

Welcome to the Southwest Area Regional Meeting!

**Please enjoy this time for coffee,
breakfast, and conversation!
We'll get started at 9:45.**



**Wisconsin
Cancer
Collaborative**
REDUCING THE BURDEN TOGETHER

Southwest Area Regional Meeting

Purpose of the Day



MAKE CONNECTIONS



COLLABORATE



TAKE ACTION

Agenda

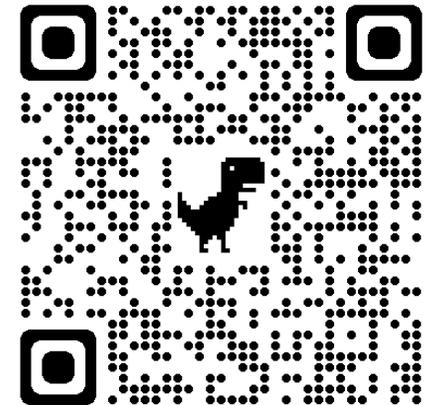
- 9:00** Networking Breakfast
- 9:45** Welcome
- 10:00** Community Spotlight
- 10:15** Roundtable Discussion
- 10:45** Community Spotlight
- 11:00** Cancer Plan Chapter Discussion
- 11:45** Wrap-Up Discussion
- 12:00** Adjourn

Become a Wisconsin Cancer Collaborative Member!

- Online networking directory
- Monthly and quarterly members-only newsletters
- Email alerts with new resources
- Free access to events
- Leadership opportunities
- Tools and resources to support your organization's efforts to implement the Wisconsin Cancer Plan 2020-2030
- Opportunities to collaborate with other Wisconsin Cancer Collaborative Members

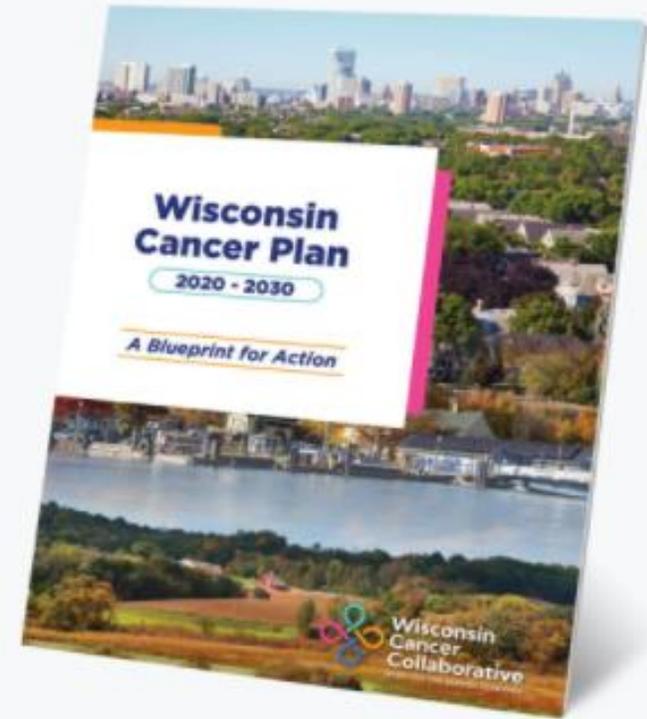
Join Us!

Membership is free! Scan the QR code to join us today.



Wisconsin Cancer Plan 2020-2030

- Serves as a common framework and foundation for action for all working on cancer prevention and control in Wisconsin
- Designed to provide a vision of what needs to be done and the resources needed to reduce the burden of cancer in Wisconsin



