PIONEERING CANCER CARE IN RURAL SETTINGS:

The Success Story of a Community-Centric Rural Oncology Home Model



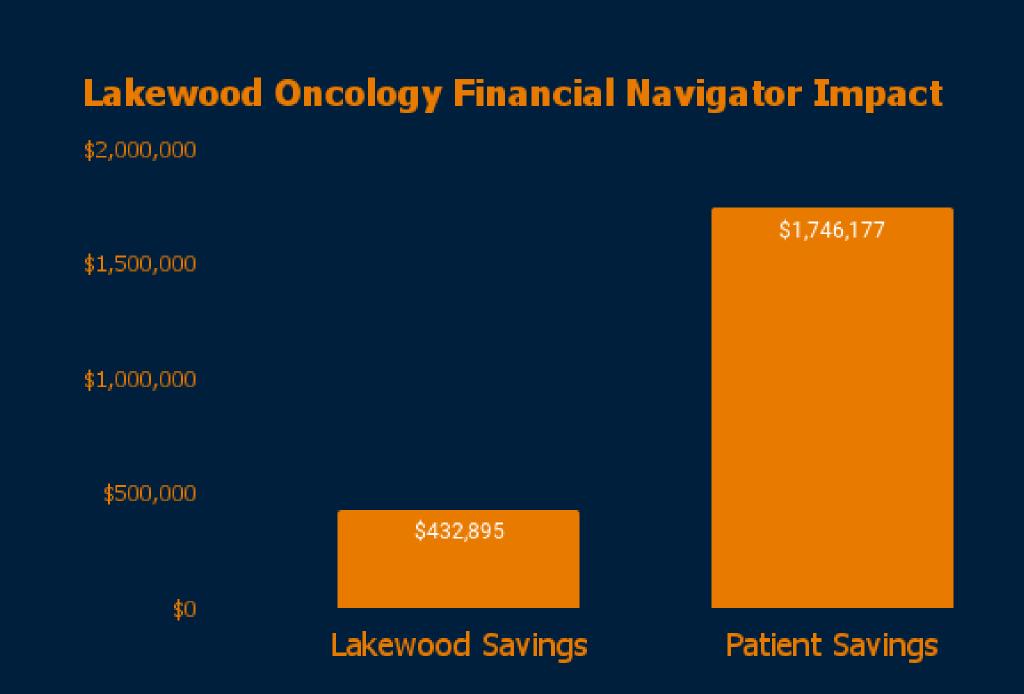
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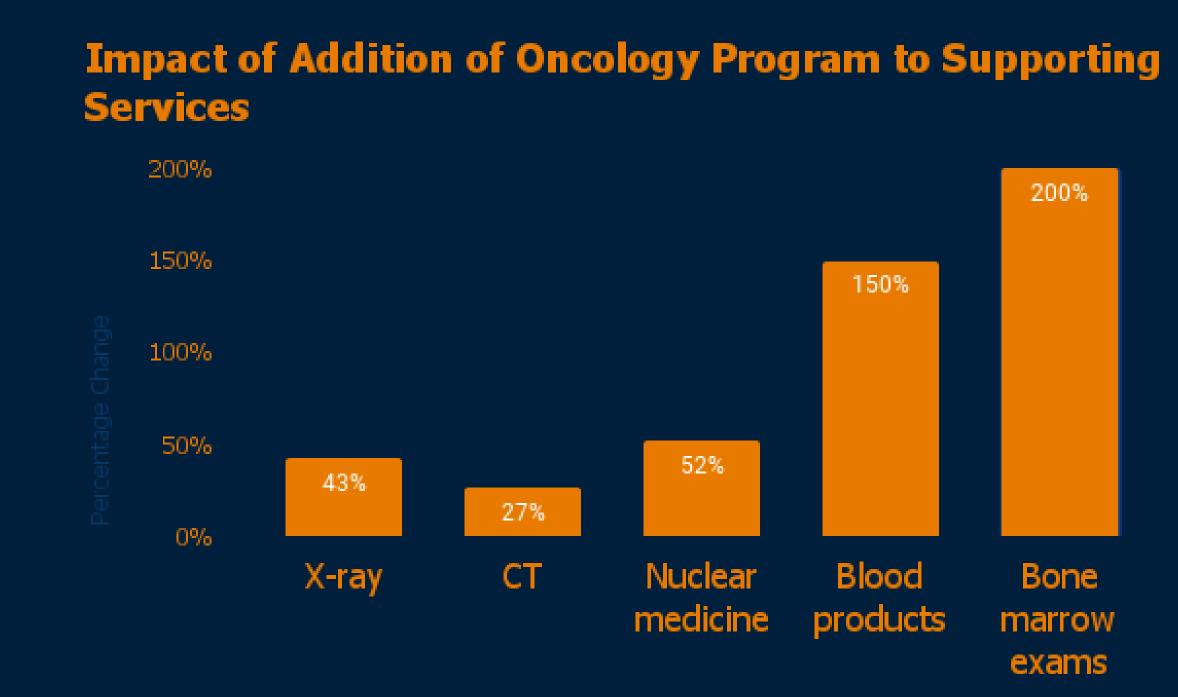
Background: Access to cancer care in rural areas is a significant challenge due to workforce shortages and geographical barriers. These issues lead to a gap in healthcare quality and availability for rural communities. To address this, the Lakewood Health System in Minnesota developed the Rural Cancer Oncology Home Model. This model represents a strategic shift in cancer care delivery for rural areas. It focuses on decentralizing care by integrating it within a rural critical access hospital. Key aspects of this model include local management, emphasis on palliative care, and forming strategic partnerships. The goal of the Rural Cancer Oncology Home Model is to reduce travel time for patients, increase access to specialized cancer care, and ensure the financial viability of rural healthcare services.



