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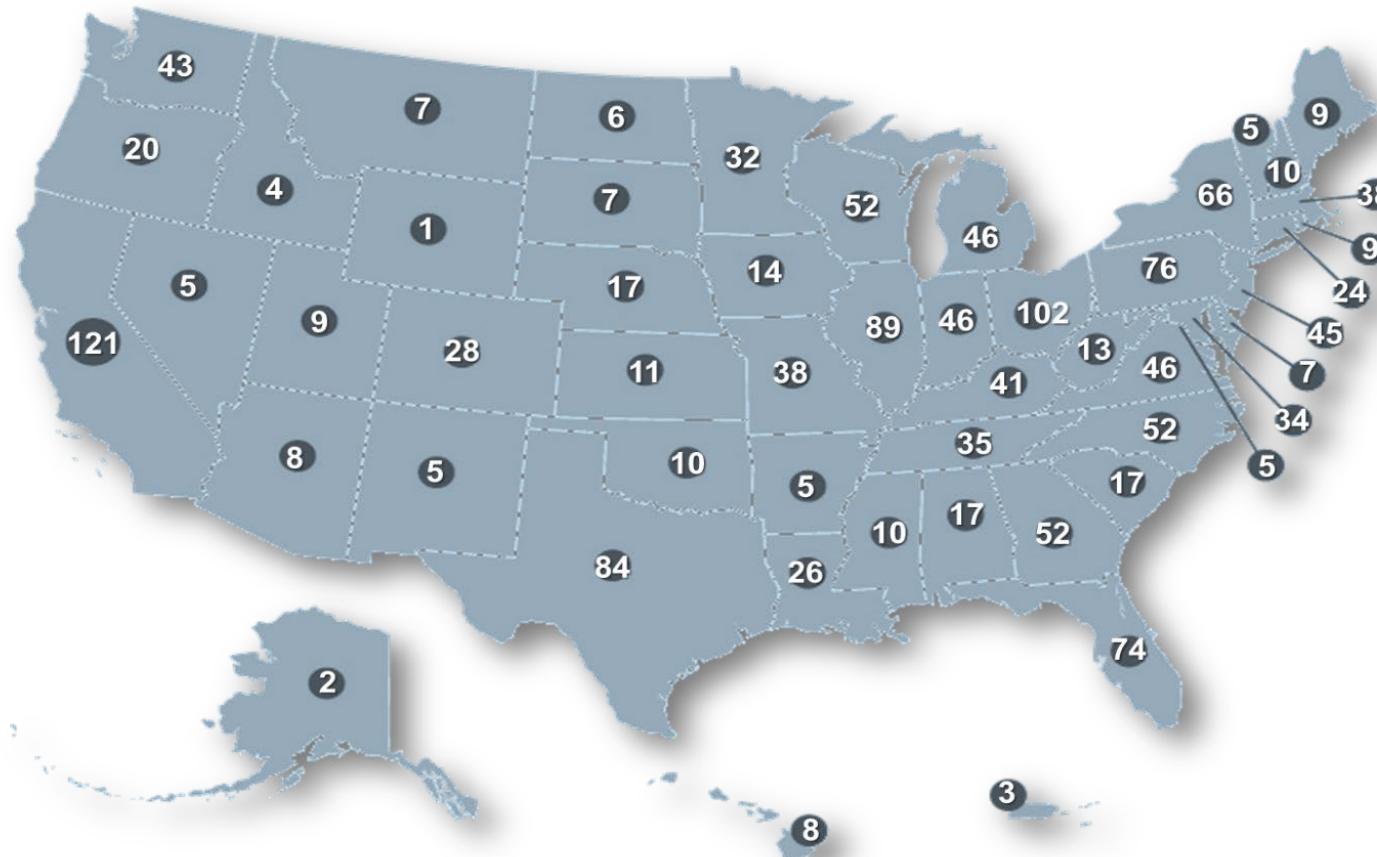
Challenges and opportunities in rural cancer care

