Cancer clinic closures limit access to care, increase Medicare spending

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From 2008 to 2016, 380 cancer treatment facilities closed nationally, and another 390 practices struggled to stay open due to financial stress. According to the Community Oncology Alliance, cancer clinic closures place an additional burden on the nearly 20 percent of Americans living in rural areas due to limited local access to oncology care, forcing patients to travel farther for treatment.

To better understand the financial impact of closures and travel times on rural Americans, Gabrielle Rocque, M.D., assistant professor in the Division of Hematology and Oncology at the University of Alabama at Birmingham and assistant scientist in the O'Neal Comprehensive Cancer Center, evaluated travel time to a cancer care site, known as a CCS, for Medicare beneficiaries age 65 years or older in the Southeast in a new study published by the *Journal of Clinical Oncology*.

In this study, Rocque and her collaborators used data collected from the Centers for Medicare and Medicaid Innovation that included patients diagnosed during or after 2008 who received cancer care from 2012 to 2015. The research sample included 23,282 patients spanning across Alabama, Georgia, Florida, Mississippi and Tennessee, where the most common cancer types were genitourinary, gastrointestinal, breast and lung.

"Longer travel time for cancer care is associated with greater Medicare spending and patient cost responsibility, adding to the evidence that decreasing local access to care may have consequences," Rocque

explained. "Limited access to cancer care in rural communities could contribute to the substantial disparities in cancer outcomes."

Findings showed that average travel time to a patient's CCS was 32 minutes. Some 18 percent of patients had less than 15 minutes' travel time; 30 percent traveled 15 to 30 minutes; 27 percent, 30 to 60 minutes; 16 percent, 60 to 120 minutes; and 8 percent, more than 120 minutes. For larger-volume sites, 29 percent drove longer than one hour.

As for Medicare spending, costs were similar for patients traveling 30 minutes or less and 31 to 60 minutes. However, patients traveling longer than one hour had significantly higher monthly Medicare spending than those traveling 30 minutes or less. Factors that contributed to this difference were higher monthly inpatient spending and higher carrier or physician visit spending for those with longer travel times.

Additionally, rates of hospitalizations were similar for those traveling 30 minutes or less and 31 to 60 minutes, but were 4 percent to 13 percent higher for patients traveling longer than one hour, and those traveling longer than one hour were more likely to stay in an intensive care unit.

However, there may be a way to improve on these numbers, Rocque says. Delivery of services at high-volume centers with specialized oncology experts can improve patient outcomes. In rectal, hepato-pancreato-biliary and gynecologic cancers, surgery at higher-volume centers is associated with improved outcomes, including lower complication rates and improved survival.

"We believe our study highlights the advantages of local care and shows that efforts are needed for care coordination and physician education on cancer-related complications," Rocque said. "We hope the research will encourage health systems and regional networks to provide additional resources for patients living farther from their cancer care site."