

HEALTHLINK

HEALTH AND WELLNESS OF RANDOLPH HOSPITAL

SUMMER 2016

RANDOLPH HOSPITAL IS EXPANDING BEHAVIORAL HEALTH SERVICES

pg. 7



Who Doesn't Love a Peach?

By Karen Pfohl, RD, LDN
Clinical Dietitian at Randolph
Cancer Center



Peach season is upon us, and who doesn't love to sink their teeth into a sweet juicy peach? Peaches have a long history and have been cited in numerous Chinese manuscripts dating back to 1100BC. It's botanical name is *Prunus* (the genus, which also includes cherry, apricot, almond, and plums) *persica* (refers to its widespread cultivation in Persia.) Alexander the Great introduced the fruit to Europe after he conquered the Persians. It is believed that George Minifie, a horticulturist, brought the first peaches from England to its North American colonies in the early 17th century, planting them at his estate in Virginia. United States farmers did not begin commercial production until the 19th century in Maryland, Delaware, Georgia and Virginia. Today, California (#1), South Carolina (#2) and Georgia (#3) are the top producing states.

Did you know that the peach and nectarine are the same species even though one has fuzz on the

skin and one doesn't? Peaches are produced from a dominant gene for fuzzy skin, where as in nectarines this gene is recessive.

A medium peach weighing 5 ounces has about 50 calories. Peaches are a good source of vitamin C, an antioxidant, which helps combat the formation of free radicals known to cause cancer. One medium peach also contains 2 percent or more daily value of vitamins E and K, niacin, folate, iron, choline, potassium, magnesium, phosphorus, manganese, zinc and copper.

How can you enjoy peaches?

- At breakfast: Add sliced peaches to oatmeal, cold cereal or pancakes. Top your yogurt with granola and sliced peaches. Or add them to your favorite fruit smoothie.
- At lunch or supper: Create a summer salad of mixed greens and other fresh seasonal veggies, add some dry roasted nuts or seeds, grilled chicken, salmon, or tofu, and top the salad with fresh sliced or grilled peaches (see recipe.)

- Always perfect as a naturally sweet, low calorie snack.

As with any raw produce, remember to wash all your fresh fruits and veggies in running water to help reduce surface residues of pesticides, dirt and bacteria.

Grilled Peaches Recipe


4 Ripe, washed, halved and pitted peaches

2 Tablespoons granulated sugar

1 Teaspoon cinnamon

Canola oil

- *Mix sugar and cinnamon in a small dish and set aside.*
- *Heat grill to high.*
- *Brush peaches lightly with oil, place cut side down on grill.*
- *Turn peaches over one time and grill until just heated through.*
- *Remove from grill and sprinkle with sugar and cinnamon.*
- *Enjoy on a salad, as a side dish, or top with granola for dessert.*



Lung Cancer Screening with Low Dose CT

Dan Entrikin, MD,
Greensboro Radiology

If you are a long-term smoker, or if you know a long-term smoker, please pay attention to this article... it might save your life or the life of someone you love. At this point pretty much everyone knows that smoking is not good for your health. While smoking used to be glorified in the movies and media, decades of anti-smoking campaigns have successfully raised public awareness about the dangers of smoking.

While much of this has focused on the risk of lung cancer, smoking has a great many other effects on the body with wide-ranging health consequences that include substantially increased risk of heart attack, stroke, peripheral vascular disease, and other less commonly recognized complications like erectile dysfunction. In most cases, the single most powerful thing that a smoker can

do to improve their overall health and decrease risk of many bad health issues is quit smoking... but I am not writing to you today to tell you to quit. That is something that you'll need to think about, maybe seek information about, and then come to a decision on your own terms and in your own time.

What I am interested in informing you about is the facts about lung cancer, and how enrolling in your local lung cancer screening program has a very real chance to save your life... and offer you peace of mind in the meantime. Most people know that being diagnosed with lung cancer is a "really bad thing," and frankly, up until recently that was nearly always true because lung cancer is typically a "silent" disease (meaning you may not have obvious symptoms) until it has advanced to the point that surgery may not be an option and other treatments are not very effective. What most people don't realize is that nowadays we're able to diagnose lung cancer in patients very early with a quick, simple, painless, safe and noninvasive examination called low-dose computed tomography (CT), or what you might call CAT scan. And, since early 2015, if you are considered an "appropriate" and "high-risk" patient, in nearly all circumstances this examination is covered by both Medicare and private insurance. For now, let's take a look at some actual statistics on lung cancer to help you understand how and why low-dose CT lung cancer screening works to save lives.

