

# Two-thirds of newly diagnosed cancer patients unable to obtain oncology appointments

June 1 2011

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Newly diagnosed cancer patients frequently face hurdles in obtaining an appointment for care with an oncologist, according to new research from the Perelman School of Medicine at the University of Pennsylvania that will be presented Saturday, June 4 at the 2011 annual meeting of American Society of Clinical Oncology (Abstract #6128). Even callers with private health insurance had difficulty scheduling an appointment, with just 22 percent of them obtaining a slot, compared to 29 percent of uninsured patients and 17 percent of patients on Medicaid, according to results of a study in which research assistants posed as patients seeking an initial evaluation.

"Although [healthcare reform](#) is likely to expand [health insurance coverage](#) to more Americans, our research shows that even with insurance, patients face barriers when they try to access [cancer care](#)," says lead author Keerthi Gogineni, MD, an instructor in the division of Hematology-Oncology at Penn's Abramson Cancer Center. "Given the typical pre-appointment expectations for new patients – which typically involve referral requirements, paperwork and routing of medical records and test results – both insured and [uninsured patients](#) must contend with many challenges that delay care with a specialty cancer provider."

In the study, research assistants attempted to call 160 U.S. hospitals under three different circumstances each, varying only their insurance status as they explained their scripted patient situation, which involved a

new diagnosis of an inoperable liver cancer. Callers reached a scheduler 79 percent of the time, but only 29 percent of those callers received appointments. Of the appointments ultimately scheduled, 35 percent required multiple calls to complete the process. In nearly a quarter of cases, callers failed to reach staff even after three attempts. Among reasons for denial of appointments or inability to schedule: Demand for medical records (39 percent), not being able to reach appropriate schedulers (24 percent), and referral requirements (18 percent).

The authors note that the access problems revealed in the study may become more urgent in the coming years, given Institute of Medicine and ASCO projections showing a widening gap between the number of people living with cancer and the number of practicing oncologists available to care for them.

Gogineni and her co-author, Katrina Armstrong, MD, MSCE, chief of the division of General Internal Medicine and associate director of Outcomes and Delivery in the Abramson Cancer Center, suggest that more patient navigator programs could play a critical role at coaching patients through this initial phase of their care. Since literacy issues or lack of guidance from a referring physician may impede patients' ability to locate the proper number to call for help at some hospitals, they also urge centers to train staff at locations other than appointment hotlines or intake centers to point new patients to the proper location.

"Patients who are newly diagnosed with cancer may be confused or frightened," Armstrong says. "Asking them to find their way through the complex process of obtaining imaging studies and other tests or collecting records from another doctor prior to scheduling an appointment may pose an undue burden, and cancer centers should be prepared to provide help with those preliminary steps."

Gogineni will present these findings during the Health Services Research

General Poster Session from 8 a.m. to 12 p.m. CST on Saturday, June 4 in McCormick Place Hall A.

Provided by University of Pennsylvania School of Medicine

Citation: Two-thirds of newly diagnosed cancer patients unable to obtain oncology appointments (2011, June 1) retrieved 7 May 2024 from <https://medicalxpress.com/news/2011-06-two-thirds-newly-cancer-patients-unable.html>

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