Unique Barriers to Cancer Care Access for Rural Patients

Awareness is the first step to a solution

Sweetwater Regional
— CANCER CENTER —

Banu Symington, M.D. MACP
Hematology & Medical Oncology

Medical Director
Sweetwater Regional Cancer Center
Rock Springs, WY

Disclosures: None


RURAL LIFE
Life
Care
Rescue
Work
Lifestyle
Happy
Virtual
Balance
Health
Harmony
Hope
Healthy
Natural
Success
Creative
Original
Human


HEALTH DISPARITIES
race
healthcare
disease
practice
health
mental
violence
disadvantage
ethnicity
politics
injury
equity
difference
opportunities
system
quality
gender
care
policy
society
insurance
disability
mortality
location
age
disparity

Rural Health Disparities

Current Epidemiology Reports (2023) 10:1–16
https://doi.org/10.1007/s40471-022-00313-9 PMID: 36404874

EPIDEMIOLOGY OF AGING (B MEZUK, SECTION EDITOR)

Aging in Rural Communities

Steven A. Cohen[1] · Mary L. Greaney[1]

Accepted: 24 October 2022 / Published online: 9 November 2022

Abstract

Purpose of Review Population aging is occurring worldwide, (US). However, in the US, the population is aging more rapidly presents unique challenges. Understanding and addressing the health equity across the lifespan and all geographies. This revie 2022) on rural aging and highlight future directions and oppor

Recent Findings The review first addresses several methodolo of measure used, the composition of each measure, and the considers important concepts and context when describing w and environmental conditions. The review assesses several ke population health among older adults. Health and social serv aging in rural areas. Racial and ethnic minorities, indigenou populations in the discussion of rural older adults and healthy longitudinal, place-based research to promote healthy aging a

Summary Policies, programs, and interventions to reduce health equity and healthy aging necessitate a context-specific rural–urban differences in population health and healthy agi programs, policies, and interventions.

Keywords Rural health · Aging · Epidemiology · Social deter

RESEARCH ARTICLE

Rural-urban disparities in health outcomes, clinical care, health behaviors, and social determinants of health and an action-oriented, dynamic tool for visualizing them

William B. Weeks[1]*, Ji E. Chang[2], José A. Pagán[2], Jeffrey Lumpkin[1], Divya Michael[1], Santiago Salcido[1], Allen Kim[1], Peter Speyer[3], Ann Aerts[3], James N. Weinstein[4,5,6], Juan M. Lavista[1]

1 AI for Good Lab, Microsoft Corporation, Redmond, Washington, United States of America, **2** School of Global Public Health, New York University, New York, New York, United States of America, **3** Novartis Foundation, Basel, Switzerland, **4** Microsoft Research, Microsoft Corporation, Redmond, Washington, United States of America, **5** The Dartmouth Institute and Tuck School of Business, Dartmouth College, Hanover, New Hampshire, United States of America, **6** Kellogg School of Business, Northwestern University, Evanston, Illinois, United States of America

* wiweeks@microsoft.com PMID: 37788228

RHI hub
Rural Health Information Hub

Rural Health Disparities

ciated with working and living in
roups experience significant health
n status when compared to the
such as higher incidence of disease
pectancies, and higher rates of
nclude geographic isolation, lower
aviors, limited access to healthcare
unities. Rural residents are also less
verage, and if they are poor, often

s, and foundations are working to
overall well-being of rural
rmation, and technical assistance to
others work with policymakers to
health and healthcare in rural

trol and Prevention's (CDC)
Health Series examines rural
aviors, chronic disease, mental
th disparities. In addition to that
ddress rural health. CDC's 2021
s: United States, 1999–2019
) leading causes of death.