Wisconsin Cancer Plan 2020-2030

Wisconsin Cancer Plan 2020-2030 Chapters

Chapter 1: Health Equity

Chapter 2: Risk Reduction

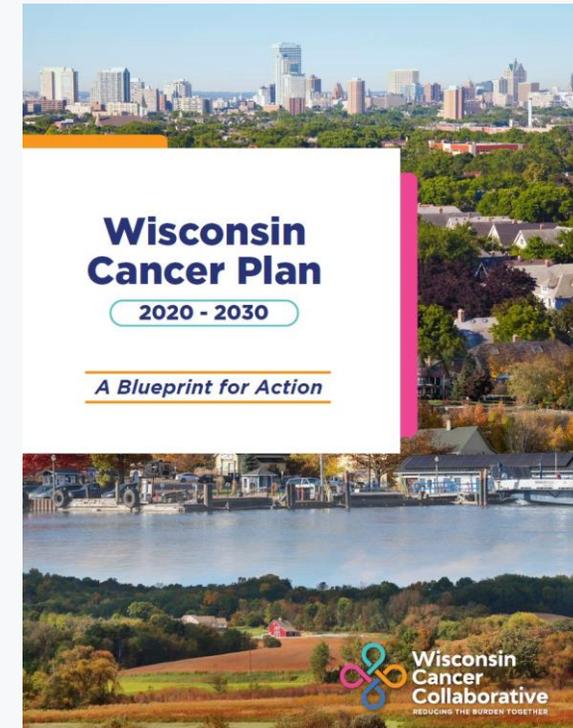
Chapter 3: Early Detection & Screening

Chapter 4: Treatment

Chapter 5: Survivorship

Chapter 6: End of Life

Chapter 7: Data



County Cancer Profiles

Printable 2023 County Cancer Profiles

View the printable PDF version of your County Cancer Profile. Select a county name from the drop-down menu below, and then click "View Profile."

Select a county ▼

[VIEW PROFILE](#)

Looking for state-level data?

Our updated State Cancer Profile, featuring statewide cancer statistics, risk factors, and national comparisons, is here.

[VIEW STATE PROFILE](#)

County Cancer Profiles Link:

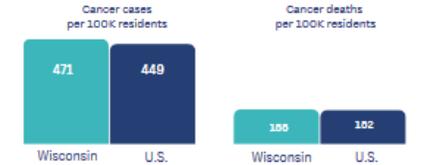


Cancer in Wisconsin | 2023 State Cancer Profile

Population, race, & ethnicity

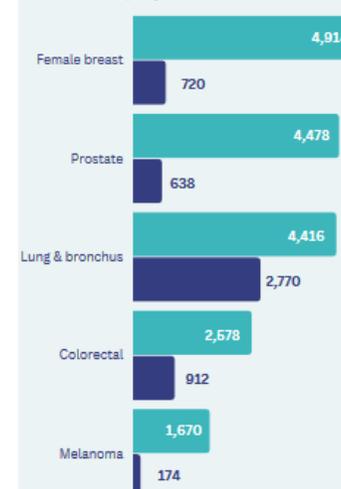
State population: 5,871,661	U.S.: 329,725,481
Percent American Indian: 0.8%	U.S.: 0.8%
Percent Asian: 2.8%	U.S.: 5.7%
Percent Black: 6.3%	U.S.: 12.6%
Percent Hispanic/Latino: 7.2%	U.S.: 18.4%
Percent Pacific Islander: 0.0%	U.S.: 0.2%
Percent White: 83.3%	U.S.: 68.2%

How does Wisconsin compare to the US?

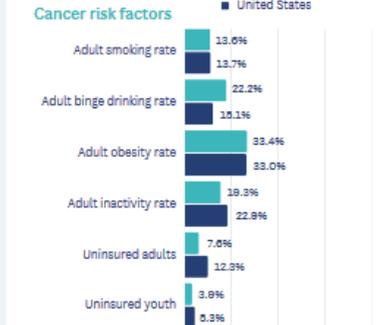


Wisconsin's 5 most common cancers

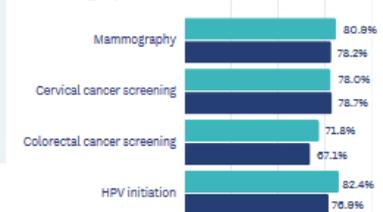
Cases/deaths per year



What affects cancer outcomes in Wisconsin?