I have no disclosures

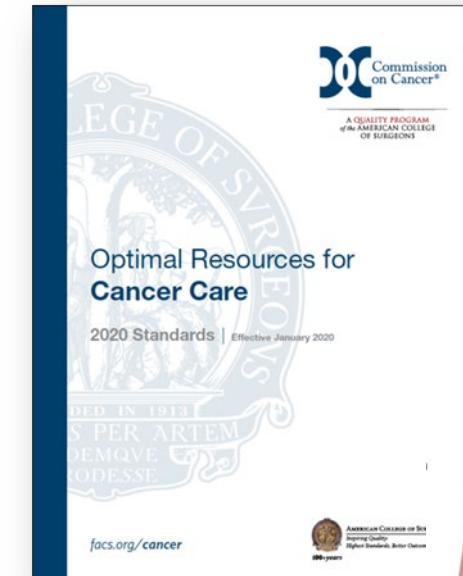
Cancer and the rural landscape

- Death from cancer is more likely for the 60 million people who reside in rural communities, despite lower incidence of cancer (Garcia, MMWR 2017)
- Cause is multifactorial, including worse baseline health, less access to screening and less access to quality healthcare (Iglehart 2018)
- Equivalent survival for rural and urban residents treated in clinical trials suggests that standardizing evidence-based care can impact outcomes (Unger 2018)

Commission on Cancer: Can quality accreditation address these challenges?

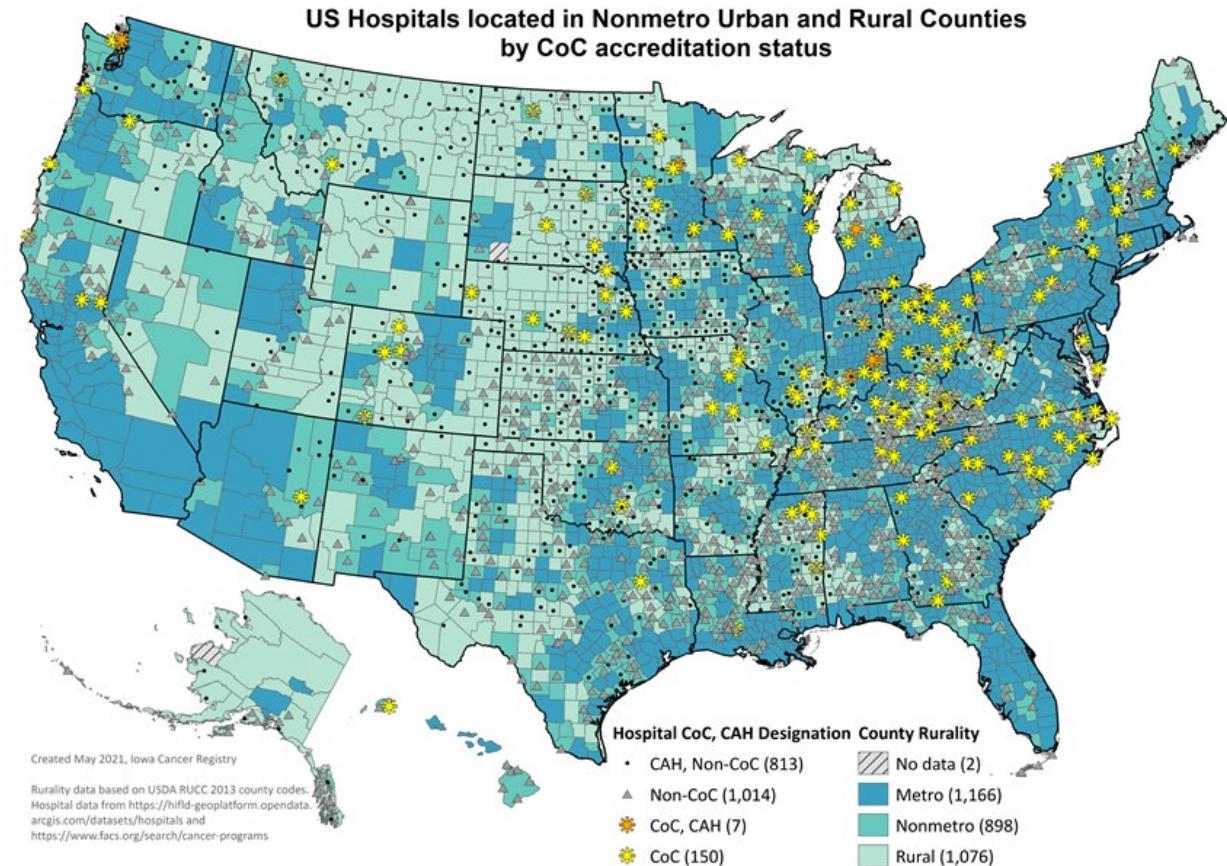
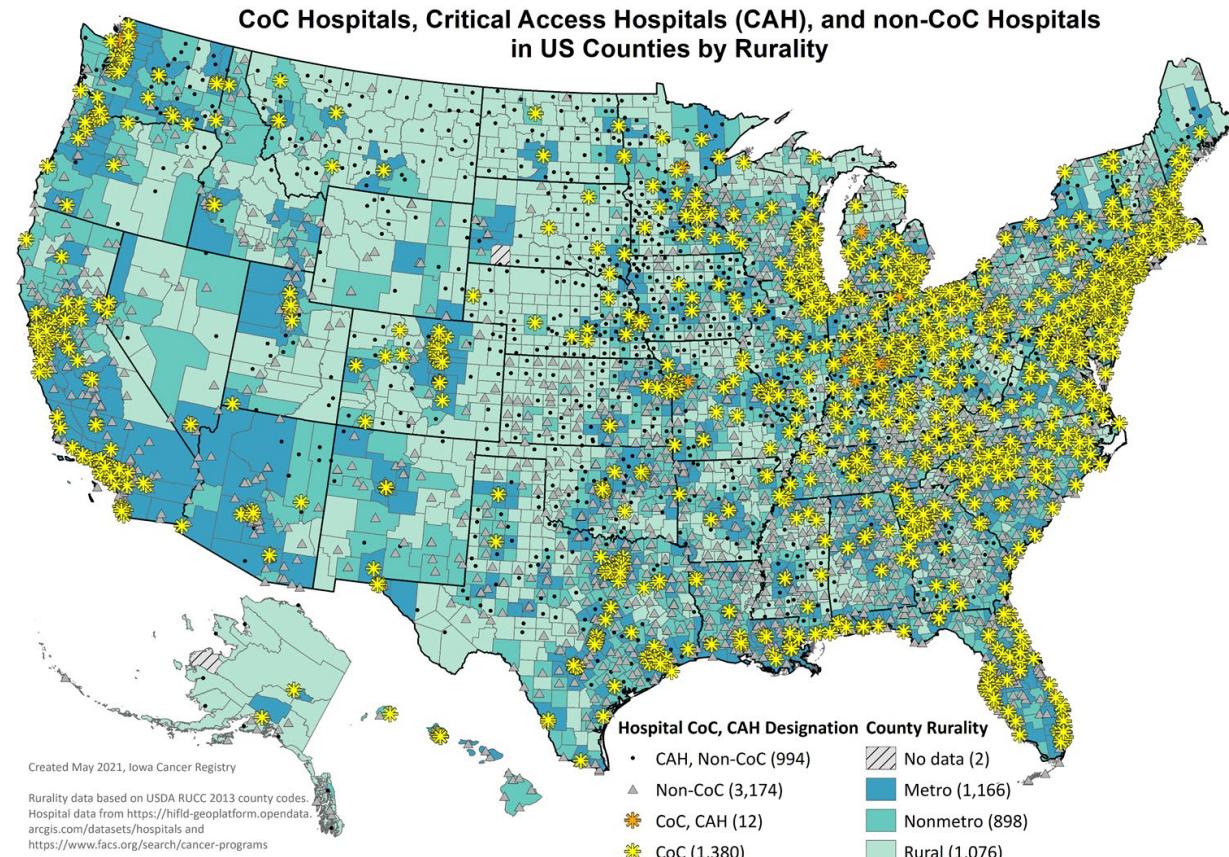