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https://chqpr.org/downloads/Rural_Hospitals_at_Risk_of_Closing.pdf

CENTER FOR HEALTHCARE QUALITY & PAYMENT REFORM

RURAL HOSPITALS AT RISK OF CLOSING

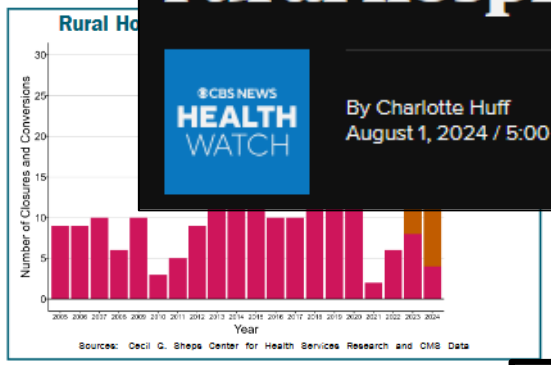
Millions of Americans No Longer Have Hospital Care in Their Community

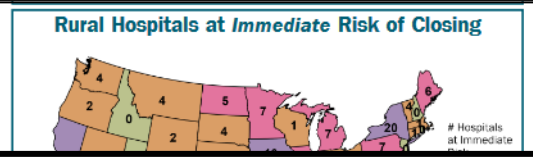
Over the past decade, more than 100 rural hospitals have closed. As a result, the millions of Americans who live in those communities no longer have access to an emergency room, in-patient care, and many other hospital services that citizens in most of the rest

In addition, ove
vices in 2023 a
that are only av
Every year, mor
tient care in tho
their communit
from home in o

closing have more debts than assets, or they do not have adequate net assets (i.e., assets other than buildings & equipment, minus debt) to offset their losses on patient services for more than a few years.

There are hospitals at risk of closing in almost every state. In over half the states, 25% or more of the rural hospitals are at





Hundreds More Rural Hospitals Could Close in the Near Future

More than 700 rural hospitals – over 30% of all rural hosp
in the country – are at risk of closing because of the se
financial problems they are experiencing. Over half (36

HEALTHWATCH

Small-town patients face big hurdles as rural hospitals cut cancer care

CBS NEWS HEALTH WATCH

By Charlotte Huff
August 1, 2024 / 5:00 AM EDT / KFF Health News

United States Government Accountability Office

GAO

Report to the Ranking Member, Committee on Homeland Security and Governmental Affairs, United States Senate

December 2020

RURAL HOSPITAL CLOSURES

Affected Residents Had Reduced Access to Health Care Services

GAO-21-93

More Rural Hospitals Are on the Verge of Closing, Report Finds

— Private insurers are paying less than the cost of care, data show

by Joyce Frieden, Washington Editor, MedPage Today
August 9, 2024

Impact of Rural Health Disparities

Original Reports | Equity in Cancer Care PMID: 38560814

Estimating the Impact of Rurality in Disparities in Cancer Mortality

Kelly M. Kenzik, MS, PhD[1,2]; Elizabeth S. Davis, MSPH[1]; Jeffrey A. Franks, MSPH[3]; and Smita Bhatia, MD, MPH[4,5]

DOI https://doi.org/10.1200/OP.23.00626

ABSTRACT

PURPOSE Estimation of the independent effect of rurality on cancer mortality requires causal inference methodology and consideration of area-level socioeconomic status and rural designations.

METHODS Using SEER data, we identified key incident cancers diagnosed between 2000 and 2016 at age ≥20 years (N = 3,788,273), examining a 20% random sample (n = 757,655). Standardized competing risk and survival models estimated the association between rural residence, defined by Rural-Urban Continuum Codes, and cancer-specific and all-cause mortality, controlling for age at cancer diagnosis, sex, race/ethnicity, year of diagnosis, and Area Deprivation Index (ADI). We estimated the attributable fraction (AF) of rurality and high ADI (ADI > median) to the probability of mortality. Finally, we examined county measurement issues contributing to mortality rates discordant from hypothesized rates.

RESULTS The 5-year standardized failure probability for cancer mortality for rural patients was 33.9% versus 31.56% for urban. The AF for rural residence was 1.04% at year 1 (0.89% by year 5), the highest among local stage disease (Y1 2.1% to Y5 1.9%). The AF for high ADI was 3.33% in Y1 (2.87% in Y5), while the joint effect of rural residence and high ADI was 4.28% in Y1 (3.71% in Y5). Twenty-two percent of urban counties and 30% of rural were discordant. Among discordant urban counties, 30% were only considered urban because of adjacency to metro area. High ADI was associated with urban discordance and low ADI with rural discordance.