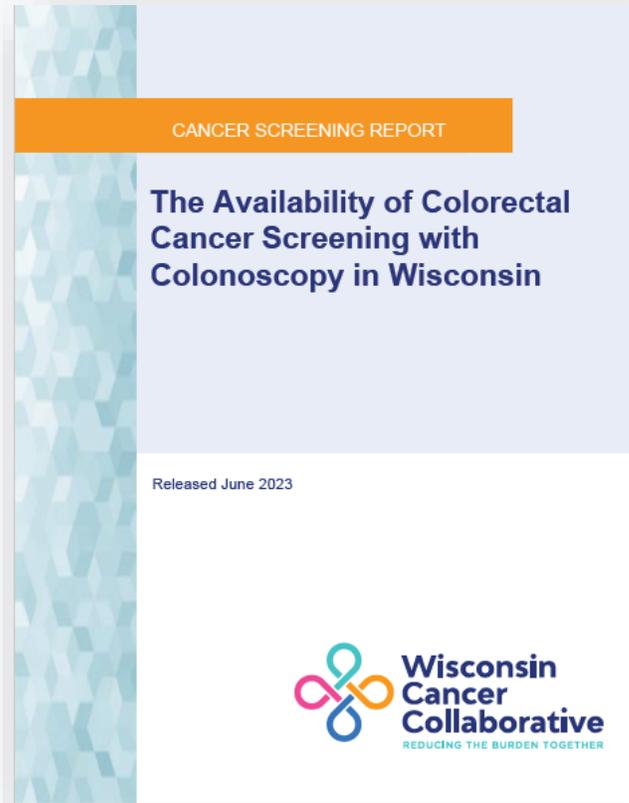
Screening & prevention



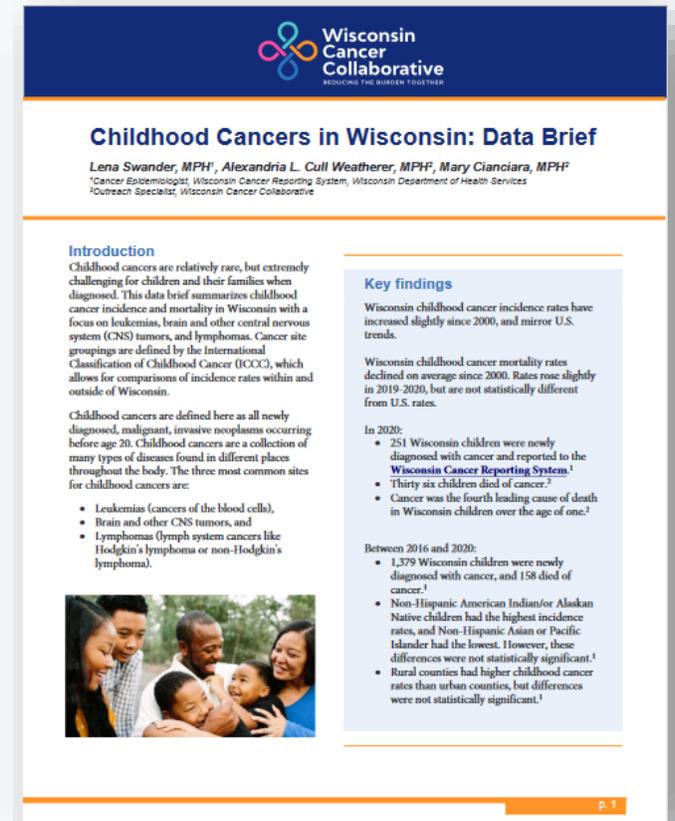
For more data and resources, please go to wicancer.org or scan the QR code.

[See reverse side for more cancer data](#)

Look what we've been up to



The Availability of Colorectal Cancer Screening with Colonoscopy in Wisconsin



Childhood Cancers in Wisconsin: Data Brief

Community Spotlight



Tiffany Allen, APNP, DNP

Program Director/Nurse Practitioner/Care Coordination Network Supervisor
SWCAP Neighborhood Health Partners



Christie Johnston

Care Coordination Network Program Manager
SWCAP Neighborhood Health Partners



Care Coordination Network

Addressing Social Determinant of Health Barriers Using a Collaborative Approach

Tiffany Allen APNP, DNP
Care Coordination Network Supervisor
Program Director Neighborhood Health Partners

Christie Johnston
Care Coordination Network Project Manager
Behavioral Health Partnership

Our Purpose



Social Determinants of Health

70-80% of health outcomes are linked to non-medical factors

- Housing/Neighborhood
- Transportation
- Race/Discrimination
- Education
- Job Opportunities/Income
- Nutrition/Physical Activity
- Air/Water Pollution
- Language and Literacy



IDENTIFY



CONNECT



IMPROVED OUTCOMES

IDENTIFY individuals at greatest risk of poor health outcomes and assess social determinant of health barriers

CONNECT to medical, behavioral health and social service programs

EVALUATE outcomes to demonstrate the impact and effectiveness of our interventions



Care
Coordination
Network

SWCAP

Southwestern Wisconsin Community Action Program, Inc.

Community Health Workers

Navigator for health
and social service
needs

Care Coordinator for
transportation,
housing,
medical/dental
appointments, etc.

