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**INFORMATION**



**Examining Rural Cancer Prevention and Control Efforts from the  
National Advisory Committee on Rural Health and Human Services**

## Housekeeping

- Q & A to follow – Submit questions using Q&A area
- Slides are available at [www.ruralhealthinfo.org/webinars/nacrhhs-cancer-prevention](http://www.ruralhealthinfo.org/webinars/nacrhhs-cancer-prevention)
- Technical difficulties please visit the Zoom Help Center at [support.zoom.us](http://support.zoom.us)

# Examining Rural Cancer Prevention and Control Efforts

*Policy Brief Webinar*

**January 21, 2020**

## Background on the Committee

- The Committee is a federally chartered independent citizens' panel whose charge is to advise the Secretary of HHS on issues related to how HHS and its programs can better serve rural communities.
- Chaired by former Mississippi Governor, Ronnie Musgrove, the Committee members' experience and expertise cover a wide range of rural health and human services issues.



## EXAMINING RURAL CANCER PREVENTION AND CONTROL EFFORTS

POLICY BRIEF AND RECOMMENDATIONS TO THE SECRETARY

AUGUST 2019

**NACRHHS**

National Advisory Committee on Rural Health and Human Services

The Committee meets twice a year to:

- Examine important issues that affect the health and well-being of rural Americans
- To hear directly from rural stakeholders in healthcare and human services

Following each meeting, the Committee produces policy briefs to the HHS Secretary with recommendations on policy or regulatory matters that are within the Secretary's purview.

### Committee's Policy Briefs:

<https://www.hrsa.gov/advisory-committees/rural-health/publications/index.html>

## Why Rural Cancer Care Coordination?

- Cancer is the second leading cause of death in the US
- Despite a downward decline in national cancer mortality, research demonstrates a distinct disparity in cancer mortality between urban and rural areas
- Rural counties have higher mortality rates for several preventable cancers, specifically, lung, colorectal and cervical cancers
- Disparities in cancer prevention and treatment in rural areas are attributable to several factors, such as higher rates of poverty, less access to health care services, transportation issues and more dependence on public health insurance programs

## Webinar Speakers



**Paul Moore, DPh**

*Executive Secretary* | National Advisory Committee on Rural Health and Human Services

*Senior Health Policy Advisor* | Federal Office of Rural Health Policy



**Dr. John Rochat**

*Oncologist* | Anderson Valley Health Center

Boonville, CA



**Peggy Wheeler, MPH**

*Vice President* | Rural Health Care and Governance

California Hospital Association

Member of the National Advisory Committee on Rural Health and Human Services

# Cancer and the Rural California Coast Perspective

Formerly: Mendocino Coast District Hospital  
Hematology/Oncology & Anticoagulation Clinics

April 2019

Currently: Anderson Valley Health Center

January 2020

## Mendocino, 1850 - "Wine, Waves, Wilderness"

Home to 88,018 residents (0.2% of California), over 3878 square miles.

US Census considers us "mostly urban" though, as less than 50% of our population lives in rural areas.



Henley, et al., Invasive Cancer incidence, 2004-2013, and deaths, 2006-2015, in nonmetropolitan and metropolitan counties – United States. *MMWR Surveillance Summaries* 2017;66(14):1-13

- Age-adjusted rate of rural cancer deaths, 2011-2015 was 180.4/100,000 compared to 157.8/100,000 in large metropolitan areas.
- Which, how many, and/or what combination of disparities account for this difference?
- ...but no answers, just questions.

## 19.3% of Americans (60 million) are rural...

### Rural:

- 10.4% veterans
- 81.1% own their homes
- 78.3% single family
- 65.4% born in state
- Median age 51
- 11.7% Poverty rate
- 19.5% Bachelor's degree
- 4% immigrants

### Urban:

- 7.8% veterans
- 59.8% own their homes
- 64.6% single family
- 48.3% born in state
- Median age 45
- 14% Poverty rate
- 29% Bachelor's degree
- 19% immigrants

## ...but only 3% of Oncologists work in rural areas.

### Rural:

- \$52,386 median income
- 61.9% married
- 11.6% live alone
- 13.6% uninsured
- 23.8% no Internet access
- 67.6% civilian employed

### Urban:

- \$54,296 median income
- 50.8% married
- 14.3% live alone
- 15.3 uninsured
- 17.3% no Internet access
- 70% civilian employed

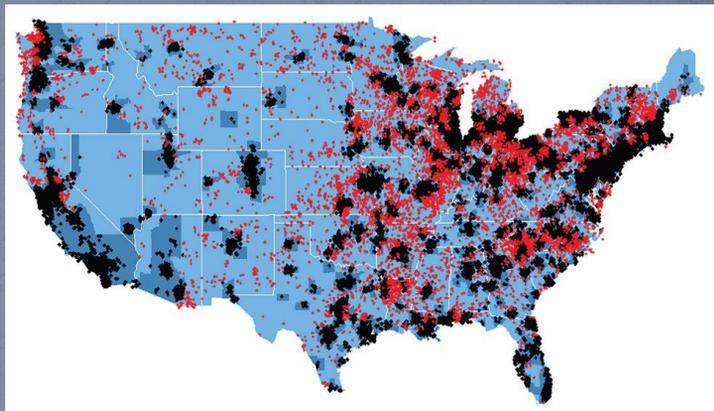
## Unger, et al., Geographic Distribution and Survival Outcomes for Rural Patients With Cancer Treated in Clinical Trials

