related educational resources
- Direct mail mammogram campaign to all women age 40 plus in service area
- Traditional and social media awareness campaign (October as part of national awareness)

**Colon Cancer**
- Encouraging all providers to recommend preventive care (colon cancer screening)
- Coordination of public presentation on colon cancer (March as part of national awareness)
- Cancer Center booth with education at all CRMC community events
- Stool blood tests offered at wellness screenings
- Creation of additional colon cancer-related educational resources
Direct mail colonoscopy campaign to all people age 50 plus in service area
Traditional and social media awareness campaign (March as part of national awareness)