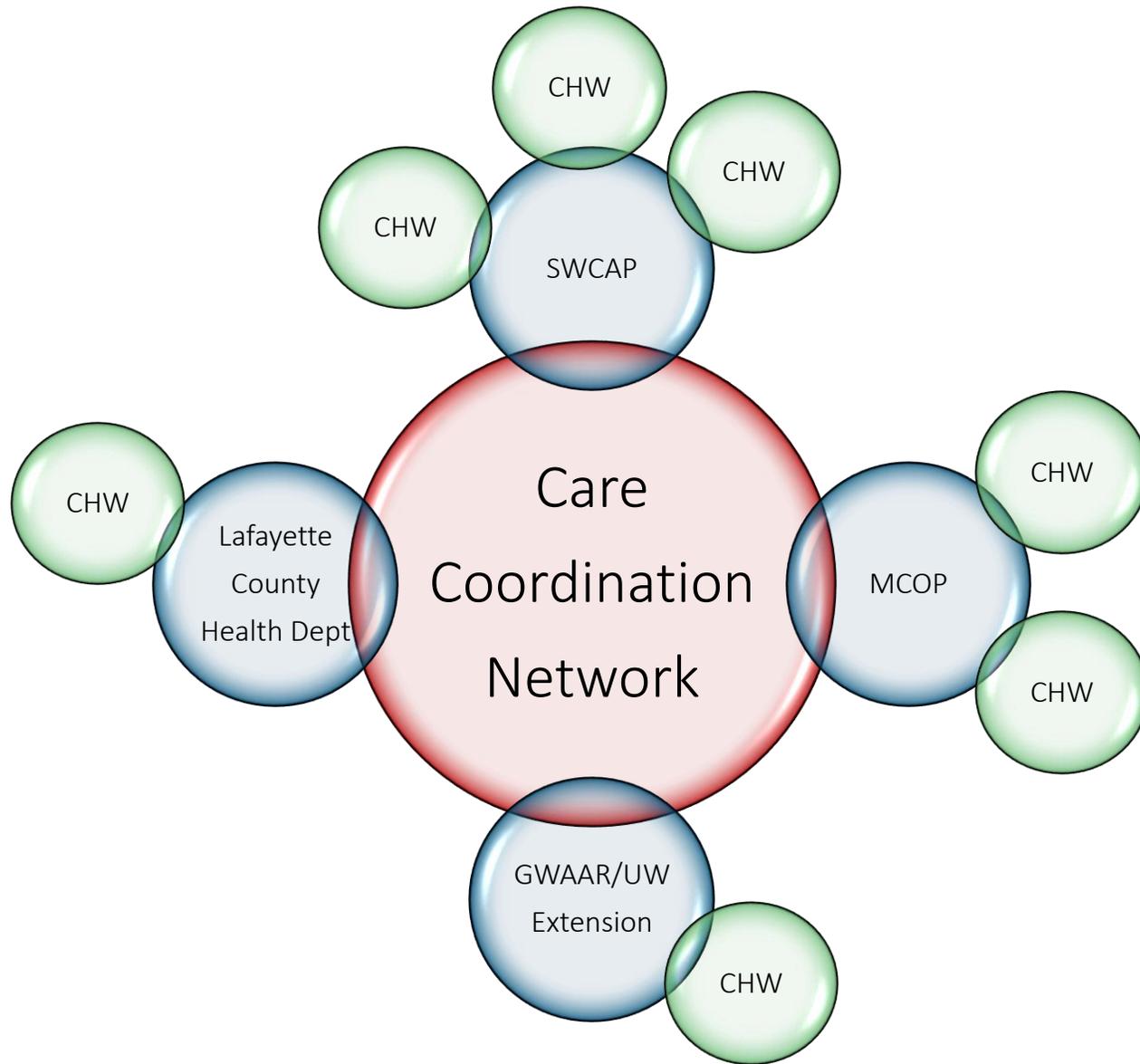
Advocates for you

Focused on
health &
well-being

Client-centered
approach

Assist with
adopting healthy
behaviors





Our Network

- 4 Community-Based Organizations
- 7 Community Health Workers
 - 3 Spanish-speaking

Referrals

To refer a client, please contact us at:

Phone: 608-348-9766

Fax: 608-348-3915

Information requested for the referral:

Name and DOB of the client

Client phone number, email or best method of contact

Address

What resources you are referring the client for (i.e. Medicaid sign-up, housing, transportation, food, clothing, etc)

***CHWs will reach out to clients within 2-3 business days. If a client has a more urgent need, please call and notify us that this is urgent (such as need for emergency housing), and we will try to get in contact with the client within 1-2 business day.**

Thank you!

References

Applegate, M., Brennan, L., Kuenkele, V., Redding, S., & Redding, M. (2016). *Pathways Community HUB Manual: A guide to identify and address risk factors, reduce costs, and improve outcomes*. AHRQ.

<https://www.ahrq.gov/sites/default/files/wysiwyg/innovations/CommunityHubManual.pdf>

Pathways Community HUB (PCH). (n.d.). PCHI. <https://www.pchi-hub.org/our-model>

Social determinants of health. (September 15, 2023). U.S. Department of Health & Human Services.

<https://www.cdc.gov/publichealthgateway/sdoh/index.html>

Social determinants of health, health equity, and vision loss. (August 28, 2023). Centers for Disease Control and Prevention.