First, let's consider some facts from the National Cancer Institute (NCI) regarding cancer in general. In 2015, the top 10 cancers in the United States were (in order): 1) Breast, 2) Lung, 3) Prostate, 4) Colorectal, 5) Bladder, 6) Melanoma, 7) Non-Hodgkin Lymphoma, 8) Thyroid, 9) Kidney and 10) Endometrial. So, breast cancer was the most common cancer, estimated in 231,840 patients, compared with lung cancer which was a close second in 221,200

patients. However, lung cancer was by far and away the number 1 cancer killer in the United States. You see, while there were an estimated 40,290 deaths in 2015 from breast cancer, there were an estimated 158,040 deaths from lung cancer during the same time period, nearly 4-times as many deaths from lung cancer as breast cancer, and nearly as many deaths as the other nine out of the top 10 cancers in the list above combined (estimated to be 189,460 deaths for the other top nine cancers (including breast cancer) in 2015). If you think about those number, you might say to yourself, "well, I'd rather not know if I have lung cancer," after all, if 71 percent of lung cancer patients (158,040 / 221,200) die of the disease, then, "what's the point?" Well, if you feel that way, you're dead wrong (pardon the pun), and I hope you'll keep reading to see that

you do have much better odds if you participate in lung cancer screening.

Historically, the reason lung cancer has been such a horrible diagnosis is that most patients come to medical attention only after disease is at a relatively advanced stage. You see, lung cancer, like all cancers, starts small, one cell out of the billions of cells in your body goes bad, starts growing out of control creating a cluster a millions and billions of little cancer cell clones, which eventually get to the size that you can see it with the naked eye (or on a CT scan), and if left to grow it will gradually invade into adjacent structures in the body, and sooner or later small collections of cells from that tumor will break off, enter the blood stream, and spread throughout the body (what doctors call “metastasis”).

We know that in the past 57 percent of patients diagnosed with lung cancer were diagnosed only after they had metastatic disease... at a point when there is little hope for cure or meaningful survival (only 4 percent of patients with metastatic lung cancer survive 5 years or more), and another 22 percent of patients were diagnosed when there was spread beyond the lungs into local lymph nodes in the chest (when there is also a relatively poor outcome, with only 27 percent of patients surviving to 5 years, and only with aggressive and commonly poorly tolerated therapies).

We know that in the past only 16 percent of patients were fortunate enough to be diagnosed with localized disease (meaning a single tumor just inside the lungs), and when they were lucky enough to be caught early, 55 percent of them survived to 5 years. We also know that if those patients with localized disease undergo early surgery to remove the tumor from the lung, many studies world-wide have shown a 71-90 percent 5-year survival rate. In other words, if we catch lung cancer early, you have a very real chance of survival and cure; typically with a much easier surgery and much more tolerable chemotherapy (in some cases perhaps without any chemotherapy at all).

So, that’s how things were in the past. What about today? Well, with lung cancer screening we know that we can catch lung cancer early, and in the majority of cases the cancers that we find are the small treatable ones. In fact, some studies have shown that about 85 percent of cancers diagnosed with low-dose CT screening exam are found at stage 1, meaning they are very tiny, entirely within the lung, and if removed quickly by surgery up to 90 percent of patients survive and have a high likelihood of cure. So you may not want to quit smoking, and it is not my intent to convince you otherwise right now, but I do hope that I’ve convinced you to consider lung cancer screening... it just might save your life.

To be eligible for screening you must meet the criteria:

- 55-80 years of age
(55-77 for Medicare, 55-80 for private insurance)
- Smoked for at least 30-pack-years
(1 pack-year is 1 pack a day for 1 year)
- Currently smoke, or are a former smoker who has quit less than 15 years ago
- Participate in a quick “shared decision making” meeting with your healthcare provider to discuss lung cancer screening in more detail.

**To learn more about lung cancer screening,
ask your healthcare provider or visit
randolpghospital.org**

What are your choices for an indoor cardio workout? Treadmill . . . exercise bike . . . maybe an elliptical machine? But what if you have limited mobility issues? Or you simply want to try something different?

With the help of funding from the Randolph Hospital Community Health Foundation, the Carl and Linda Grubb Family YMCA in Trinity has added four new pieces of cardio equipment to its training facility. Each piece has been specifically chosen to enable senior citizens and people with

they can rest their legs and get an arm workout. It's designed for all users of all abilities." The NuStep also provides 360 degree seat rotation and back support for anyone needing additional assistance.

