Agenda

- Who we are / what we do
- Rural cancer care in America
- Our program / Success
- Challenges
- Opportunities / Where do we go next?
Moncrief Cancer Institute

- Part of UT Southwestern Medical Center and Harold C. Simmons Comprehensive Cancer Center
- Provides Prevention, Early Detection, Patient Navigation, and Survivorship Services to the medically underserved
Service Region – All Services
Rural residents are typically:
- older, poorer, less educated
- less healthy (tobacco, obesity)
- less likely to have adequate health insurance

Less likely to receive regular check-ups and preventive screening

Less likely to have visited a health professional in the past year
About 1 in 5 (20%) of cancer survivors live in “rural” settings

More likely to be diagnosed with advanced cancers and/or die from cancer

More likely to report:
- “fair or poor” health
- two or more non-cancer co-morbidities
- lower physical functioning
- higher rates of psychological distress
Rural Survivors – Barriers to Care

- Local access to hospitals
- Local access to physicians – financial difficulties for local providers
- Local access to ancillary services (advanced imaging, physical rehabilitation)
- Chemotherapy – six to ten times farther
- Radiation therapy – two to times farther
Invasive Cancer Incidence, 2004–2013, and Deaths, 2006–2015, in Nonmetropolitan and Metropolitan Counties — United States
Higher average annual age-adjusted death rates for all cancer sites

Higher incidence and death rates for cancers related to smoking

Higher incidence and death rates for cancers that can be prevented by screening (colorectal, cervical)

Higher incidence of cancers related to HPV
Moncrief Survivorship Program – 7 years

• Based on limited survivorship program started in 2010 (”start with what you have”)

• Medicaid Waiver Section 1115 – DSRIP project awarded Oct. 2013

• Expanded service to 9 counties, 7,000 sq. miles

• Transition from psychosocial to include a medical model (late term effects, fertility preservation)
55% of region’s counties fully or partially designated as medically underserved\(^1\)

15,000 underserved cancer survivors in region\(^2\)

Of those, 5,000 are at risk of nonadherence\(^2\)

Sources:
2) Texas Cancer Registry *Age-Adjusted Invasive Cancer Incidence Rates by County in Texas, 2009 - 2013*
Mobile Cancer Survivor Clinic

- Custom-designed
- First-of-its-kind mobile clinic
- $1.1 million initial cost
- Targets underserved in rural communities
Mobile Cancer Survivor Clinic

★ 3-D Mammography
★ Telemedicine
★ Exercise area
★ Nutrition
★ Consultation rooms
★ Cervical screening
★ Phlebotomy
★ Reception area
Strategic Outreach – Critical 1st step

- County Leadership Meetings
- Health Fairs & Community Events
- 16 Rollout/Open House Events in 9 Counties
- Chamber of Commerce Events
Strategic Outreach - Rollouts
Program Statistics – 1st 24 Months

- 856 encounters: exercise, nurse navigator most popular
- 68% English speaking; 21% Spanish speaking
- 31% Hispanic; 32% non-Hispanic white; 22% African-American
- 41% uninsured; 33% Medicare; 16% Medicaid;
- 44% breast; 11% melanoma; 7% colorectal; 7% head/neck; 6% prostate; 5% cervical; 20% other
Mobile Program Outcome Measures

Survivor Screening

- **Breast cancer screening**: ↑31.1%
- **Colorectal cancer screening**: ↑28%
Mobile Program Outcome Measures

Quality of Life Improvement

17% aggregate increase among survivors in program (Fact-G annual assessment)
Challenges – “If you bring it, they will come”

- 43 y.o. female, resident of Ellis County
- Uninsured, undocumented
- Infiltrating ductal breast ca, July 2016
- Modified radical mastectomy, chemotherapy, radiation therapy
- Nurse navigator, social worker, genetic counseling, gas cards, financial assistance programs
Challenges

- 33 y.o. male, Johnson County, day laborer, living in garage
- Uninsured, earns approx. $120 / week (does not qualify for Medicaid or county assistance)
- OJI, sent to ER for back pain – testicular masses, R/O CA – discharged from ER
- Nurse navigator, social worker – community resources for curative surgery
Navigation – THE Critical Component

- Important in all populations, critically important in rural and underserved populations
- Pair a nurse (clinical needs) with social worker (financial needs)
- Culturally and language appropriate
- Constantly investigating and nurturing community clinical and financial partners
- Loss to f/u rate – less than 5%
Opportunities

- New communities – period of “trust”
- Demand exceeds supply
- Constantly looking for new funding sources (CDC’s NBCCEDP, CPRIT, Komen)
- Constantly looking for new clinical partners
- Scale programs to other rural locations
- Teach others the process (community engagement, funding, measurements, clinical partners, mobile unit)
- ACA clarity
- Medicare, Medicaid, commercial insurance payment for services
Why It’s Worth It … a Survivor’s Perspective
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