1,500 CoC-accredited cancer programs comprise 24% of US hospitals and treat > 70% of all cancer patients



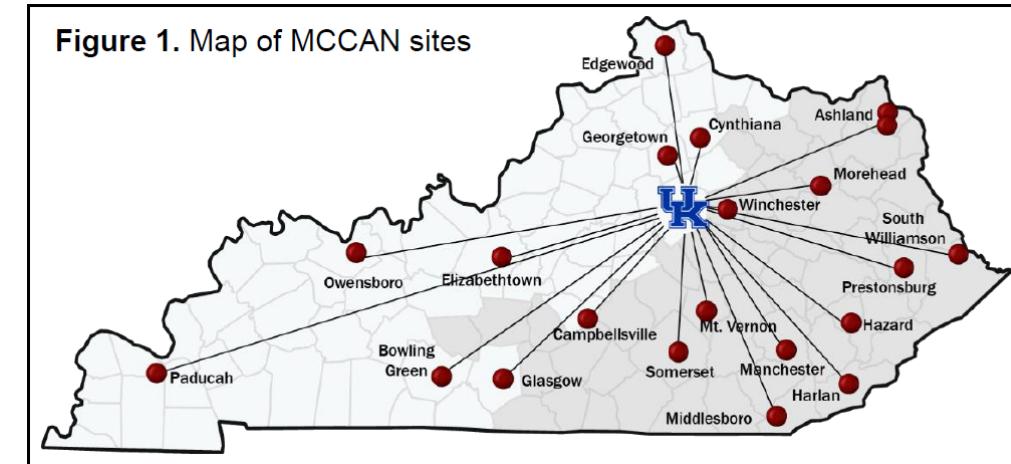
- Focus on Structure
- Focus on Process
- Focus on Outcomes

