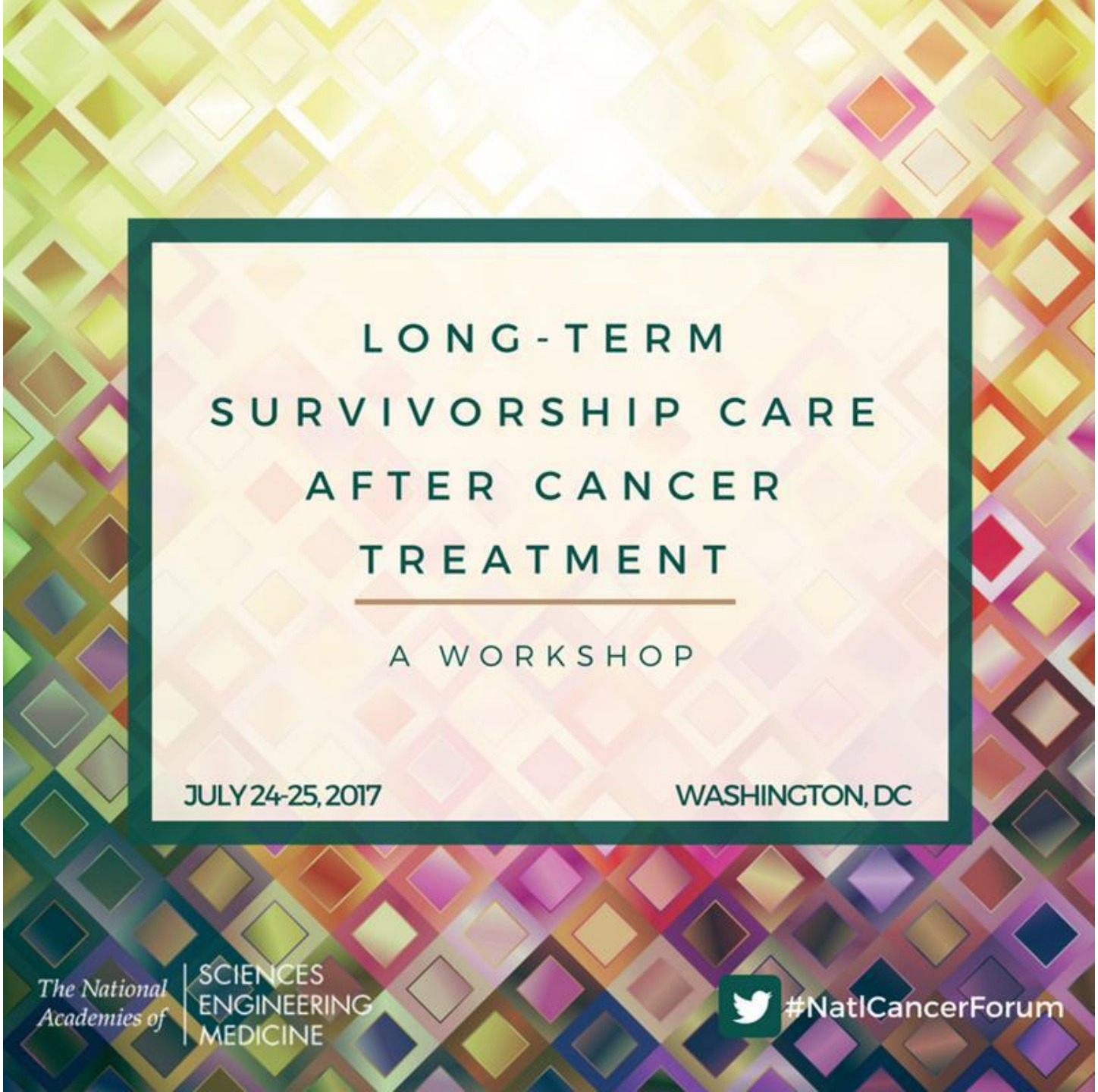
LONG-TERM
SURVIVORSHIP CARE
AFTER CANCER
TREATMENT
A WORKSHOP
JULY 24-25, 2017
WASHINGTON, DC
The National Academies of
SCIENCES
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#NatlCancerForum

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Keith E. Argenbright, MD, MMM

Reaching Rural Cancer Survivors

July 25, 2017

Agenda

- Who we are / what we do
- Rural cancer care in America
- Our program / Success
- Challenges
- Opportunities / Where do we go next?