*JAMA Network Open* 2018 ; 1 (4) : e181235

- Retrospective cohort analysis of 36,995 patients from all 50 states
- 44 phase 3 and phase 2/3 SWOG trials, 1986-2012, with followup through January 2018
- 17 different cancer-specific cohorts
- Rural vs Urban, per USDA Rural-Urban Continuum Codes (RUCCs)

## Unger, et al., Geographic Distribution and Survival Outcomes for Rural Patients With Cancer Treated in Clinical Trials

- Urban county
- ❖ Urban registration
- Rural county
- ❖ Rural registration



## Unger, et al., Geographic Distribution and Survival Outcomes for Rural Patients With Cancer Treated in Clinical Trials

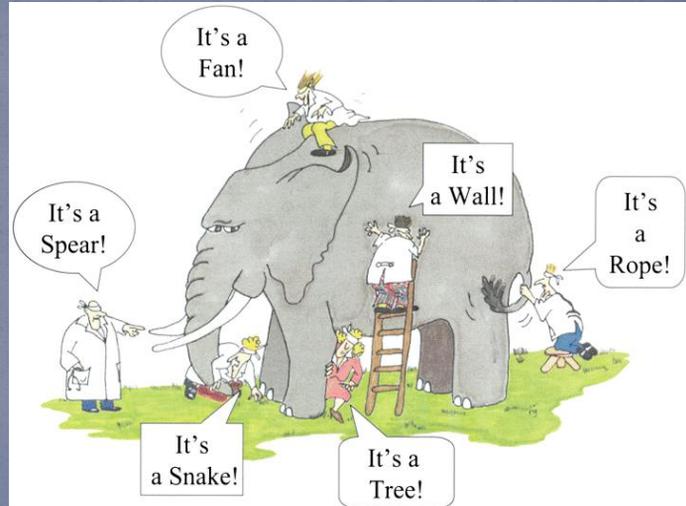
- Rural clinical trials patients were:
  - more likely to be 65 or older
  - more likely to be Caucasian
  - more likely to be male (non-sex-specific cohorts)
  - from all geographic regions
  - prognostic factors similar

## Unger, et al., Geographic Distribution and Survival Outcomes for Rural Patients With Cancer Treated in Clinical Trials

- Rural, triple negative breast cancer had worse overall survival (hazard ratio 1.27; 95% CI, 1.06-1.51; p=.008)
- ...But no other statistically significant differences for overall, progression-free, or cancer-specific survival.
- Differing definitions (8) of rurality showed no relationship

## Unger, et al., Geographic Distribution and Survival Outcomes for Rural Patients With Cancer Treated in Clinical Trials

- Take away? Equal application of standards of care has the greatest impact on outcomes -- *in clinical trials cohorts.*
- How do we do that?



## Enter NCCN: National Comprehensive Cancer Network



Unger, et al., Geographic Distribution and Survival Outcomes for Rural Patients With Cancer Treated in Clinical Trials

But what about “Real World” outcomes?

- The regimen, vs. delivery of that regimen
- Appropriate supportive care makes a difference: “Assess for Distress”
- Resources? “It takes a village” to deliver standards of care – medical oncologist, oncology nurse, pharmacist, radiation oncologist, surgeon, pathologist, radiologist,... and primary care.

What does NCCN's "Assess for Distress" mean for rural patients?

- Traveling is disruptive to sleep, diet.
- Transportation – public transportation nearly nonexistent
- Finances - “incidental” expenses are not covered, such as gas, vehicle wear and tear, meals, hotels, bridge tolls...
- Employment - can they continue working/volunteering? May have to work to keep their health insurance.
- Family - can their family continue working, going to school? More grandparents raising grandchildren.
- Many rural families have pets, farms, etc.
- Mental Health support poor, if at all.

## Rural Primary Care Cancer Challenges

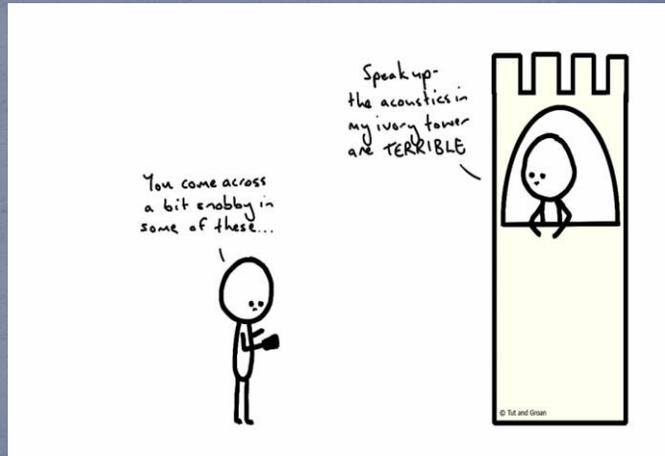
- Understaffed, with tremendous dependence on “independent” midlevel providers in California
- Gatekeepers to screening and early detection
- Bias differentiating Age from Performance Status
- “Community self esteem” is often poor, obstructive
- Electronic Health Records systems are incompatible
- “HIPAA” is a major obstruction to communication

## Rural Oncology Care Challenges

- NCCN one key for educating providers, patients and families about standards, unrelated to rurality
- No typical “tumor board”, & no local clinical trials
- Little support, collaboration from academic centers
- EHR incompatibility, and “HIPAA” obstructive
- Online Library/journal access cost prohibitive
- Staffing often difficult, expensive, transient
- Net neutrality!