The key components of the model:

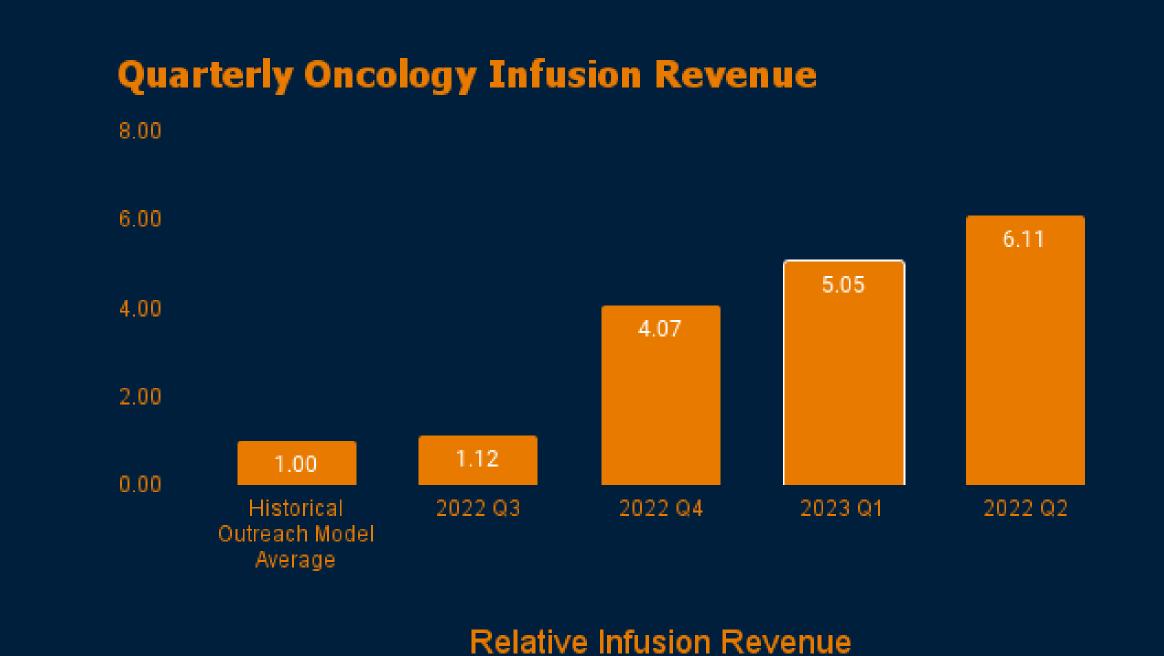
- 1. **Decentralized Care Delivery:** Unlike traditional centralized healthcare systems or outreach models, this model brings specialized cancer care services directly to the rural community.
- 2. **Local Care Management:** Local care management is a cornerstone of this model. It focuses on providing continuous and personalized care to cancer patients within their own community.
- 3. **Strategic Partnerships:** The model leverages informal partnerships with regional healthcare centers, local therapy services, and national genomic profiling firms. These collaborations enable access to clinical trials, advanced treatments, and a broader range of services than what might typically be available in a rural setting.
- 4. **Financial Sustainability:** To ensure the model's long-term viability, financial strategies such as utilizing the 340B Drug Pricing Program and leveraging reimbursements from Medicare and Medicaid are employed.
- 5. **Emphasis on Palliative Care:** Palliative care is a critical aspect of the model, providing patients with relief from the symptoms and stress of a cancer diagnosis.
- 6. **Use of Digital Technologies:** The model incorporates digital technologies for care management and coordination. Telehealth services are a key feature, allowing for remote consultations and follow-ups.
- 7. **Community Engagement and Education:** The model also focuses on engaging the local community and educating them about cancer care and prevention.





Outcomes and Impact

- **1. Improved Patient Satisfaction:** The model has seen a marked increase in patient satisfaction rates.
- **2. Reduced Travel Times:** One of the most immediate impacts of the model has been the significant reduction in travel times for patients.
- **3. Enhanced Access to Specialized Care:** The model has successfully brought specialized cancer care services to the rural community.
- **4. Job Satisfaction Among Healthcare Workers:** The model has also positively impacted healthcare professionals working in rural settings.
- **5. Financial Sustainability:** The financial strategies employed, such as the 340B Drug Pricing Program and Medicare/Medicaid reimbursements, have ensured the model's financial health.





Relative Contribution to Total Organizational Revenue

Conclusion: The Rural Cancer Oncology Home Model developed by Lakewood Health System has effectively addressed several key challenges in rural cancer care. Key outcomes include higher patient satisfaction, reduced travel for patients, better access to specialized care, and improved financial sustainability of the services. This model serves as a practical example for other rural areas looking to enhance their healthcare delivery

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