CONCLUSION Rural residence independently contributes to cancer mortality. The rural impact is the greatest among those with localized disease and in high deprivation areas. Rural-urban county designations may mask high-need urban counties, limiting eligibility to state and federal resources dedicated to rural areas.

ACCOMPANYING CONTENT

Data Supplement

Accepted February 14, 2024
Published April 1, 2024

JCO Oncol Pract 20:993-1002

View Online Article

Original Reports | Care Delivery PMID: 38394477

Exploring Demographic Differences and Outcomes in Early-Onset Colorectal Cancer

Beas Siromoni, MS[1]; Adrienne Groman, MS[2]; Kanak Parmar, MD[3]; Sarbajit Mukherjee, MD, MS[2]; and Deepak Vadehra, DO[2]

DOI https://doi.org/10.1200/OP.23.00671

ABSTRACT

PURPOSE Early-onset colorectal cancer (EOCRC), defined as CRC diagnosed before age 50 years, has increased significantly worldwide. The majority of EOCRCs do not appear to be driven by genetic factors and may be influenced by environmental factors. We hypothesized that sociodemographic disparities exist in EOCRC. The purpose was of the study was to examine the geographic disparities in patients with EOCRC.

METHODS We retrospectively examined the SEER database from 1976 to 2016 to examine the geographic disparities in EOCRC. A total of 73,378 patients with EOCRC were included in the analysis. We performed univariate and multivariable analyses to evaluate overall survival (OS) and disease-specific survival (DSS). Sociodemographic factors, including the location of residence (metropolitan areas [MA] or rural areas [RA]), sex, race, insurance status, and marital status, were included in the statistical analysis.

RESULTS The incidence and mortality rates were consistently higher in RA versus MA during the study period. Multivariable analysis showed that patients living in RA had worse OS (hazard ratio [HR], 1.14; $P < .01$) and DSS (HR, 1.15; $P < .001$) compared with those living in MA. Similarly, non-Hispanic Black ethnicity and uninsured patients had significantly worse survival when compared with non-Hispanic White and insured patients, respectively. Married status showed better survival outcomes.

CONCLUSION Patients with EOCRC living in RA have worse outcomes. Understanding the mechanisms behind such socioeconomic disparities is important so that future studies can reduce these disparities.