## What of academia collaboration?

- “There are two ways to have the biggest house in town. You can build on to yours, or tear your neighbor’s down.”  
-mom



## What of Oncology & the rural economy?

- Maintain/increase/retain volume of services such as laboratory, imaging, pathology, pharmacy, etc., necessary for quality and viability
- Retain regional revenues, both direct and indirect
- Create jobs, and keep patients and families at their jobs

## My "Primary" Suggestion...

- Improve Primary Care access. Improve Primary Care access, etc.

## Other Suggestions...

- Encourage NCCN use; ASCO guidelines not user friendly or UTD
- Educate all providers about Performance Status v. Ageism.
- Make "HIPAA" user friendly
- Encourage academic support/collaboration – rural providers are not a threat, and not stupid, but rural patients *are* different.
- Medical Student and Allied Health Student *rural* training – you might even choose a career of it, but regardless there's a good chance you'll encounter these patients in urban areas too.
- Grant library/journal access for rural providers – there's just not that many of us.
- Improve rural reimbursement rates for cancer care.

# Site Visit and Policy Recommendations

National Advisory Committee on Rural Health and Human Services

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## Site Visit: Northern Valley Indian Health, Inc Willows, CA

- Willows is located in Glenn County, CA; population of roughly 6,166 residents (2010 Census)
- NVIH is a non-profit, tribal organization founded by a group of California tribal representatives in 1971.
- Each of NVIH's seven locations provide quality, patient-centered primary care, dental, behavioral health, and community health services to Native and non-Native patients.
- NVIH has a developed relationship with UC Davis Comprehensive Cancer Center, one of the 21 NCI-designated Cancer Centers



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## Site Visit Themes & Local Perspectives

- Important role of patient navigators
  - Helps bridge communication challenges and strengthens care coordination
- Issues with defining cancer patient navigation and differentiation between navigators and other public health workers (i.e. community health workers)

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## Policy Recommendations

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## Recommendation 1

The Committee recommends the Secretary support combined funding from the CDC, HRSA and NCI to develop, implement, and evaluate a rural patient navigation program to enhance care coordination, particularly in tribal communities and persistent poverty counties.

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## Recommendation 2

The Committee recommends the Secretary work with Congress to increase funding to expand NCI's Rural Cancer Control Program and partnerships with rural and tribal providers in implementing cancer control projects.

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## Recommendation 3

The Committee recommends the Secretary and HHS implement a national campaign to promote cancer-related clinical information and resources supported by the Department to improve the delivery of cancer care for providers and clinicians practicing in rural and underserved areas.

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## Recommendation 4

The Committee recommends CMS conduct more targeted outreach for rural providers on how to use existing Medicare codes for cancer care coordination.

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## Recommendation 5

The Committee recommends the Centers for Disease Control and Prevention require states, territories, and tribes or tribal organizations to assess rural-urban cancer mortality rates as part of their cancer control plans and, where appropriate, develop and implement rural-focused cancer control goals, objectives, or strategies, particularly in areas with high rural cancer mortality rates.

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## For More Information

To find out more about the Committee, please visit our website at <http://www.hrsa.gov/advisorycommittees/rural/> or contact:

**National Advisory Committee on Rural Health and Human Services**

c/o Federal Office of Rural Health Policy  
Health Resources and Services Administration  
5600 Fishers Lane,  
Rockville, Maryland 20857  
P: 301-443-0835

Paul Moore (Executive Secretary): [PMoore2@hrsa.gov](mailto:PMoore2@hrsa.gov)  
Steve Hirsch (Administrative Coordinator): [SHirsch@hrsa.gov](mailto:SHirsch@hrsa.gov)

# Questions?



The image shows a Zoom webinar interface. On the left is a slide with the RHIhub logo (Rural Health Information Hub) and the website [ruralhealthinfo.org](http://ruralhealthinfo.org). The slide text reads: "Your *First STOP* for *Rural Health* INFORMATION". Below this is a map of the United States filled with various rural health-related images. At the bottom of the slide, it says "Examining Rural Cancer Prevention and Control Efforts from the National Advisory Committee on Rural Health and Human Services". A red arrow points to the "QA" icon in the Zoom control bar. On the right, a "Question and Answer" window is open, displaying a "Welcome" message and a text input field labeled "Type your question here..." with a red arrow pointing to it.

## Thank you!

- Contact us at [ruralhealthinfo.org](http://ruralhealthinfo.org) with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website