Rural urban differences in CoC accreditation



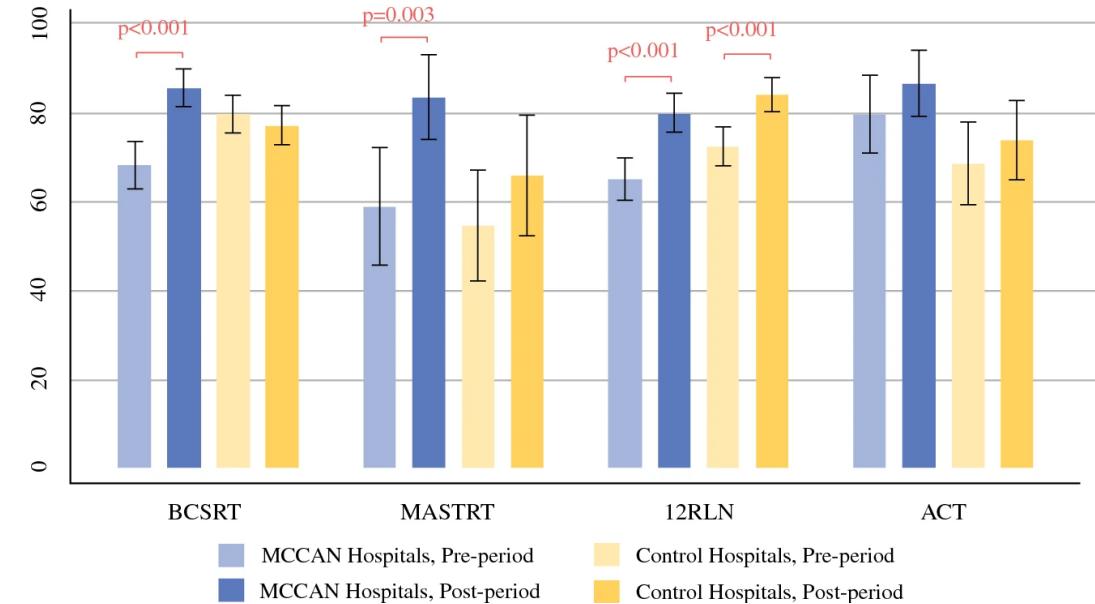
The Kentucky Model

- In 2006, the University of Kentucky (UK) Markey Cancer Center began building a collaborative network (MCCAN) with hospitals across Kentucky (many in rural areas) to improve cancer care
- To accomplish this, they:
 - Developed programs and resources tailored to the needs of individual members
 - Encouraged affiliate sites to refer complex cancer cases to UK, then refers them back for adjuvant treatments when appropriate
 - Allowed members to co-brand with the UK affiliation
- Leverages the Commission on Cancer (CoC) standards to improve quality among its affiliate sites and requires accreditation within 3 years of joining network



Accreditation impact on cancer quality in Kentucky

- 12/13 hospitals achieved accreditation over 3-year period after joining network
- Hospitals that joined network had:
 - 1) improvement in performance on 3 of 4 cancer specific quality metrics
 - 2) better performance than matched control hospitals by end of 3-year period



MCCAN=Markey Cancer Center Affiliate Network

BCRT = receipt of radiation after removal of breast tumor (lumpectomy) for cancer within 1 year

MASTRT = receipt of radiation after mastectomy for advanced breast cancer within 1 year