<https://www.cdc.gov/visionhealth/determinants/index.html>

Roundtable Discussion

**Stay at tables*

**Use the worksheet as a guide*

Community Spotlight



**Jared Linebarger, MD,
General Surgeon**

**Upland Hills Health and Gundersen
Lutheran Medical Center**

Implementation of a Comprehensive
Cancer Risk Assessment Strategy in a
Rural Health System

QUALITY IS EXCELLENCE

Certified Quality Breast Center™

**Upland Hills Health Center -
Breast Center**
Dodgeville, WI

in the National Quality Measures for Breast Centers™ program

NQMBC®

This certification is valid from:
3/16/2024 to 3/16/2025



Kristin Boholis

NCBC Certification Board President

Cary S Kaufman, MD

NQMBC Program Committee Chair



* The Breast Center has met the established requirements for participation detailed at www.NQMBC.org



NQMBC[®]

National Quality Measures for Breast Centers™
A Quality Initiative of the National Consortium of Breast Centers, Inc.

Quality Certification

Is your breast center a
CERTIFIED QUALITY BREAST
CENTER of EXCELLENCE?

Choose to participate in this fully underwritten interactive internet model for your breast centers to measure and track the quality care provided to your patients. Enter quality data at your own pace, compare your performance with others who are measuring their quality performance and apply for certification.

Certified...

- [Participant](#)
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INTRODUCTION

“Committed to empowering breast centers of all types and sizes with the ability to *measure* and *improve* quality of care provided to breast cancer patients.”

The National Quality Measures for Breast Centers™ Program (NQMBC™) is a free interactive internet model for breast centers to track and measure quality performance in more than 30 separate quality indicators. The NQMBC™ Program identifies quality care measures and provides immediate access to information that allows participating breast centers to compare performance with other centers across the United States.

The NQMBC™ Program is a result of the National Consortium of Breast Centers' (NCBC) commitment to increase the quality of breast health care provided by professionals to their patients. Because the NCBC has more than 1,000 breast center members of all types and sizes, we have the opportunity to compile a secure database from which all breast centers can be compared.

NQMBC™ is available internationally

[Learn more about the NQMBC™ Program](#)

Radiation Oncology 1	Post-Lumpectomy Radiation	Rate for Invasive Breast Cancer (Administered). ©
Radiation Oncology 2	Post-Mastectomy Radiation	Post Mastectomy Radiation is administered within 1 year of diagnosis for women with 4 or more positive regional nodes (Administered). ©
Radiation Oncology 3	Radiation Consultation	Radiation Consultation is provided for post mastectomy patients with positive nodes.
Radiation Oncology 4	Post-Lumpectomy Hypofractionated Radiation	Hypofractionated Radiation Rate for Invasive Breast Cancer (Administered).
Radiation Oncology 5	Post-Lumpectomy Partial Breast Irradiation Rate (APBI)	Partial Breast Irradiation Rate for Invasive Breast Cancer (Administered).
Genetics 1 (Same as Medical Oncology 7 and Surgery 9)	Genetic testing for invasive breast cancer patients equal or under 45 years old.	Percentage of patients with invasive breast cancer 45 years old or younger who had genetic testing performed.
Genetics 2	Risk assessment performed for breast cancer patients equal or under 50 years old.	Percentage of patients with invasive breast cancer 50 years old or younger who have quantitative risk assessment for genetic mutations in the medical record.
Genetics 3	Genetic testing for triple negative invasive breast cancer patients equal or under 60 years old.	Percentage of women with triple negative invasive breast cancer 60 years old and younger who underwent genetic testing.
Genetics 4	Family history obtained for breast cancer patients equal or under 70 years old.	Percentage of women with invasive breast cancer 70 years old and younger who have a 3 generation family history in the medical record.
Navigation 1	Navigation Performance by RN's	Percent of breast cancer navigation performed at your breast center by nurses (any RN).
Navigation 2	Navigation Performance by OCN's	Percent of breast cancer navigation performed at your breast center by oncology certified nurses (OCN).
Navigation 3	Percent workload of breast cancer patients for nurse navigator	Percent of patients assisted by nurse navigators that are breast cancer patients (not other cancers or benign breast disorders).
Navigation 4	Navigator contacts with patients over initial 6 months	Average number of contact episodes occurring with the nurse navigator in the first six months including in-person, telephone and written contacts.
Navigation 5	Nurse Navigator referral sources	Percent of nurse navigation connections by referrer source.
Navigation 6	Function of nurse navigator during regular multidisciplinary breast conference	Identifies what percentage of time the nurse navigator participates in a variety of roles.