ACCOMPANYING CONTENT

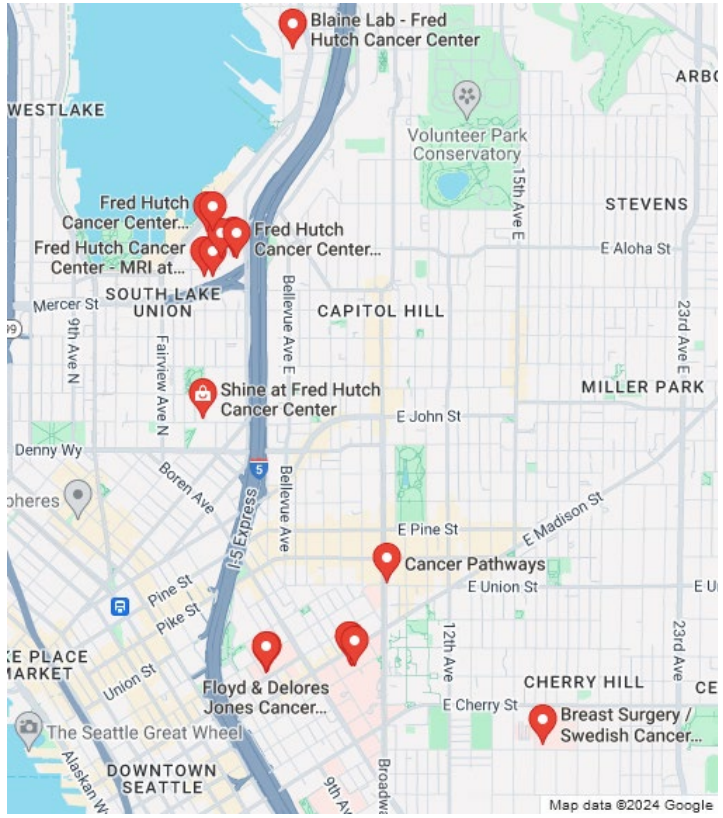
Appendix

Accepted January 16, 2024
Published February 23, 2024

