

November 26, 2019

The Honorable Danny Davis
2159 Rayburn House Office Building
Washington, DC 20515-1307

The Honorable Brad Wenstrup
2419 Rayburn H.O.B.
Washington, DC 20515

The Honorable Terri Sewell
2201 Rayburn HOB
Washington, DC 20515

The Honorable Jodey Arrington
1029 Longworth House Office Building
Washington, DC 20515

ASTRO Response to Rural and Underserved Communities Health Task Force Request for Information

Dear Reps. Davis, Sewell, Wenstrup and Arrington,

The American Society for Radiation Oncology (ASTRO) appreciates the opportunity to provide written comments to the House Ways and Means Committee's Rural and Underserved Communities Health Task Force's Request for Information (RFI) to help identify bipartisan policy options that can improve care delivery and health outcomes within these communities. The Request for Information (RFI) seeks input on priority topics that affect health status and outcomes for consideration and discussion.

ASTRO members are medical professionals practicing at hospitals and cancer treatment centers in the United States and around the globe. They make up the radiation treatment teams that are critical in the fight against cancer. These teams include radiation oncologists, medical physicists, medical dosimetrists, radiation therapists, oncology nurses, nutritionists and social workers. They treat more than one million cancer patients each year. ASTRO members practice in a variety of settings and in rural and urban communities nationwide.

Radiation oncologists' regular and frequent contact with patients gives them a strong sense of the challenges faced by cancer patients, particularly the added difficulties faced by those in rural and underserved areas. Based on a 2017 ASTRO study of America's radiation oncology workforce, there is significant cause for concern about equity in access to radiation therapy care, as there are persistent and growing geographic disparities. The survey, which drew responses from more than 1,100 physicians across the country, finds that fewer radiation oncologists are practicing in rural communities and that these doctors are more likely to retire in the coming years. Nearly nine in 10 radiation oncologists work in urban or suburban communities (47 percent and 41 percent, respectively), and the proportion of rural radiation oncologists declined from 16 to 13 percent since 2012, indicating that rural access to radiation therapy services may be under threat. The trend may be exacerbated by disproportionately more physicians leaving the rural workforce and fewer new physicians taking positions in these communities. Nearly 30 percent of radiation oncologists in rural communities plan to retire or reduce hours in the next five years, compared to 18 percent of urban/suburban physicians. Moreover, surveys of recent radiation oncology graduates point to growing demand for jobs in major cities coupled with waning demand for those in smaller cities.

In response to these and other concerns, ASTRO's Board of Directors in 2018 launched a Rural Radiation Oncology Initiative to support ASTRO members ability to provide patient access to care in rural communities. Given this recent emphasis, ASTRO's RFI comments below focus solely on rural issues. However, ASTRO stands ready to work with the Committee to discuss and address the important challenges faced by those underserved cancer patients in urban areas, as well.

Rural health care patients face many challenges in the delivery of care, including limited availability of treatments, physicians and other providers, transportation barriers, and financial issues. These challenges often apply acutely to radiation oncology care in rural areas. Studies have long documented health disparities between rural cancer patients and their urban/suburban counterparts, including access to radiation oncology services. Radiation therapy is frequently delivered daily over the course of multiple weeks, and studies have shown that patients that live farther away from their treatment center are less likely to complete their treatments.^{i ii}

Among the specific challenges facing radiation oncology care in rural areas include the difficulty in staffing clinics with a low patient volume, amassing the significant capital necessary to start and maintain a radiation oncology clinic, attracting radiation oncologists and essential staff, and keeping pace with the training and education needed to provide state-of-the-art care. In addition, rural radiation oncology patients face difficulty in travelling long distances to treatment, finding housing near their treatment centers, accessing affordable coverage for treatment, covering costs of complementary services, and accessing other cancer specialists essential for multi-disciplinary care. It's worth noting that while travel distance is typically not a problem, many of these same challenges impact underserved urban patients, including accessing the financial and human resources to navigate the complex cancer care system.

Based on the work of ASTRO's Rural Task Force, ASTRO is urging federal policymakers to consider radiation oncology care as part of any rural health legislation to ensure that patients have access to high quality radiation oncology care that is on par with care accessible by urban/suburban patients, while meeting the unique needs of rural patients. Specifically, Congress and HHS should examine and support the availability, accessibility, quality and delivery of radiation oncology services for rural populations, including:

- Assess and address the unique challenges that rural radiation oncology patients face and consider whether those factors are contributing to the underutilization of radiation oncology services compared to urban/suburban populations.
- Study and ensure the adequacy of existing federal health care resources and policies -- including those related to insurance coverage, reimbursement, clinical trials and workforce incentives -- on patient access to radiation oncology in rural areas.
- Identify and develop policy solutions -- such as travel support, telemedicine, patient education, alternative payment models, remote peer review and tumor boards and others -- that could be leveraged to improve access and quality.
- Analyze and secure the rural radiation oncology workforce and multidisciplinary cancer teams to ensure an adequate supply of radiation oncologists and other cancer specialists to meet the needs of current and future rural populations.
- Incentivize innovative radiation treatments, as well as novel care delivery and management approaches, that could benefit rural radiation oncology cancer patients.

