

## 21. HIGH-QUALITY PATIENT-CENTERED CARE FOR THE RURAL VETERAN WITH CANCER

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There are two major challenges as it relates to cancer care in rural Veterans. First is access to care for the increasing number of cancer survivors. Second is providing timely and effective care in those with a new diagnosis of cancer. Barriers to coordinated services for this rural population remain challenging. The complexity of the disease, its treatment, and follow up in the setting of a shrinking oncology workforce constitute an impending crisis in cancer delivery nationally. To address the increasing challenges oncologists face in delivering high-quality rural cancer care, the Salisbury VAMC Cancer Center created the Rural Oncology Specialty Care (ROSC) model in hopes of transforming rural oncology services. The goals of our program were to enhance the quality of survivorship, positively influence cycle time, and improve the quality of treatment.

To accomplish these goals, several leadership positions and programs were established. Rural oncology nurse navigators were trained to provide intensive coordination of care for rural Veterans. They assisted patients in navigating the barriers traditionally associated with rural cancer care, such as understanding of their diagnosis, access to resources, communication of complex treatment plans, cultural concerns, and emotional struggles. The navigators also helped patients and their families with scheduling appointments and coordinating care between services. The Rural Tele-Oncology Program was also established as a key component of the ROSC model. The goal of this program was to bring expertise to rural communities by becoming intricately involved in both the acute phase of diagnosis and chronic phase of survivorship. Finally, Survivorship Pathways were designed with the goal of ensuring early survivorship goals were met in a timely manner. The VA oncologist set out to work closely with the patient's primary care physician with the goal of the primary care team becoming an integral part of the Veteran's support system after remission.

The ROSC model was notably successful in decreasing cycle times and improving the quality of both cancer treatment and survivorship care. This program may indeed have national impact given the increasing number of rural oncology Veterans who need support services to ensure timely, effective care.