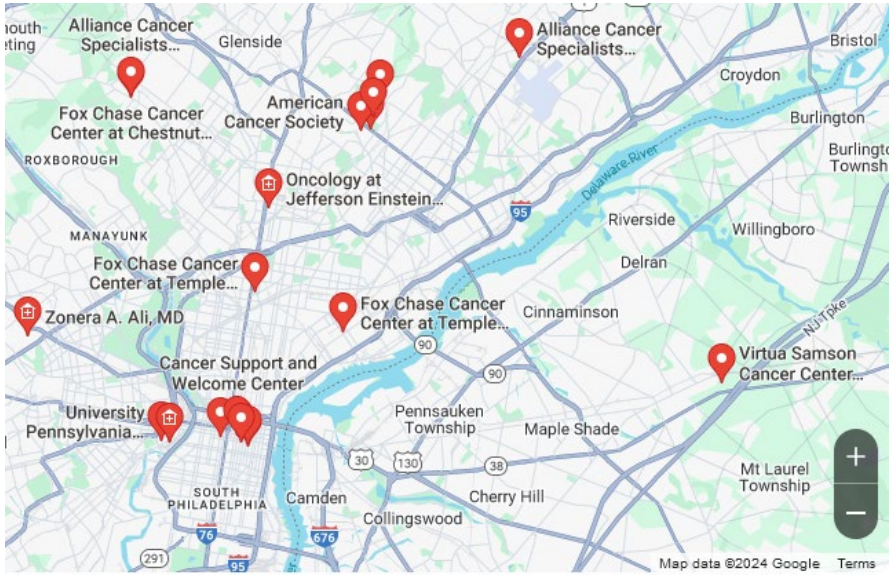
JCO Oncol Pract 20:1075-1080

View Online Article

Cancer Center Distribution



Seattle, WA



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