Table 1 – Summary of ASBrS Recommendations for Breast Cancer Screening*

Women with average risk	<ul style="list-style-type: none"> • Women with non-dense breasts (A and B density)^ 	Annual mammography (3D preferred modality) starting at age 40, no need for supplemental imaging
	<ul style="list-style-type: none"> • Women with increased breast density (C and D density)^ 	Annual mammography (3D preferred modality), starting at age 40, and consider supplemental imaging
Women with higher-than-average risk	<ul style="list-style-type: none"> • Hereditary susceptibility from pathogenic mutation carrier status • Prior chest wall radiation age 10-30 	Annual MRI starting at age 25 Annual mammography (3D preferred modality) starting at age 30
	<ul style="list-style-type: none"> • Predicted lifetime risk >20% by any model • Strong family history 	Annual mammography (3D preferred modality) and access to supplemental imaging (MRI preferred modality) starting at age 35 when recommended by their physician
Women with prior history of breast cancer age ≥50 with non-dense breasts#		Annual mammography (3D preferred modality)
Women with prior history of breast cancer at age <50, or with dense breasts#		Annual mammography (3D preferred modality) and access to annual supplemental imaging (MRI preferred modality) when recommended by their physician

*All women to undergo risk assessment at age 25-30 and updated at appropriate intervals

Tyrer-Cuzick Model: Breast Cancer Risk Evaluation Tool

Variables:

Age

Weight

Height

Breast Density

Age of menarche

Age at first live birth

Age of menopause

HRT usage

Previous BRCA testing / results

Breast biopsy history

Ashkenazi descent

Family history of cancer

Family history of genetic testing

AMBRY'S CARE for Oncology Program™

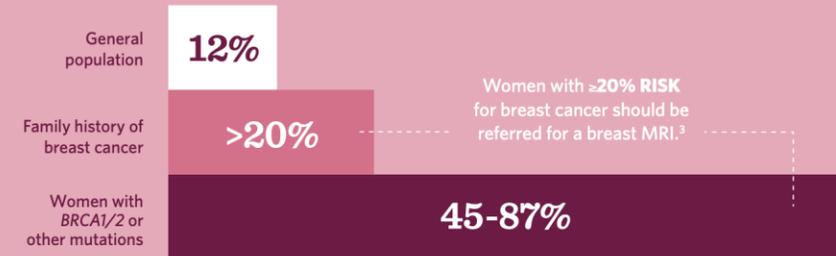
Developed to identify women at increased risk for breast cancer —earlier. Partner with us today.

At-A-Glance

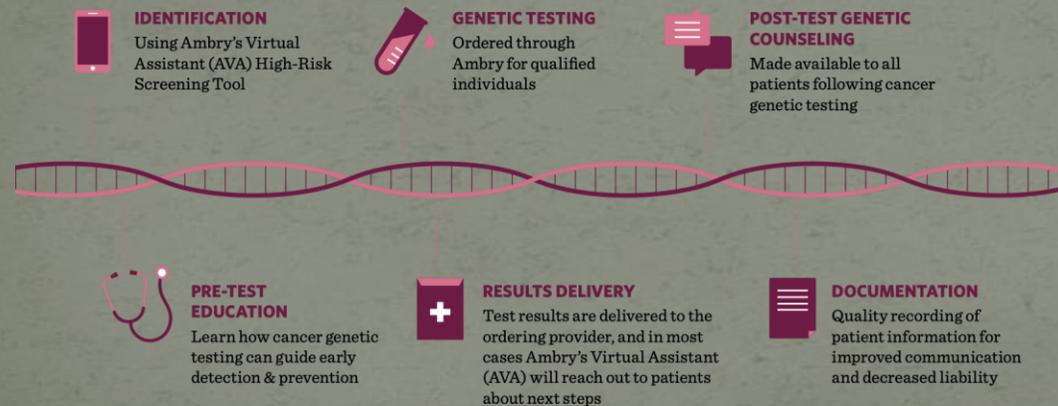
- ▶ Provides personalized cancer risk information
- ▶ Facilitates recommendations for increased screening
- ▶ Identifies at-risk family members
- ▶ Integrates seamlessly into your existing workflow

Genetic Testing and Family History Assessment Can Better Identify High-Risk Women

