

# Rural cancer care may be closer than you think

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Research from the University of Iowa suggests that cancer care is more accessible in rural areas than thought, and this increased accessibility should be considered as changes are made in the health care system under the Affordable Care Act.

Thomas Gruca, professor of marketing in the Tippie College of Business and study co-author, found that significant portions of Iowa's population are, indeed, an excessive distance from full-service [cancer care](#) centers located in larger cities like Des Moines, Omaha/Council Bluffs, or Davenport. But his study finds that number drops significantly if visiting consultant clinics (VCCs) in [rural hospitals](#) are taken into consideration.

Gruca says rural VCCs host oncologists at least once a month from cancer centers in larger urban areas, and depending on the clinic provide a range of diagnostic, treatment, and post-treatment services. Using data from the Iowa Health Professions Tracking Center in the Carver College of Medicine, the study found that the median driving time for Iowans to the closest site for oncology care falls from 51.6 minutes to 19.2 minutes when VCCs are considered. According to federal guidelines, anything more than a 30-minute drive is considered an excessive commute to receive care.

Even from isolated rural towns, Gruca says the median travel time for cancer care dropped from 58 minutes to 26 minutes when VCCs were considered, well within the guidelines.

"Clearly, visiting consultant clinic sites are an important mechanism for providing medical oncology services in [rural communities](#)," Gruca says.

The study group's research found 80 VCCs in rural Iowa hospitals, serviced by 55 oncologists visiting from larger cities. He found 38 of the VCCs are visited by an [oncologist](#) once a month, 22 are visited two or three times, and 20 are visited four or more times monthly.

In the end, he says the proportion of Iowa's population outside of a 30-minute drive to an oncology care site drops from 42 percent to 10 percent when VCCs are considered. He says this number is important because it turns the problem into something that can be addressed.

"When almost half the population has limited access to cancer care, you throw up your hands and say what can you do?" he says. "But if only 10 percent have limited access, we say, we can deal with that, that's a problem we can solve."

Gruca says his study suggests that VCCs could play a larger role in cancer care as the [health care system](#) is reorganized by the [Affordable Care Act](#).

"We need to study this more to make sure those changes don't make access to care more difficult," he says.

Making VCCs a larger part of the [health care](#) system could also boost the economic fortunes of struggling hospitals in small towns and rural areas that have seen large numbers of their population move away in recent years.

Gruca says additional research is needed to determine how VCCs can be most optimally used. His research looked at only Iowa, and while he expects his results will apply to other Midwest states that have larger

towns and cities that can service rural VCCs, it might not apply to more isolated Plains states with less population density.

He says past research has also shown doctors don't always like participating in visiting clinic programs because it's disruptive and requires a lot of time on the road.

**More information:** The study "The Influence of Visiting Consultant Clinics on Measures of Access to Cancer Care" was published this month in the journal *Health Sciences Research*.

Provided by University of Iowa

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