

**33. POST-TREATMENT FOLLOW-UP BY ONCOLOGIC SPECIALISTS AS A RELEVANT COMPONENT OF CANCER SURVIVORSHIP FOR VETERAN PATIENTS LIVING IN RURAL AREA**

---

Lee SP<sup>1,2,3</sup>; Cho-Lim JJ<sup>1,4</sup>; Inouye WS<sup>1,4</sup>

<sup>1</sup> VA Long Beach Healthcare System; <sup>2</sup> VA Greater Los Angeles Healthcare System; <sup>3</sup> David Geffen School of Medicine, University of California, Los Angeles, CA; <sup>4</sup> Department of Radiation Oncology, University of California, Irvine

**PURPOSE:** To present a lesson learned from a pilot project aiming to improve post-radiotherapy (RT) follow-up (FU) care for Veterans living in rural area within our VISN, thereby questioning if FU care as dictated by oncologic specialists would be beneficial in a rural Veteran's cancer survivorship.

**METHODS:** A team of Radiation Oncology (RO) specialists was assembled to include clinical providers and medical physicists. Two-prong approach was employed: one by in-person visit at selected rural Community-Based Outpatient Clinic (rCBOC), the other via telehealth link. Target population included rural Veterans who had received RT at either a VA or Non-VA Care Center (NVCC) facility. On-site visits were done by RO specialists at each rCBOC. Patient satisfaction was evaluated via feedback survey. Mileage and time saved were calculated for each Veteran who might otherwise travel to see a VA RO specialist.

**RESULTS:** In a span of 14 months, 9 separate rCBOC visits were made for 3 sites and a total of 49 Veteran visits. Excellent patient satisfaction was obtained, and the average mileage and time saved per Veteran visit was 217.2 miles and 201 min (off-traffic peak), respectively. However, 4 of 5 NVCC treatment plans encountered contained physics quality assurance (QA) data not considered to have met professional standards. Dedicated telehealth equipment was acquired and connections validated. Challenges faced included: soliciting timely assistance of administrative leadership, identifying patients to be seen and accessing their records, and obtaining clinical privilege and EHR access at rCBOCs.

**IMPLICATIONS:** Access to post-treatment cancer care for rural Veterans can be improved with in-person visits by VA oncologic specialists at corresponding rCBOCs. Barriers due to distance and time can be reduced significantly, with excellent patient satisfaction outcome. The efficacy of telehealth link requires further clinical testing. Furthermore, the inadvertent finding of physics QA deficiencies at NVCC sites raised plausible concern for overall quality of RT care, reflecting the probable need for future oversight by VA specialists. By reaching out to rural Veterans proactively, VA oncologic specialists can enhance their post-treatment cancer care, thereby improving their cancer survivorship.