LIFETIME BREAST CANCER RISK^{1,2}



A UNIQUE END-TO-END SOLUTION TO IDENTIFY HIGH-RISK PATIENTS

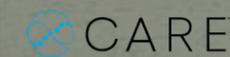


80 PERCENT OF WOMEN WITH A HISTORY OF BREAST CANCER WHO MET CRITERIA FOR GENETIC TESTING DID NOT RECEIVE IT!



References

- Engel C, Fischer C. Breast cancer risks and risk prediction models. *Breast Care (Basel)*. 2014;10(1):7-12.
- Childers CP, Childers KK, Maggard-Gibbons M, Macinko J. National Estimates of Genetic Testing in Women With a History of Breast or Ovarian Cancer. *J Clin Oncol*. 2017;35(34):3800-3806
- Adapted from American College of Radiology Practice Guidelines. <https://www.acr.org/-/media/ACR/Files/Practice-Parameters/mr-contrast-breast.pdf>



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CARE Program – 1/1/2023 to Current



Site Name	Assessments Sent	Asse. Completed	% Completed	Elevated TC	% Elevated TC	Met NCCN	% Met NCCN	Patients Tested	% Tested
Upland Hills Barneveld	577	365	63%	31	8%	71	19%	35.0	49%
Upland Hills Dodgeville	850	598	70%	43	7%	104	17%	25.0	24%
Upland Hills Highland	190	100	53%	6	6%	23	23%	3.0	13%
Upland Hills Mineral Point	887	668	75%	68	10%	124	19%	53.0	43%
Upland Hills Montfort	292	168	58%	23	14%	41	24%	4.0	10%
Upland Hills Mount Horeb	446	302	68%	33	11%	56	19%	11.0	20%
Upland Hills OBGYN	101	73	72%	9	12%	17	23%	8.0	47%
Upland Hills Spring Green	212	126	59%	11	9%	26	21%	13.0	50%
TOTALS	3,555	2,400	65%	224	10%	462	21%	152.0	32%

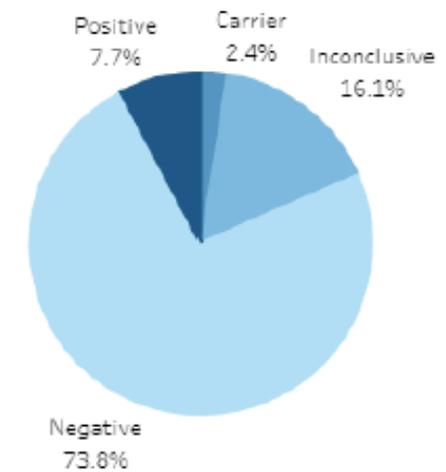
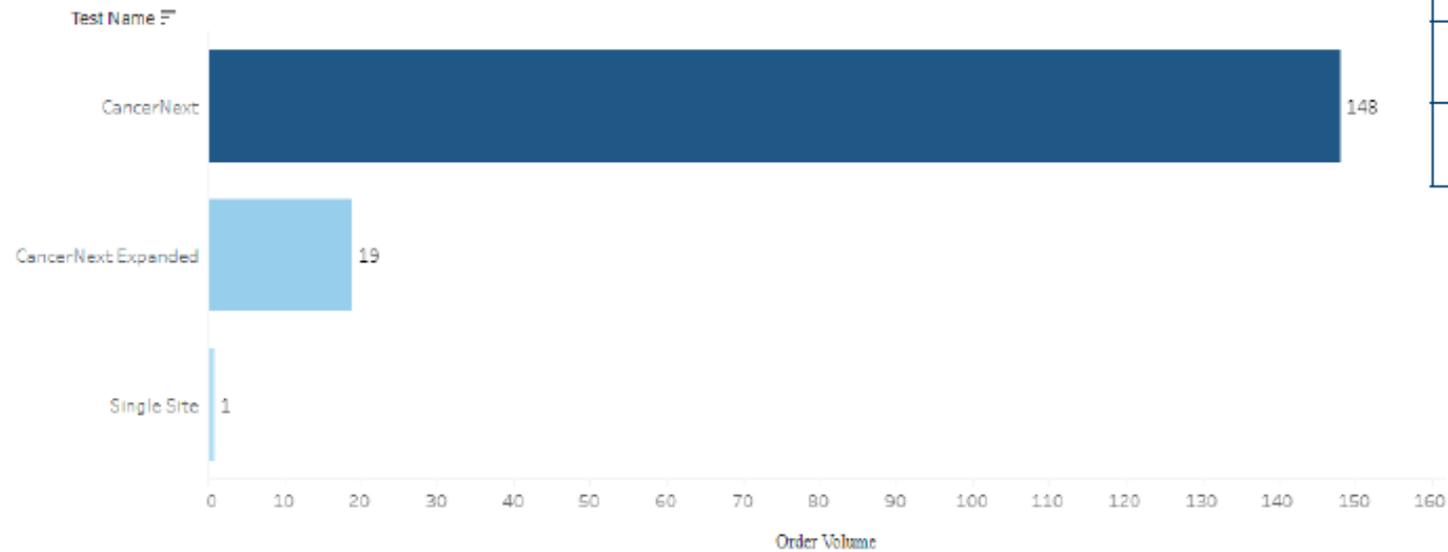
OOP Summary