Jesse Davis, a regular at the Grubb YMCA, enjoys the NuStep machine as a part of his regular work-out routine. "I enjoy walking," Davis said. "In fact, I just walked around the track for 30 minutes before I came in here and started on this machine. I like it. It makes me work up a little more sweat."

heart rate up, but its' still accessible to everyone."

With the new rowing machines and NuStep cross trainers, Grubb Family YMCA members have even more choices and opportunities when it comes to fitness and fun.

The Randolph Hospital Community Health Foundation was founded in 1995 and awarded its first grants in 1997. Contributions to the Foundation have been a valuable part of the Foundation's ability to award over \$900,000 in grants over the last 19 years. All funds contributed to



More Workout Options = More Fun

By Linda Schumacher, Grants Coordinator

mobility issues to be able to access and use the equipment with ease.

"The NuStep recumbent cross trainer is easily our most popular machine," said Amanda Weiner, donor and client relationship specialist for the Grubb Family YMCA. "It allows the user to choose different levels or programs of intensity and never be bored in their workout. If they have shoulder or upper body limitations, they don't have to use their arms. Or if they have lower body issues, then

The Grubb Family YMCA has also added two new Concept 2 indoor rowers. "These rowers are higher off the ground and therefore, easier to get into and stand up from," said Weiner. "Our participants are able to get a full body workout on these machines, while keeping their joints in a safe range of motion. And to make it even more interesting, the screen can be set up in a fishing game mode, where they have to row faster to avoid sharks on the screen. It will get your

the Foundation are invested and the income is used to fund Randolph Hospital health and wellness projects, hospital services and equipment, and other community non-profit health and wellness programs.

To learn more about the Randolph Hospital Community Health Foundation and its upcoming grant cycle, please visit RandolphHospital.org/Foundation or contact Linda Schumacher at 336-633-7755 for a grant application.



Randolph Hospital Announces New Partnership

By April Thornton, Sr. Dir. of PR & Development

As of June 1st, Randolph Hospital entered into a management services agreement with Cone Health. Under the agreement, Randolph Hospital will remain independently owned and governed by its current Board of Directors.

Randolph Hospital has long believed that collaborating with others is the best way to provide healthcare services of the highest quality, service and value to the region. “We have long standing partnerships with providers and other organizations, including Cone Health. With the approval of a bold strategic plan last summer and the continuing rapid transformation of the healthcare industry, it is clear that an even deeper partnership with a larger health system is the most effective way for Randolph to be the health system we want and need to be for the people we serve, long into the future,” said Mac Pugh, Chairman, Board of Directors, Randolph Hospital.

A management services agreement will allow Randolph Hospital to leverage the size, scale and subject matter expertise found in a larger health system, while still maintaining local ownership and Board governance. This partnership enables Randolph Hospital to take what is already a broad array of services delivered with compassion, excellent quality and low cost, and become even better for the communities it serves.

“The relationship is a natural fit for both of our organizations,” says Cone Health CEO Terry Akin. “This management services agreement will strengthen the already established relationships between Randolph Hospital and Cone Health and with the physician

community in Randolph County. This will help both of our systems keep people healthier throughout our region, which is our shared goal.”

Through this partnership with Cone Health, Randolph Hospital will have increased access to best practices and subject matter expertise in a variety of areas that a health system the size of Randolph simply cannot include in its staffing model. It will enable Randolph Hospital to move even faster in the transition from an organization which primarily takes care of the sick to one which has an equal desire and responsibility to keep the people in this region healthy. Finally, this management services agreement creates economies of scale which will allow Randolph Hospital to continue to invest in its employees, facilities, equipment and the development of new services for the region it serves.

“Cone Health is the right management partner for us. We already have long standing and successful partnerships together, such as the Randolph Cancer Center. We share the same values and are equally committed to serving our respective communities. We both believe in excellence and continuous improvement in quality, service and cost. And we are both committed to being leaders in healthcare transformation,” said Steve Eblin, CEO, Randolph Hospital.

“This is an exciting time for our health system and the communities we serve. We have chosen a partnership model and a partner that will allow us to achieve so much, some of which we probably can’t even envision today,” said Pugh.

Q&A

What is a Management Services Agreement?