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Moncrief Cancer Institute

- Part of UT Southwestern Medical Center and Harold C. Simmons Comprehensive Cancer Center
- Provides Prevention, Early Detection, Patient Navigation, and Survivorship Services to the medically underserved

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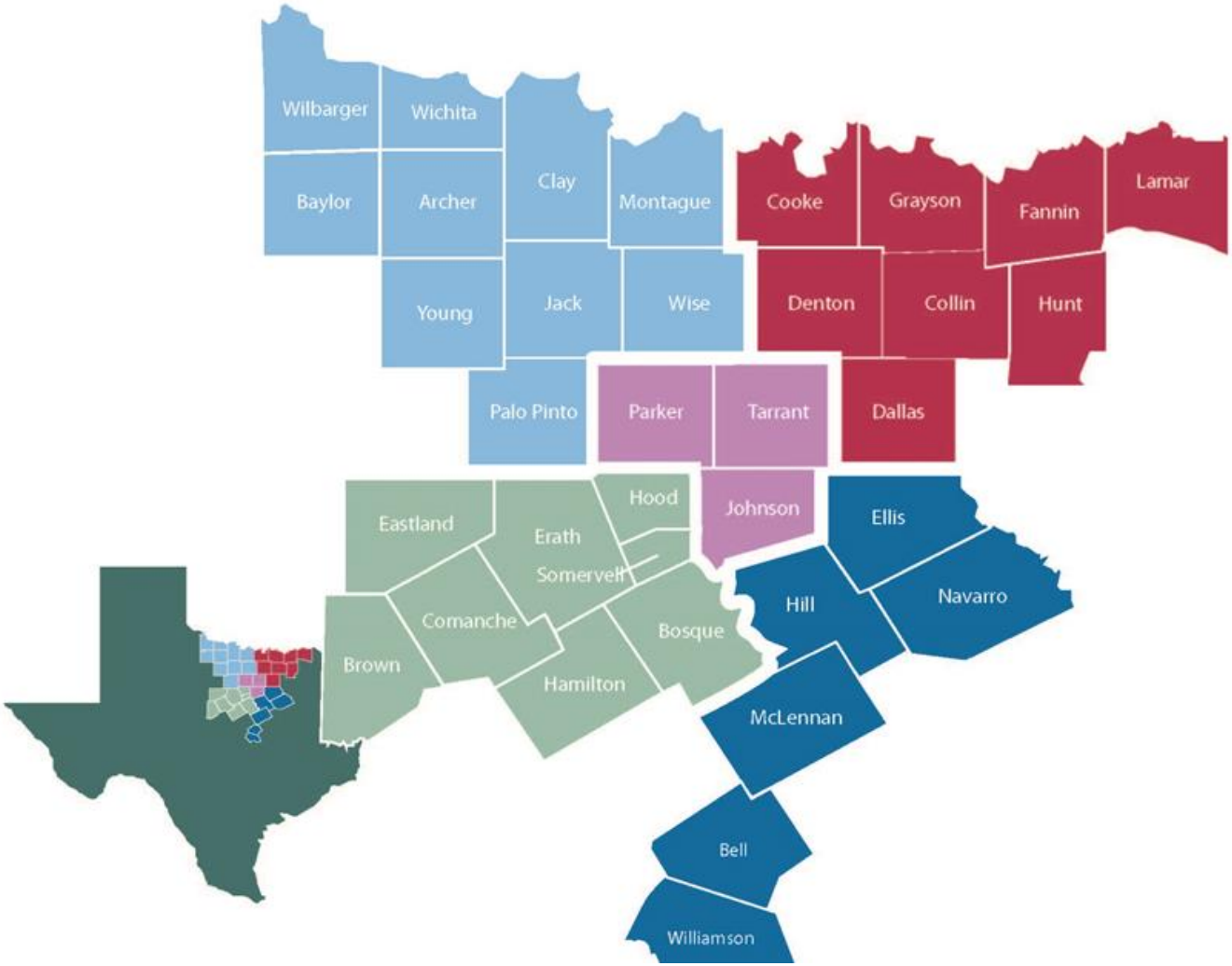
Service Region – All Services



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Rural Cancer Facts and Figures