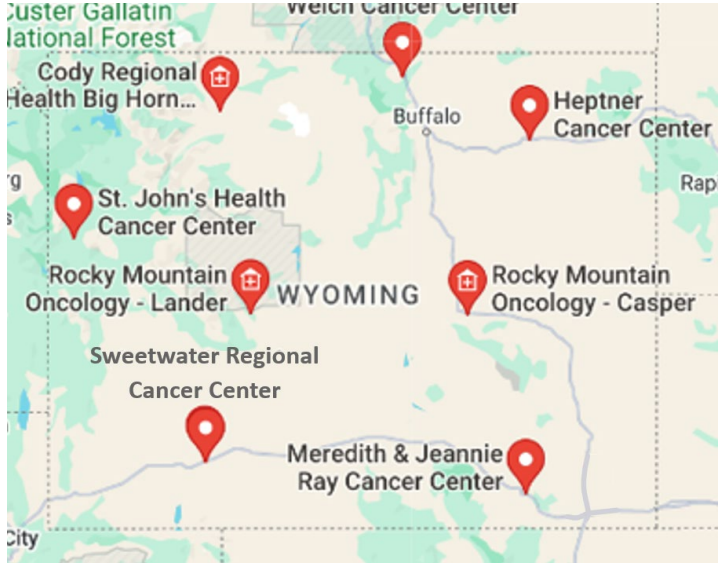
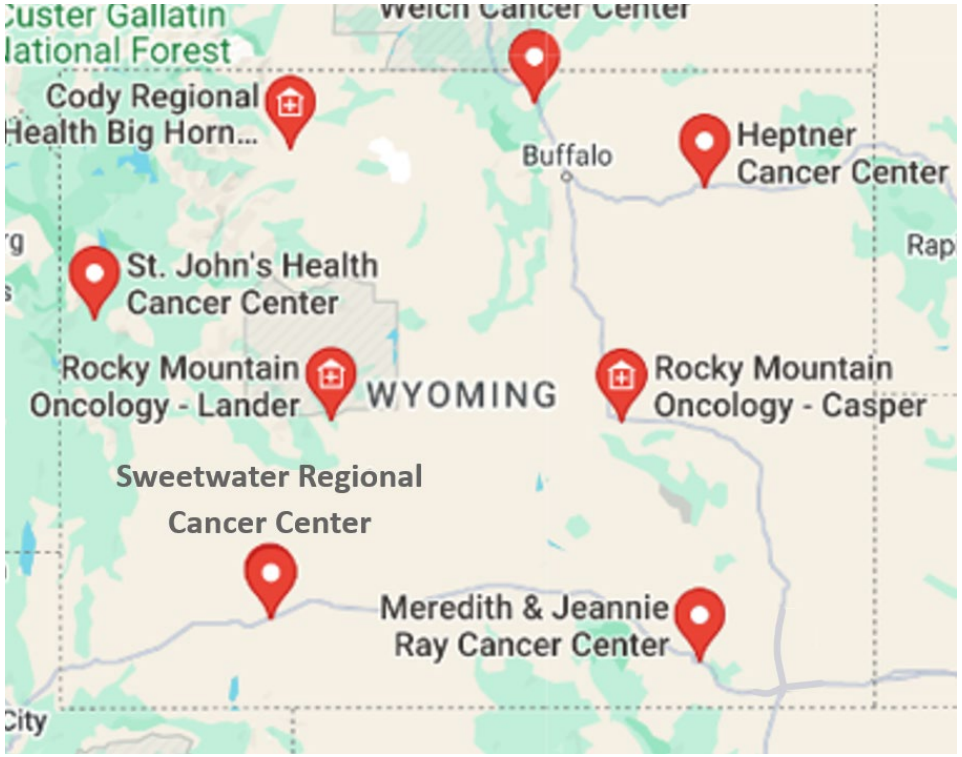
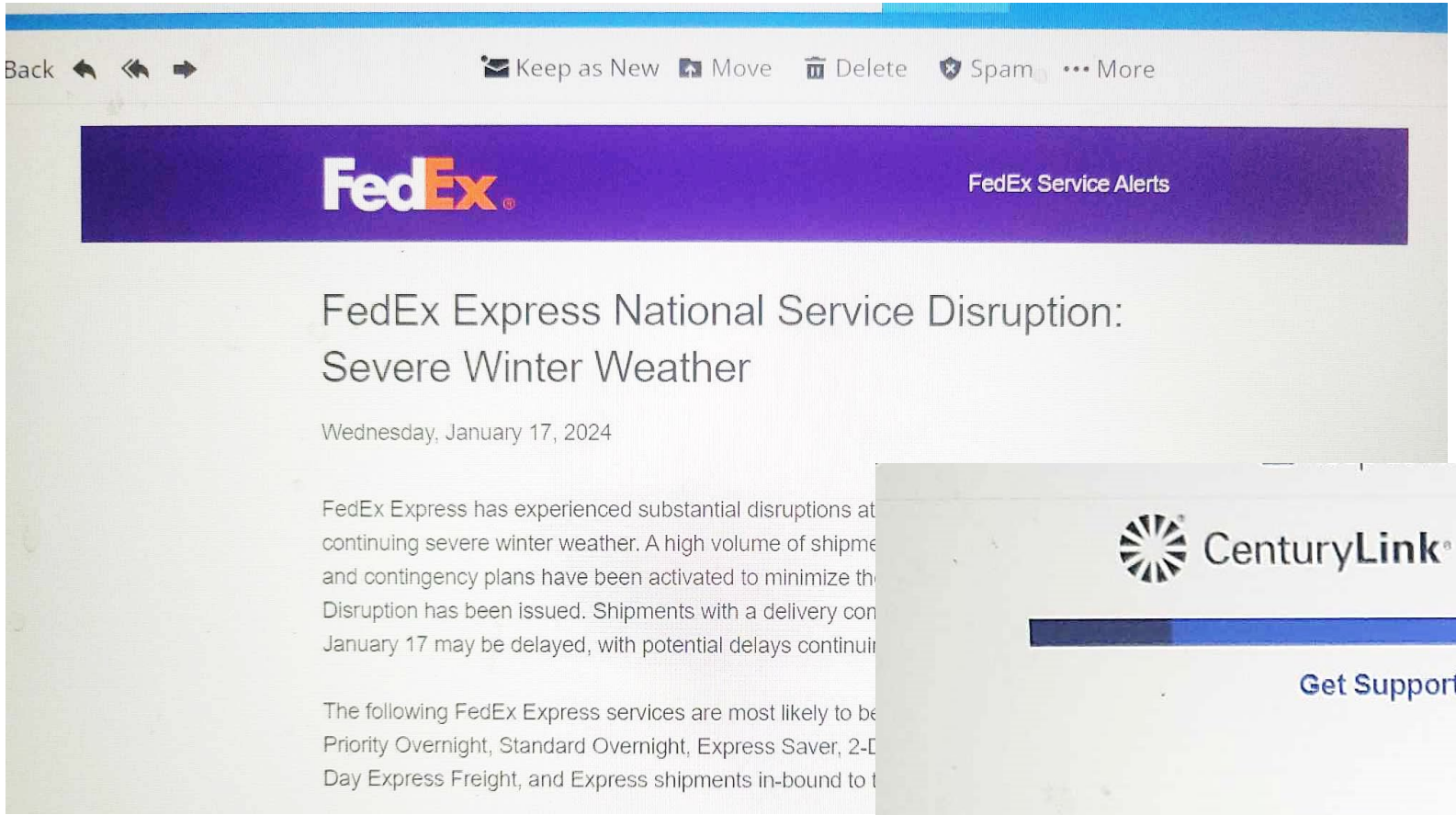