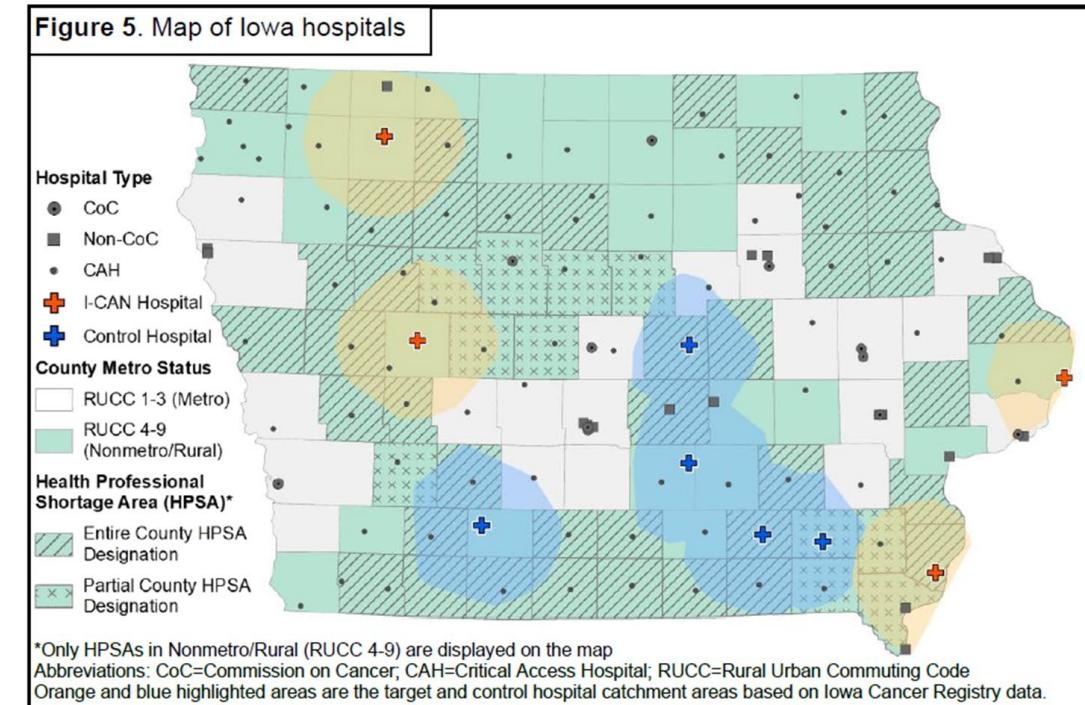
12RLN = removal of ≥ 12 lymph nodes during colon removal for cancer

ACT = Receipt of chemotherapy for stage 3 colon cancer in a timely fashion

Effectiveness and implementation of a health system intervention to improve quality of cancer care for rural, underserved patients

Objectives:

- 1) Determine the core functions (what makes the intervention effective) of the MCCAN model, and document the specific strategies or activities that may be customized to Iowa and that are needed to carry out the core functions
- 2) Implement a collaborative network adapted for Iowa (I-CAN) to make achievement of the CoC standards more feasible for rural community hospitals
- 3) Measure progress towards achievement of CoC standards



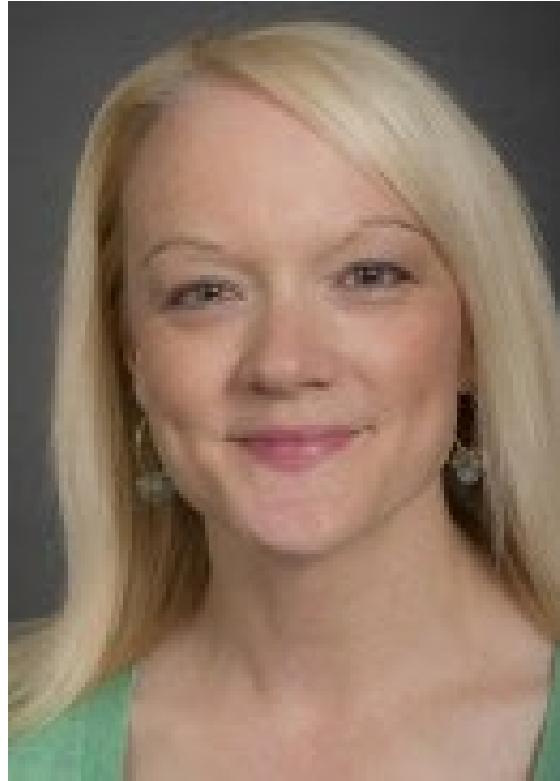
Key MCCAN themes

- Tailoring accreditation activities to goals of the individual hospitals
- Access to resources of Markey Cancer Center
 - Peer to peer support
 - Education
 - Patient navigation
 - Quality improvement
- Mentoring of physician champions
- Shared trust

Conclusions

- Opportunity exists to impact rural cancer control by improving quality of local cancer care
- Quality accreditation can impact treatment outcomes but has inherent challenges
- Collaborative model has potential to increase community hospital engagement and grow diversity of ideas
- Success depends on leveraging resources of NCI designated cancer centers

Acknowledgements



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