- Rural residents are typically:
  - older, poorer, less educated
  - less healthy (tobacco, obesity)
  - less likely to have adequate health insurance
- Less likely to receive regular check-ups and preventive screening
- Less likely to have visited a health professional in the past year

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Rural Cancer Survivors

- About 1 in 5 (20%) of cancer survivors live in "rural" settings

- More likely to be diagnosed with advanced cancers and/or die from cancer

- More likely to report:
  - "fair or poor" health
  - two or more non-cancer co-morbidities
  - lower physical functioning
  - higher rates of psychological distress

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Rural Survivors – Barriers to Care

- Local access to hospitals
- Local access to physicians – financial difficulties for local providers
- Local access to ancillary services (advanced imaging, physical rehabilitation
- Chemotherapy – six to ten times farther
- Radiation therapy – two to times farther

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Rural Cancer – In The News

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Surveillance Summaries / Vol. 66 / No. 14
July 7, 2017

Invasive Cancer Incidence, 2004–2013, and Deaths, 2006–2015, in Nonmetropolitan and Metropolitan Counties — United States

MMWR -- Findings

- Higher average annual age-adjusted death rates for all cancer sites

- Higher incidence and death rates for cancers related to smoking

- Higher incidence and death rates for cancers that can be prevented by screening (colorectal, cervical)

- Higher incidence of cancers related to HPV

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Moncrief Survivorship Program – 7 years

- Based on limited survivorship program started in 2010 (”start with what you have”)
- Medicaid Waiver Section 1115 – DSRIP project awarded Oct. 2013
- Expanded service to 9 counties, 7,000 sq. miles
- Transition from psychosocial to include a medical model (late term effects, fertility preservation)

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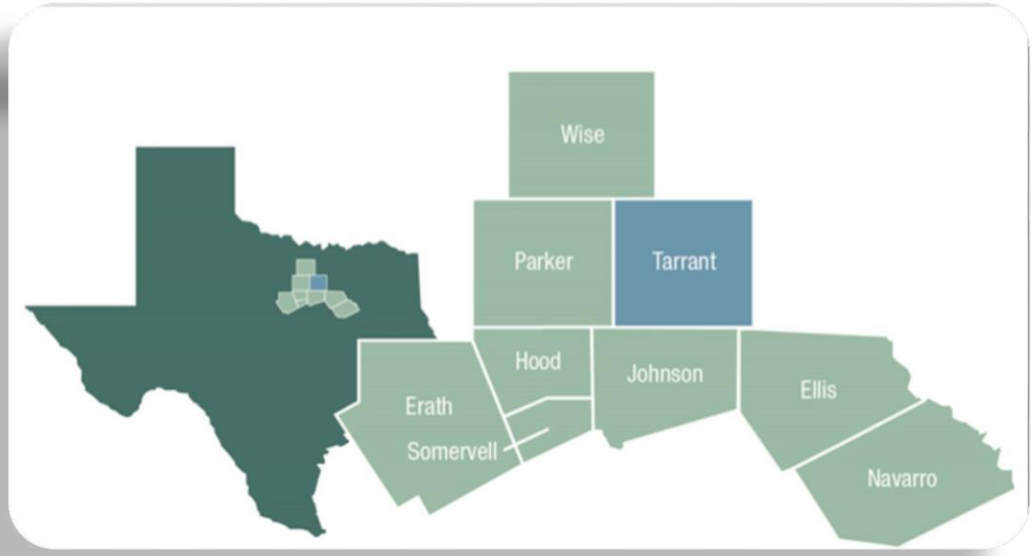
Service Region – Mobile Unit

- 55% of region's counties fully or partially designated as medically underserved[1]
- 15,000 underserved cancer survivors in region[2]
- Of those, 5,000 are at risk of nonadherence[2]



Mobile Cancer Survivor Clinic Service Area

Sources:
1) Medically Underserved Areas and Populations 2010 [cited 2010 September 8] Available from: http://muafind.hrsa.gov/index.aspx
2) Texas Cancer Registry *Age-Adjusted Invasive Cancer Incidence Rates by County in Texas, 2009 - 2013*

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Mobile Cancer Survivor Clinic

- ★ Custom-designed
- ★ First-of-its-kind mobile clinic
- ★ $1.1 million initial cost
- ★ Targets underserved in rural communities