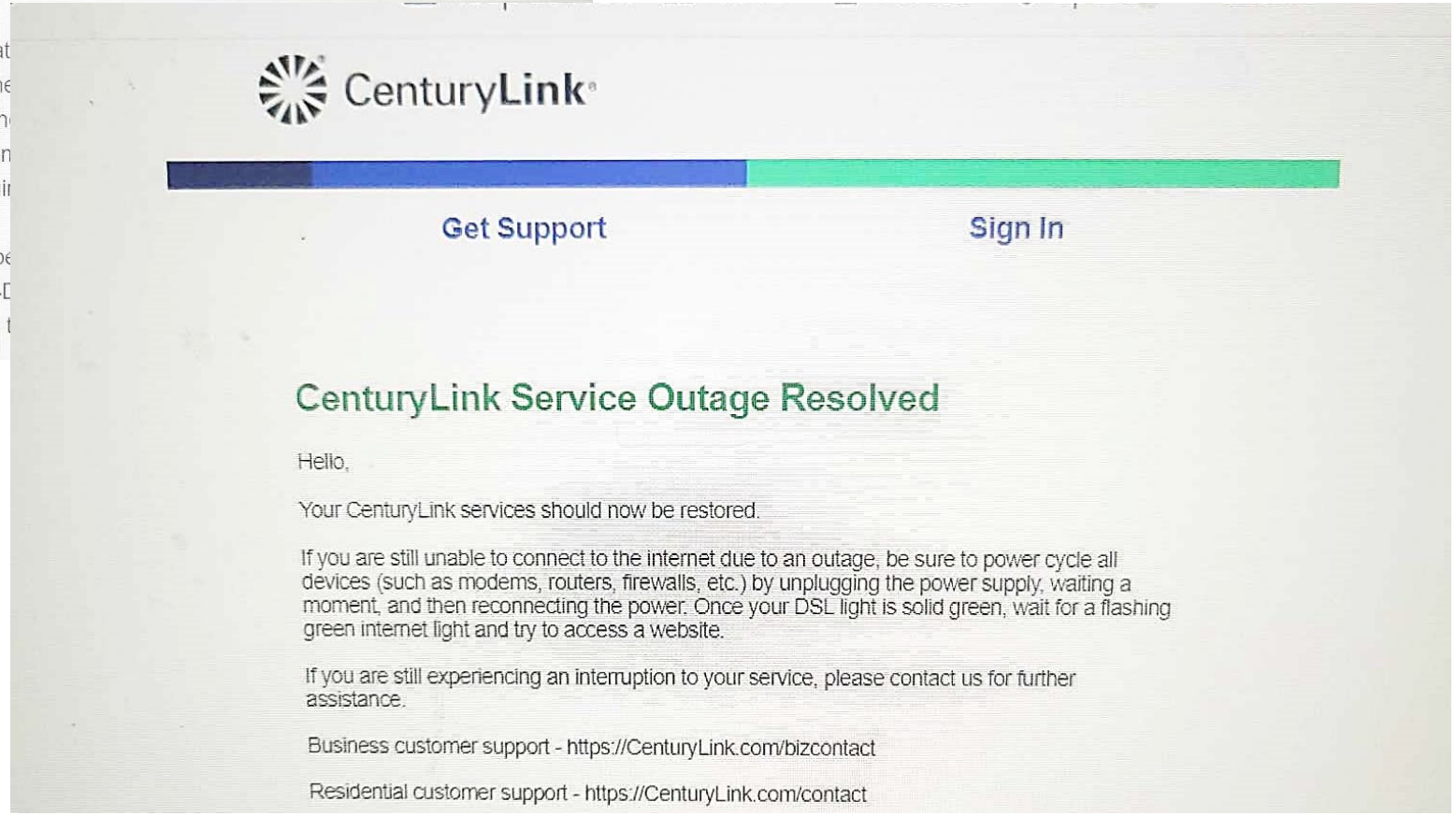
Wyoming

The State of Wyoming



Rural Location Challenges


Back
Keep as New
Move
Delete
Spam
More
FedEx
FedEx Service Alerts
FedEx Express National Service Disruption:
Severe Winter Weather
Wednesday, January 17, 2024
FedEx Express has experienced substantial disruptions at
continuing severe winter weather. A high volume of shipme
and contingency plans have been activated to minimize th
Disruption has been issued. Shipments with a delivery con
January 17 may be delayed, with potential delays continui
The following FedEx Express services are most likely to be
Priority Overnight, Standard Overnight, Express Saver, 2-D
Day Express Freight, and Express shipments in-bound to t


CenturyLink
Get Support
Sign In
CenturyLink Service Outage Resolved
Hello,
Your CenturyLink services should now be restored.
If you are still unable to connect to the internet due to an outage, be sure to power cycle all devices (such as modems, routers, firewalls, etc.) by unplugging the power supply, waiting a moment, and then reconnecting the power. Once your DSL light is solid green, wait for a flashing green internet light and try to access a website.
If you are still experiencing an interruption to your service, please contact us for further assistance.
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Residential customer support - https://CenturyLink.com/contact

Clinical trials

- Improve patient outcomes, perhaps due to standardization of care or many eyes on the pt
- Should be representative of all the patients in the nation but are not

original reports abstract

Persistent Disparity: Socioeconomic Deprivation and Cancer Outcomes in Patients Treated in Clinical Trials

Joseph M. Unger, PhD[1,2]; Anna B. Moseley, MS[1,2]; Christabel K. Cheung, PhD[3]; Raymond U. Osarogiagbon, MD[4]; Banu Symington, MD[5]; Scott D. Ramsey, MD, PhD[2]; and Dawn L. Hershman, MD[6]

PMID: 33729825

PURPOSE Patients with cancer living in socioeconomically disadvantaged areas have worse cancer outcomes. The association between socioeconomic deprivation and outcomes among patients with cancer participating in clinical trials has not been systematically examined.

METHODS We examined survival outcomes for patients enrolled in phase III and large phase II clinical trials for major cancers conducted by the SWOG Cancer Research Network from 1985 to 2012. Socioeconomic deprivation was measured using trial participants' residential zip codes linked to the Area Deprivation Index (ADI). Five-year overall survival, progression-free survival, and cancer-specific survival were examined using Cox regression frailty models, adjusting for age, sex, and race, and separately for insurance status, prognostic risk, and rural or urban residency.

RESULTS We examined 41,109 patients from 55 trials comprising 24 cancer histology and stage-specific cohorts. Compared with trial participants in the most affluent areas (ADI, 0%-20%), trial participants from areas with the highest socioeconomic deprivation (ADI, 80%-100%) had worse overall (hazard ratio [HR] = 1.28, 95% CI, 1.20 to 1.37, $P < .001$), progression-free (HR = 1.20, 95% CI, 1.13 to 1.28, $P < .001$), and cancer-specific survival (HR = 1.27, 95% CI, 1.18 to 1.37, $P < .001$). The results were similar after adjusting for insurance status, prognostic risk, and rural or urban residency. There was a continuous increase in risk of all outcomes as the ADI quintile increased.