A Management Services Agreement (MSA) is a contract between two health systems, in this case, Randolph Hospital and Cone Health. Typically, there is a substantial difference in size of the two systems, with the smaller system (Randolph) contracting with the larger one (Cone Health) to provide specific management services and support.

Are any other organizations involved in this Agreement other than Randolph and Cone Health?

Yes. Cone Health has a Management Services Agreement with Carolinas Healthcare System based in Charlotte. It's an agreement very much like the one Randolph Hospital has with Cone Health. Cone Health will contract with Carolinas Healthcare System to provide some of the services outlined in the Agreement.

Is this the same thing as a merger?

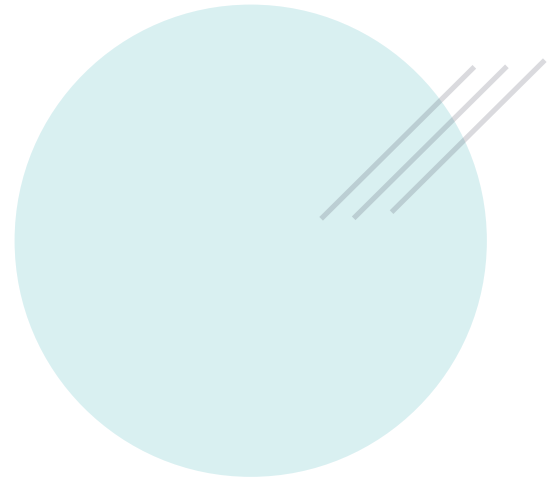
No. Under an MSA, Randolph Hospital's existing Board of Directors continues to be the governing Board of Randolph. The Board maintains authority over who serves as the CEO, as well as governance oversight over quality performance, financial performance and strategic direction.

Why did Randolph Hospital pursue a partnership model?

First, Randolph Hospital already has several partnerships. Just a few of those are with:

- Cone Health in the Randolph Cancer Center and StayWell Senior Care
- Hospice of Randolph County in StayWell Senior Care
- 140 physicians in Piedmont Integrated Health, a high quality network
- Healogics in the Randolph Wound Care and Hyperbaric Center

Long ago, we recognized that if we can provide a service better by aligning with someone else's expertise or size, we are serving our communities better by partnering with those organizations or individuals than developing the service alone. An MSA is just a partnership of a much bigger size and scale than any we have today. And scale and size is what we need in today's rapidly changing healthcare environment. For context, there are only 10 hospital systems in the state (out of approximately 120) that are not affiliated with a larger system through a relationship like an MSA.




Can you share some specifics about what Randolph Hospital hopes to gain from the Management Services Agreement?

Some of those items include:

- Purchasing supplies, drugs and equipment at a much lower price
- Interaction with peers at Cone Health, Carolinas Healthcare System, and the approximately 40 health systems owned or managed by Carolina healthcare System. These regular interactions will allow Randolph Hospital to share processes with each other and more quickly identify and adopt best practices in a variety of areas.
- Advice on enhancing quality and patient safety, areas where Randolph Hospital already excels, but can perform even better.
- Advice and best practice sharing in revenue cycle management (ensuring that Randolph Hospital is paid the entire amount owed for the services provided).
- Collaboration on improving cost and/or quality in certain services provided today and assistance in developing new services for the communities served by Randolph Hospital.
- Very specific subject matter expertise in an array of areas that a system the size of Randolph Hospital cannot incorporate into its staffing model.

What does Cone Health get out of it?

- Randolph Hospital's proximity to Cone Health creates opportunities for a strengthened approach to population health management in the region, something in which Cone Health is already a national leader. Randolph Hospital's high quality, low cost performance, as well as collaboration with other providers and community organizations, makes Randolph Hospital a natural partner for Cone Health.
- Greater collaboration on certain services both organizations provide.
- Enhanced alignment between the Randolph Hospital leadership team and the Cone Health leadership team.

An illustration of a human brain, colored in shades of yellow and brown, held gently in two white hands. The hands are positioned at the top and bottom of the brain, with fingers slightly curled as if supporting it. The background is a solid yellow color.

EXPANSION OF BEHAVIORAL HEALTH SERVICES IN RANDOLPH COUNTY

By April Thornton, Sr. Dir. of PR
& Development

Some would say there is a behavioral health crisis happening in the United States. Approximately 1 in 5 adults in the U.S.—43.8 million, or 18.5 percent—experiences a behavioral health issue in a given year.