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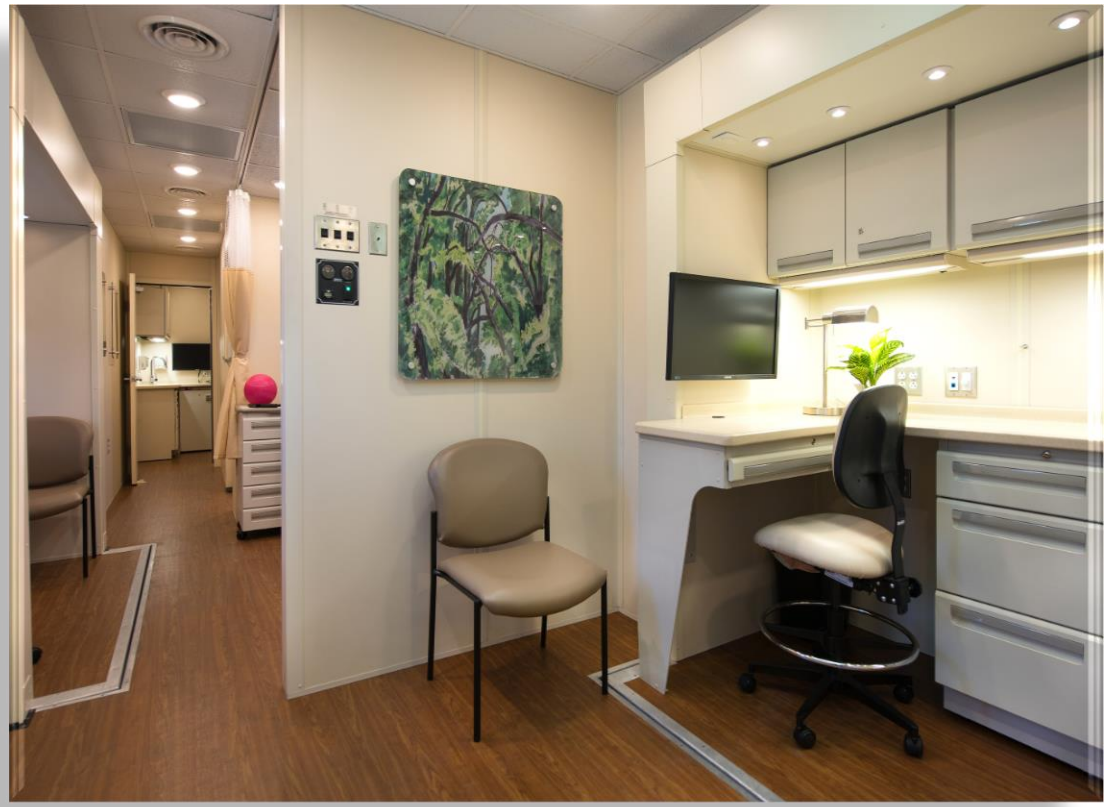
Mobile Cancer Survivor Clinic

- 3-D Mammography
- Telemedicine
- Exercise area
- Nutrition
- Consultation rooms
- Cervical screening
- Phlebotomy
- Reception area



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Strategic Outreach – Critical 1st step

- County Leadership Meetings
- Health Fairs & Community Events
- 16 Rollout/Open House Events in 9 Counties
- Chamber of Commerce Events

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Strategic Outreach - Rollouts

Program Statistics – 1st 24 Months

- 856 encounters: exercise, nurse navigator most popular
- 68% English speaking; 21% Spanish speaking
- 31% Hispanic; 32% non-Hispanic white; 22% African-American
- 41% uninsured; 33% Medicare; 16% Medicaid;
- 44% breast; 11% melanoma; 7% colorectal; 7% head/neck; 6% prostate; 5% cervical; 20% other