CONCLUSION In patients with cancer with access to protocol-directed care in clinical trials, high area-level socioeconomic deprivation was associated with worse survival. Future research should examine whether the etiology of this residual disparity is related to reduced access to supportive care or postprotocol therapy and/or to differences in health status not reflected by protocol selection criteria.

J Clin Oncol 39:1339-1348. © 2021 by American Society of Clinical Oncology

Movement Towards Solutions

Washington Rural Palliative Care Initiative

The **Washington Rural Palliative Care Initiative** (WRPCI) is an effort to better serve patients with serious illness in rural communities. This public-private partnership is led by the Washington State Office of Rural Health at the state Department of Health involving over 24 organizations.

This work aims to assist rural health systems and communities to integrate palliative care in multiple settings, such as emergency department, inpatient, skilled rehabilitation, home health, hospice, primary care, and long-term care.

https://waportal.org/partners/washington-rural-palliative-care-initiative

Opinion

VIEWPOINT

Advancing Genomic Cancer Medicine in Rural and Underserved States

Jens Rueter, MD
The Jackson Laboratory, Augusta, Maine.

Edison T. Liu, MD
The Jackson Laboratory for Genomic Medicine, Farmington, Connecticut.

JAMA Oncology

2024 Vol 10 No. 9

In the evolving landscape of oncology, the integration of powerful genomic technologies into practice has ushered in a new era of precision cancer medicine. Complex genomic information such as mutational analyses, transcriptional signatures, and polygenic risk scores have become key diagnostics guiding therapeutic decisions and management of inherited cancer risk. However, the expertise to interpret these data for clinical decision-making remains constrained and is a significant challenge for community oncologists, especially those in rural regions and in medically underserved areas. While physical access to these tests is readily available, poor access to interpretive expertise has become the key limiting factor. These conditions have resulted in a low level of confidence assessing genomic information and a perceived lack of access to targeted therapies among community oncologists.[1]

The Jackson Laboratory is a major research institution in advanced genetics and genomics headquartered in Maine, a rural sparsely populated state. In 2015, we began to explore how we could parlay our technologic and educational expertise to enhance the state of genomic cancer medicine in Maine. We developed a community-based experiential learning model for raising the standards for genomic cancer medicine across an entire sector. The core of this model is the Maine Cancer Genomics

institution problem of inadequate access to the necessary range of domain experts and to overcome the limitations of standard continuing medical education (CME) modules. Most community-directed educational strategies use a didactic approach that has been useful in advancing quality control in the practice of medicine. However, the advanced management of complex medical disorders will increasingly require experiential learning based on hands-on problem-solving.[4] Genomic interpretation in cancer management falls in this category. Understanding this, we crafted a continuous learning strategy that would fit within the usual workflow of community oncologists.

The GTB sessions, which offer CME credit, are held at least once a week using a hybrid in-person/online format. They are centrally organized by a coordinator at The Jackson Laboratory. Community oncologists from around the state submit challenging genomic diagnostic cases for discussion with peer physicians and genetic/genomic PhD and PharmD experts. For each case discussed, a consensus recommendation is provided in a written report for clinical purposes such as insurance justification for medications.

Participating oncologists have stated that the GTBs are uniquely valuable to them and have greatly improved their ability to analyze complex genomic

SOLUTIONS
Fix What You Can Fix

- Manpower thru exposure
- Expand telehealth/telephone coverage
- National licensure credentialing for telehealth
- Decentralize clinical trials so John Smith can participate from his home in WY
- Realistic hospital reimbursement
- Universal healthcare


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Rural medicine is in danger

https://www.kevinmd.com/2024/10/why-rural-americas-health-care-crisis-is-getting-worse-and-what-it-means-for-retirees-podcast.html

I would like to thank the technical and artistic help of Lacey Reddick Clinical Trials Facilitator

Thank you!

bsymington@sweetwatermemorial.com