Behavioral health issues have wide reaching effects on people's education, employment, physical health and relationships. Although many effective behavioral health interventions are available, people often do not seek out the care they need. In fact, in 2011, only 59.6 percent of individuals in the United States with a behavioral health issue — including such conditions as anxiety, depression, schizophrenia and bipolar disorder — reported receiving treatment.

Now, let's look at the numbers on a local level. Key community health measures show that behavioral health issues are more persistent and pervasive in Randolph County when compared to the state and national data. In fact, Randolph County adults report experiencing poor mental health 13 percent of the days each month, as was noted in the Behavioral Risk Factor Surveillance System

So, what can be done to not only enhance behavioral health services,

but increase usage of those services? Randolph Hospital has received a \$400,000 grant from The Duke Endowment to fund a project to help integrate behavioral health and primary medical care. Historically, behavioral or "mental" health care has been treated separately from the physical health care that a patient receives from their primary care doctor. However, managing a physical disease cannot be successful without also managing the behavioral component.

Through Piedmont Integrated Health (PIH), The Duke Endowment grant will be used to build programs that facilitate behavioral health care treatment for depression, anxiety and substance abuse in primary care practices. Eighty percent of people with a mental health issue visit a primary care provider at least once a year. Two-thirds of primary care physicians report not being able to access outpatient mental health for their patients. By combining primary care services in tandem with behavioral health services, the opportunity to increase usage of needed services is possible in Randolph County. Primary care physicians will be able to screen

patients and identify behavioral health problems before they become severe. They will be able to work directly with behavioral health care experts within their practices to treat patients in a more holistic manner.

"As we move from managing only sick patients within the four walls of the hospital to reaching out into our communities to improve the health and wellness of the populations that we serve, we want to make sure that we are providing the right care, in the right place and at the right time," says Dr. Beth Hodges, who chairs the Board of Managers of Piedmont Integrated Health. "With this grant, PIH will enable primary care physicians to provide good care to the 'whole' person in the most appropriate, cost-effective setting and at the best time--before a disease process becomes severe."

With this grant, there is a high probability that people with behavioral health issues in Randolph County will have another way to access high quality care, while eliminating the stigma associated with receiving that care and that can make a difference in the quality of life for thousands of people.



pinkaboo

5k run/walk



If you missed this event last year, now is your chance to go ahead, put it on your calendar and register, because this year . . . it's going to be BIGGER and BETTER! That's right; you and your friends can experience a different type of race. A race that feels and looks different and that's because it is different. You will experience a sea of fun and funky pink outfits that are united for one cause – to eliminate breast cancer. Pink A Boo is the only race in Asheboro where 100 percent of proceeds go to fund free screening mammograms for un – and underinsured women right here in Randolph County. Last year's race raised over \$16,000, which funded approximately 222 screening mammograms. Want to make a difference in the health of a community? Sign up today as an individual or sign up an entire team – all are invited!

Register online:
www.randolphhospital.org
click on the Pink a Boo Button

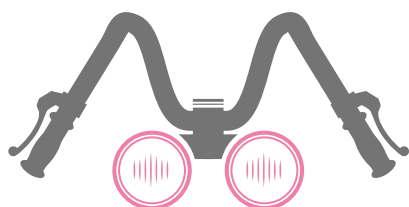
5k Walk/Run
Saturday, October 29th
Bicentennial Park - 135 Sunset Ave.
Asheboro, NC
7:30 a.m. Registration - 8:30 a.m. Start

Entry Fees Before October 10th
(t-shirt size guaranteed)
5k Run - \$35
5k Walk - \$25

Entry Fees After October 10th
(t-shirt size not guaranteed)
5k Run - \$40
5k Walk - \$30

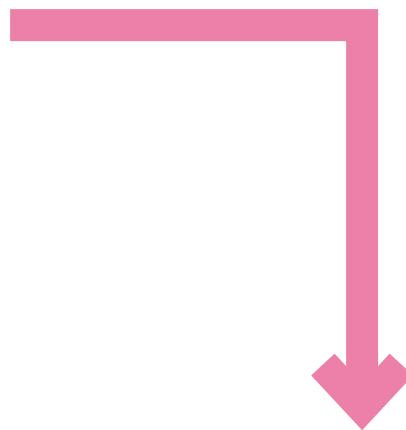


The 7th Annual Bikers 4 Boobs Breast Cancer Ride will be held on Saturday, August 20, 2016 from 9 am-3 pm at Greensboro Harley-Davidson, 538 Farragut St., Greensboro, NC 27406. The registration starts at 8 am and the ride leaves at 11 am. There is \$20 per bike registration fee. This is a police escorted two hour ride through the beautiful Guilford County country side. Trio Coolidge Nance will return from the ride to sing the American Anthem. This event includes live music, from Red Dirt Revival, food, sweet treats, 50/50 tickets and a silent auction table. This is an open event and all bikes are welcome.