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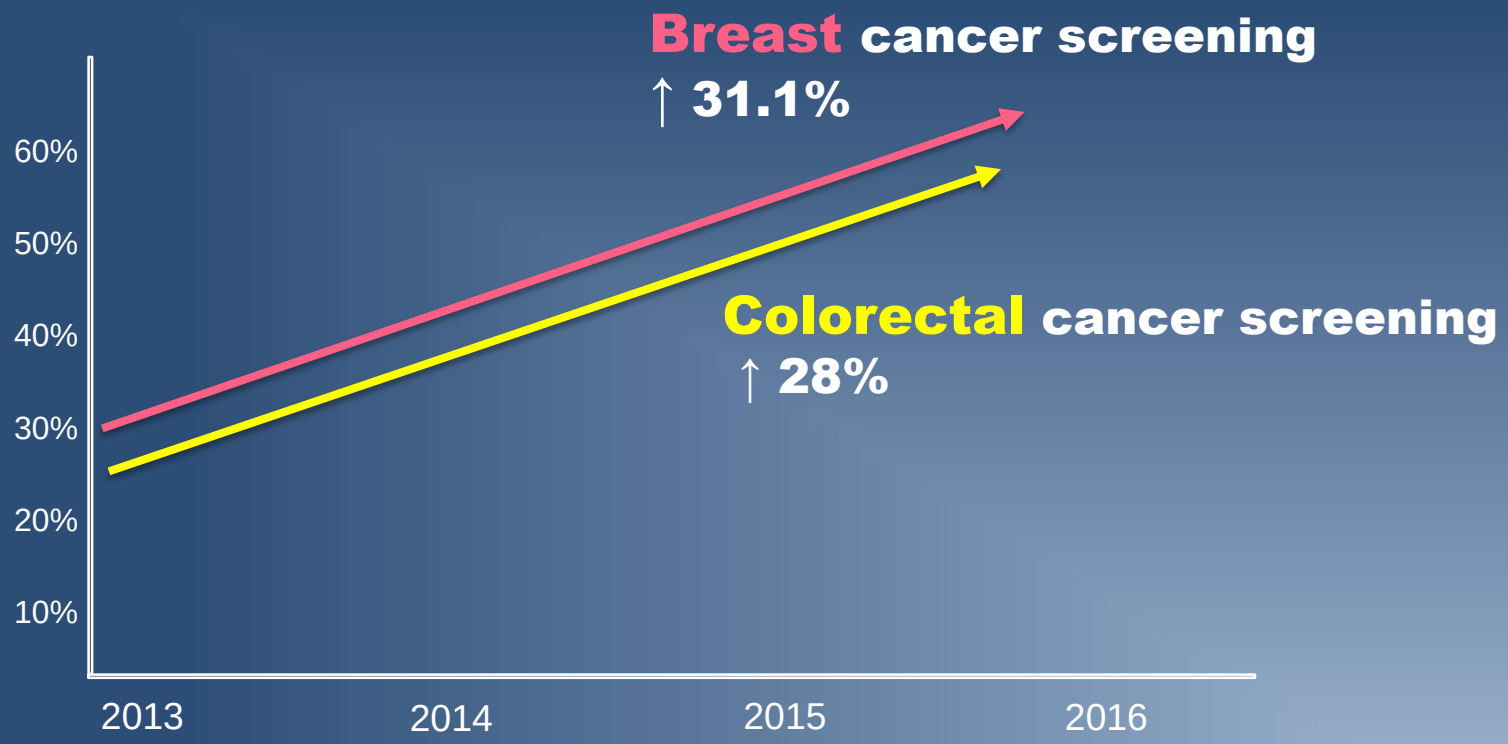
Mobile Program Outcome Measures