Site	Average OOP	Total Patients paying \$0
Upland Hills Health	\$30	15/18
Upland Hills Barneveld Clinic	\$15	25/30
Upland Hills Dodgeville Clinic	\$57	18/22
Upland Hills Highland Clinic	\$0	4/4
Upland Hills Mineral Point Clinic	\$54	37/46
Upland Hills Montfort Clinic	\$67	1/3
Upland Hills Mount Horeb Clinic	\$13	7/9
Upland Hills OBGYN	\$0	11/11
Upland Hills Spring Green Clinic	\$54	7/12
	\$32 = Ave. OOP	81% paid \$0 OOP

Upland Hills Health

CARE Analytics: 1/1/23 – 12/31/2023

	Totals
Tests Reported	168
Total Negative	124
Total VUS	27
Total Positives*	17



***Carrier results included**

Upland Hills Health

CARE Analytics: 1/1/23 – 12/31/2023

Positive Results	
<i>ATM</i>	1
<i>BRCA1</i>	2
<i>BRCA2</i>	1
<i>BRIP1</i>	5
<i>CHEK2</i>	2
<i>HOXB13</i>	1
<i>MUTYH*</i>	4
<i>PMS2</i>	1
Total	17



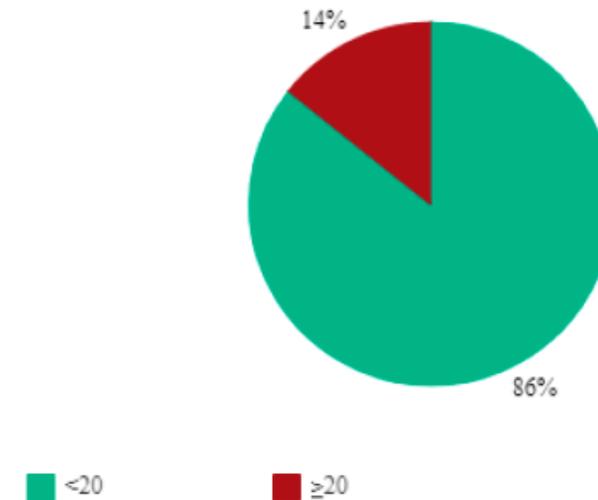
Management Recommendations	Frequency	Patients
Clinical Breast Exam	Every 6 months	6
Breast MRI	Annually	6
Risk-Reducing Mastectomy	Once	3
Colonoscopy	Every 1-5 years	7
Risk-Reducing BSO	Once	8
Risk-Reducing TAH	Once	1
Dermatology Surveillance	Every 3-12 months	0
Other High-Risk Screening**	Variable	4

Upland Hills Health CARE Analytics: 1/1/23 – 12/31/2023

- A total of 223 patients had a lifetime TC score $\geq 20\%$
- Medical guidelines recommend pts w/ lifetime TC score $\geq 20\%$ meet criteria for modified breast imaging
 - Breast MRI surveillance
 - Begin 10 y before the youngest relative dx w/ breast cancer or at 40y (whichever comes first), but not prior to 25y
 - A personal plan for breast surveillance should be determined considering the pts personal and family hx

Patients with Lifetime TC Score $\geq 20\%$

Breakdown of unique patients by lifetime Tyrer-Cuzick score that have completed their assessment by encounter date



Questions?

Cancer Plan Chapter Discussion

- *Prevention*
- *Screening*
- *Survivorship*

2024 Wisconsin Cancer Summit

September 25 & 26 | Milwaukee Marriott West | Waukesha, WI

This year's theme is **Building Connections**. Let's build connections that will foster new ideas and create new partnerships. This is an opportunity to share stories, learn something new, and network with partners across the state!

The Wisconsin Cancer Summit is free and open to the public. You don't have to be a member to attend, but we would love to have you join us! Joining is free.



BUILDING CONNECTIONS
2024 Wisconsin Cancer Summit

SAVE THE DATE

Wednesday | September 25
Thursday | September 26

Milwaukee Marriott West
W231 N1600 Corporate Ct.
Waukesha, WI 53186

Wisconsin Cancer Collaborative
REDUCING THE BURDEN TOGETHER

FOR QUESTIONS:
www.wicancer.org
info@wicancer.org

The graphic features a circular network diagram of colorful human icons connected by lines, representing the 'Building Connections' theme. The background is white with dark blue and teal accents.

Thank You



Wisconsin
Cancer
Collaborative