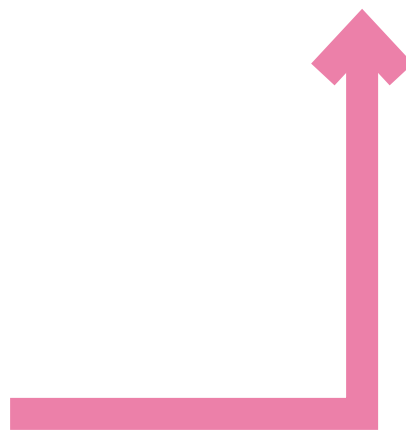


MOTORCYCLES *for* MAMMOGRAMS

The 1st Annual Motorcycle for Mammograms ride will be held on Saturday, September 10, 2016 beginning at 8 am at Cox's Harley-Davidson of Asheboro, 2795 NC - 134, Asheboro, NC 27205. The registration begins at 8 am and kickstands are up at 10:30 am. There is a \$20 per bike registration fee. The route will take you through the beautiful rolling hills of Randolph County and will be led by the Randolph County Sheriff's Motor Unit. Registrants are encouraged to dress in pink so the ride can make a strong statement that we are "fighting to save lives one ride at a time." This event includes live music by Common Grace and Southbound 49, vendors, games (frozen t-shirt contest that is family-friendly), 50/50 raffle, silent auction and food by Northridge Church. And you won't want to miss the Bike Giveaway - 2016 Harley-Davidson XG500 Street - the raffle tickets are just \$5 each or 5 tickets for \$20.



Whether a motorcycle rider or not, both these events will have a ton of family-friendly fun! And the best part is, by attending, riding or even purchasing a raffle ticket, you are making a difference in the lives of many. Breast cancer is the second leading cause of death in women and this year, over 246,000 new cases will be detected in the United States. Through special fund raising events, donations and grants from the Northwest Affiliate of Susan G. Komen for the Cure, the Mammogram Fund has received over \$370k, which has provided 2,400 mammograms for women in this community.





the well

Randolph County Relay for Life

QuitSmart Tobacco Cessation Program

Tuesday, August 2 - Tuesday, August 16 - Thursday, August 18
5:30 - 7 p.m.

Randolph Hospital Outpatient Center
QuitSmart is a simple three-session program that teaches tobacco users how to overcome the physical addiction associated with tobacco use. This program works with quit rates within participants of 48 - 66 percent. Commit right now to break the habit for good! You must attend all three classes. To register for this event call 336-633-7788.

Free Oral Cancer Screening

Thursday, August 11
5:30 - 7:30 p.m.

Randolph Cancer Center - 373 N. Fayetteville St., Asheboro

Drs. Marina Bonaventura and William Milner will be conducting a free oral cancer screening for participants who are experiencing sores or lesions in the mouth, thickening of the cheeks or

white/red patches in the mouth. Space is limited, so you must register to attend this free screening. To register for this screening, call 336-633-7788.

Free Breast Cancer Screening

Saturday, August 27th
9 a.m. - Noon

Randolph Cancer Center - 373 N. Fayetteville St., Asheboro

This screening will serve un and underinsured women who have gone at least one year without having an examination, women who are 37 years of age or older and women who do not have medical coverage for a mammogram, are encouraged to make an appointment for this free screening. This screening does not include a mammogram. Space is limited, so you must register to attend this free screening. To register for this screening, call 336-328-4068.

Free Shoulder Screening

Tuesday, September 13th
5 - 7 p.m.

Randolph Orthopedics & Sports Medicine
138-A Dublin Square Rd, Asheboro

Do you suffer from stiff or achy shoulders? Does it hinder your day to wake up in the morning and feel that soreness? If so, you are not alone. Approximately four million people in the United States report shoulder pain. The most common causes of painful shoulders are trauma, repetitive motion injuries, sports-related injuries or general wear and tear over time. Chronic overuse is the main reason why people develop shoulder problems. Space is limited, so you must register to attend this free screening. To register for this screening, call 336-633-7788.



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In Memory of Neil Meisch, Sr.	by	RH
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