

Project Summary October 2007

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Access to Cancer Services for Rural Colorectal Cancer Patients

Background

Cancer care requires a sophisticated set of surgical and medical resources. These resources are less likely to be located in rural areas, especially small and isolated small rural areas. Several studies have shown that rural cancer patients are less likely than urban patients to receive some state-of-the-art cancer care such as adequate cancer staging. One reason may be their poorer geographic access to specialty care and diagnostic services.

Aims

• To determine how far rural and urban colorectal cancer (CRC) patients travel to three types of specialty cancer care services—surgery, medical oncology consultation, and radiation oncology

consultation.

• To determine where rural CRC patients travel for their care.

• To examine whether rural CRC patients are bypassing their local cancer care providers for more distant specialists.

Study Population

27,143 individuals ages 66 and older diagnosed with stages I-III CRC between 1992 and 1996.

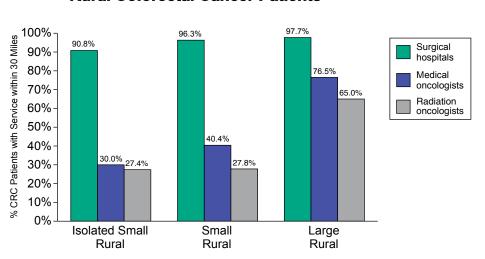
Data Sources

Surveillance, Epidemiology, and End Results (SEER) cancer registry data from five states (Connecticut, Hawaii, Iowa, New Mexico, and Utah) and seven county-based areas in four other states (Atlanta, Detroit, rural Georgia, Los Angeles, San Francisco, San Jose, and Seattle/Puget Sound) linked with Medicare claims data.

Major Findings

• The majority of rural CRC patients lived within 30 miles of a surgical hospital offering CRC surgery.

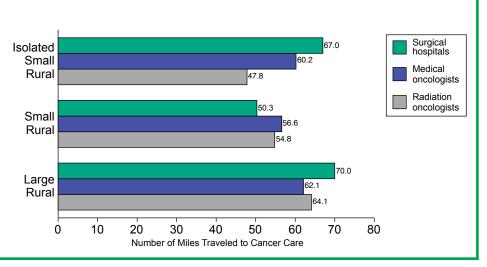
• Less than half of CRC patients living in small and isolated rural areas had a medical or radiation oncologist practicing within 30 miles of their residence.



Geographic Availability of Cancer Providers to Rural Colorectal Cancer Patients

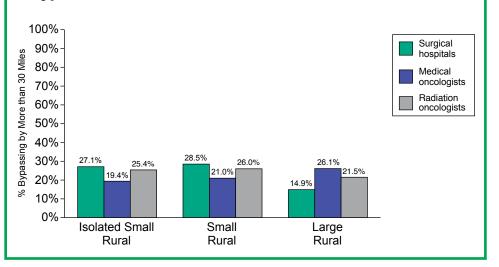
Median Distances Traveled by Colorectal Cancer Patients to their Cancer Care Providers

■ CRC patients from rural areas who left their geographic areas to obtain cancer care often traveled great distances. The median distance traveled by isolated, small rural CRC patients to urban care providers was between 47.8 and 67.0 miles.



About one-fifth of all rural patients bypassed their closest medical and radiation oncology services to see a provider located in a larger rural or urban area at least 30 miles away.

Rates at which Colorectal Cancer Patients Bypassed the Closest Cancer Care Providers



Policy Implications

Rural CRC patients often travel long distances from their home communities to obtain cancer care, with associated burdens of time, cost, and discomfort. Many have no choice, but others are bypassing closer local providers. Better understanding of how often this travel is determined by choice, limitations in availability of services, or concerns about the quality of local services would inform providers, health systems, and policy makers as they work to ensure access to optimal cancer care services for rural populations. These strategies might include transportation systems, telemedicine services, and quality improvement programs.

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