With those considerations in mind, below are specific responses to questions in the Committee's RFI:

Question 2: What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities, for example initiatives that address: a) social determinants of health (particularly transportation, housing instability, food insecurity); b) multiple chronic conditions; c) broadband access; or d) the use of telehealth/telemedicine/telemonitoring?

ASTRO: Radiation oncologists report that programs that provide transportation, including across long distances, and housing are tremendously beneficial in allowing radiation oncology patients to access care and successfully complete treatment regimens. These effective programs are often expensive and a frequent target for cost-cutting for hospitals and clinics under increasing financial pressure. There is little return on investment for such programs, which are also run by charitable foundations, but radiation oncologists note that they are essential for overcoming the challenges faced by rural patients. ASTRO urges the committee to support institutional and nonprofit organizations, such as the [American Cancer Society's Road to Recovery](#) transportation program and [Kathy's House](#) lodging services in Wisconsin, that improve the health status of rural cancer patients. ASTRO also supports lifting the mileage restriction on the ability for institutions to provide local transportation services to better accommodate rural radiation oncology patients that frequently must travel more than 50 miles to access treatments.

Our members also report that rural cancer patients suffer disproportionately from addiction to tobacco, alcohol, and drugs, which significantly impacts their ability to complete treatment. Similarly, the prevalence of psychiatric disorders leads to a vicious cycle of non-compliance with treatment and serious health issues. For rural patients, radiation oncologists report that care coordination services, such as those provided by patient navigators, is a vital conduit to connect rural patients with needed cancer services. Navigators connect patients to community resources, provide education on health conditions, ensure patient follow-up with other providers, and guide patients across healthcare settings. These roles are particularly important for rural patients who face a number of unique challenges associated with access to care. Rural radiation oncologists with access to care coordination services for cancer patients consider this an invaluable resource for their patients that should be supported.

Finally, ASTRO is exploring potential telemedicine options that may provide solutions to rural patient, physician and oncology care challenges. The Committee should look to support technology and broadband access for telehealth services, as well as reimbursing for high quality, reliable telehealth services, as there is potential to leverage telemedicine to support various aspects of radiation oncology care, including follow-up visits, inpatient and other specialist consults, expert reviews, and ancillary care. We will keep the Committee updated on our progress.

Question 3: What should the Committee consider with respect to patient volume adequacy in rural areas?

ASTRO: Radiation oncology clinics are unique in medicine because of the significant capital expense needed to start and continue operating a center. Radiation oncology uses some of the most sophisticated technology and support staff in medicine, and therefore a typical center costs millions of dollars. The only way to offset these significant costs is to have a full patient volume with no downtime, which is often not the case for rural radiation oncology clinics. Policymakers must find ways to support clinics with lower patient volume to ensure these clinics are there when local residents need them. One

option to consider is financial incentives and appropriate regulation for rural cancer providers, such as a Critical Access Cancer Center, akin to Critical Access Hospitals.

Question 10: Are there two or three institutional, policy, or programmatic efforts needed to further strengthen patient safety and care quality in health systems that provide care to rural and underserved populations?

ASTRO: Rural radiation oncologists desire to provide the highest quality of care to patients. Regardless of practice location, our physicians strive to provide the highest quality, safest, state-of-the-art care. There are widely recognized programs associated with achieving high quality and safe radiation oncology care, including those offered by ASTRO, such as [RO-ILS](#), a radiation oncology patient safety reporting and learning system, and [APEX](#), ASTRO's practice accreditation and quality improvement program.

In addition, physician peer review has been integral to radiation oncology practice for decades, and over recent years, has taken on even greater prominence. Radiation oncologist physician to physician peer review, or the lack thereof, has been identified as one of the greatest challenges for rural practices, as 84% of rural practices are small (1 or 2 physicians). The lack of peer review not only threatens quality, but also accentuates the sense of professional isolation that arises in rural settings. Participation in patient safety, quality improvement and peer review programs are essential to run a high quality, modern radiation oncology practice, but they often can be costly, and these costs are not reimbursed. Congress should consider ways to support the ability of radiation oncology practices to participate in quality assurance and improvement programs.

Thank you for the important bipartisan work on these critical health care issues. ASTRO looks forward to working with the Committee as it moves forward with this initiative. Please contact Dave Adler (dave.adler@astro.org) with any questions.

Sincerely,


Laura I. Thevenot
Chief Executive Officer

Cc: House Ways and Means Committee Chairman Richard Neal and Ranking Member Kevin Brady

ⁱ *Effect of distance to radiation treatment facility on use of radiation therapy after mastectomy in elderly women*, Punglia, Rinaa S. et al., *International Journal of Radiation Oncology • Biology • Physics*, Volume 66, Issue 1, 56 - 63

ⁱⁱ *Association Between Geographic Access to Cancer Care and Receipt of Radiation Therapy for Rectal Cancer*, Lin, Chun Chieh et al., *International Journal of Radiation Oncology • Biology • Physics*, Volume 94, Issue 4, 719 - 728