Survivor Screening



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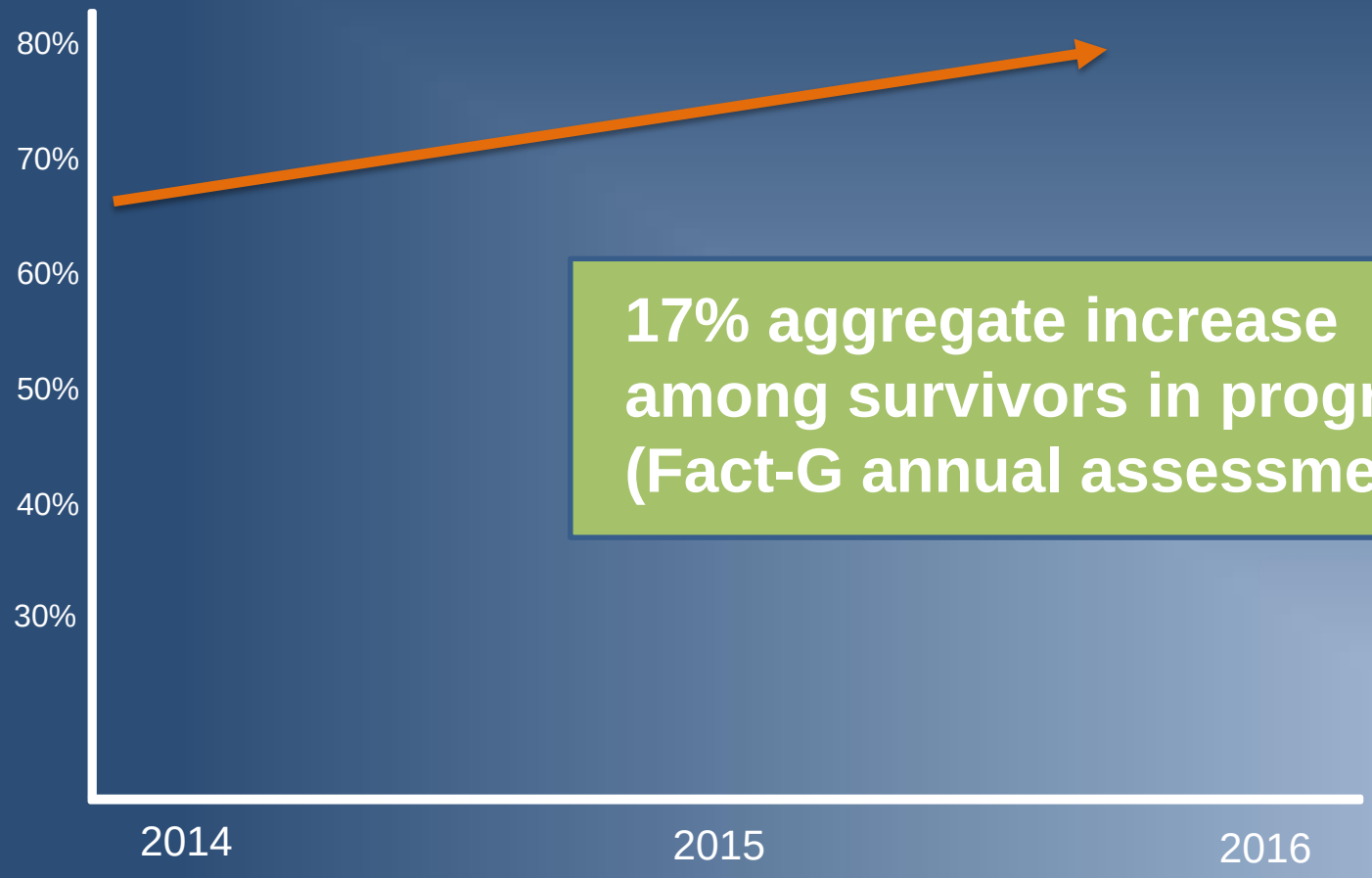
Mobile Program Outcome Measures

Quality of Life Improvement



17% aggregate increase among survivors in program (Fact-G annual assessment)

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Getting The Word Out

Challenges – “If you bring it, they will come”

- 43 y.o. female, resident of Ellis County
- Uninsured, undocumented
- Infiltrating ductal breast ca, July 2016
- Modified radical mastectomy, chemotherapy, radiation therapy
- Nurse navigator, social worker, genetic counseling, gas cards, financial assistance programs

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Challenges

- 33 y.o. male, Johnson County, day laborer, living in garage
- Uninsured, earns approx. $120 / week (does not qualify for Medicaid or county assistance)
- OJI, sent to ER for back pain – testicular masses, R/O CA – discharged from ER
- Nurse navigator, social worker – community resources for curative surgery

Navigation – THE Critical Component

- Important in all populations, critically important in rural and underserved populations
- Pair a nurse (clinical needs) with social worker (financial needs)
- Culturally and language appropriate
- Constantly investigating and nurturing community clinical and financial partners
- Loss to f/u rate – less than 5%

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Opportunities

- New communities – period of “trust”
- Demand exceeds supply
- Constantly looking for new funding sources (CDC’s NBCCEDP, CPRIT, Komen)
- Constantly looking for new clinical partners
- Scale programs to other rural locations
- Teach others the process (community engagement, funding, measurements, clinical partners, mobile unit)
- ACA clarity
- Medicare, Medicaid, commercial insurance payment for services

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Why It's Worth It … a Survivor's Perspective

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