



# Bridging the Gap: Leveraging Telehealth to Enhance Rural Cancer Care

Wade Swenson MD, MPH, MBA



Telehealth Everywhere 2025

Bloomington, Minnesota - April 13, 2025





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Disclosure of relevant financial relationship(s) with ineligible companies

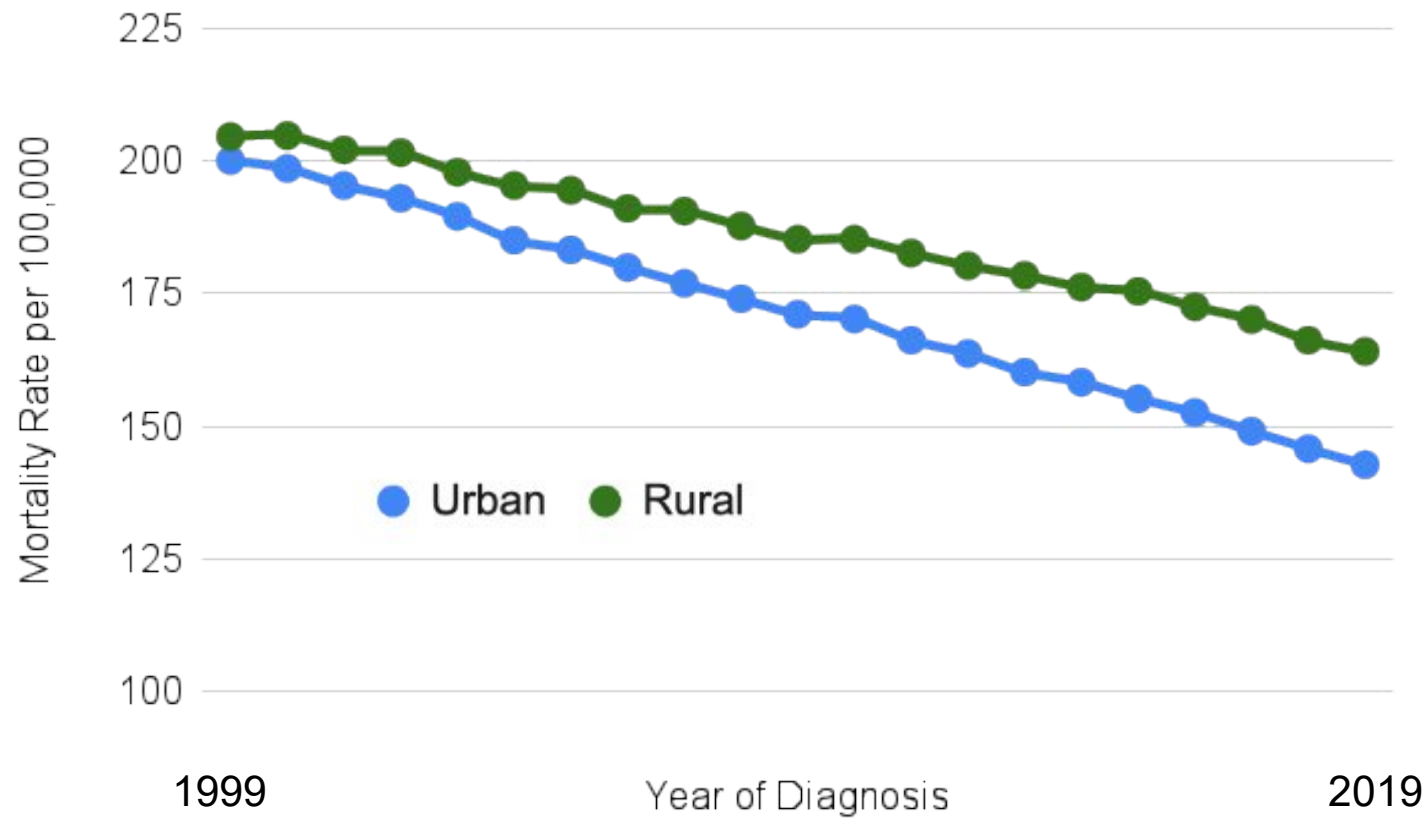
**Nothing to disclose**

References to off-label usage(s) of pharmaceuticals or instruments

**Nothing to disclose**

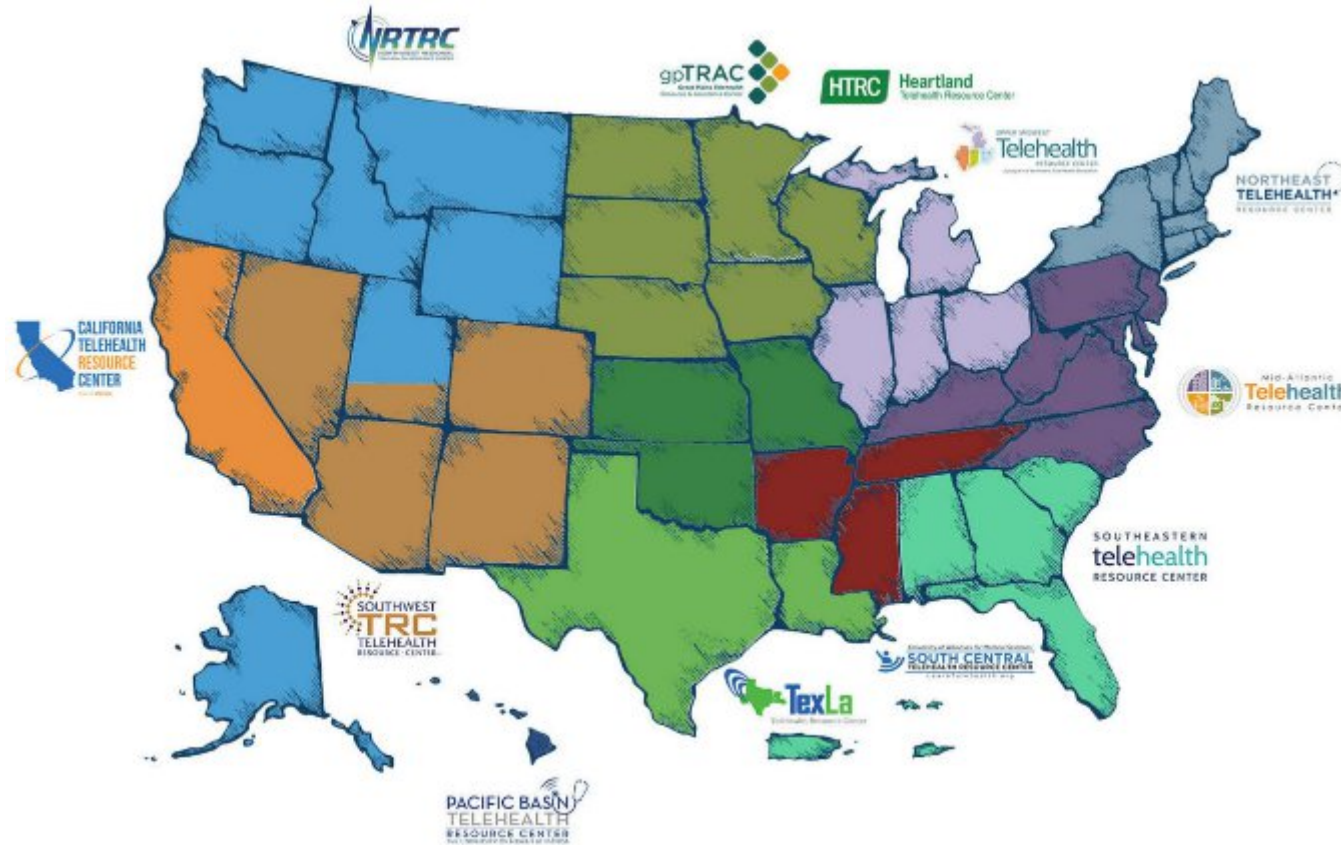
# Cancer Mortality Rates in the United States

National Center for Health Statistics, 1999-2019



# Telehealth in Rural Oncology Care

Distance is just one piece of the puzzle



Cultural and economic factors influence patient engagement.

# Unequal Terrain

## Key Reasons Behind Rural Cancer Disparities

Rural populations face **logistical barriers** contributing to disparities in cancer outcomes

- distance to care
- diagnostic delays
- **limited access to specialized care**

**Social determinants** further hinder access in rural areas

- cultural beliefs
- language barriers
- health literacy

# Strategies to Address Oncology Provider Shortage

Ensuring Quality Cancer Care through the Oncology Workforce

## **Institute of Medicine**

- 1) Increase the number of oncology fellowship training positions
- 2) Increase the use of nonphysician clinicians in patient care
- 3) Increase the role of primary care physicians in the care of patients in remission

Where is telehealth?

Institute of Medicine (US) National Cancer Policy Forum. Ensuring Quality Cancer Care through the Oncology Workforce:. Washington (DC): National Academies Press (US); 2009.

# Median Travel Distance for Minnesota Rural Residents

Minnesota Hospital Association, 2013-2019

Service	Number of Patients	Median Distance Traveled (miles)	Percent traveling > 60 miles
<b>Oncology</b>	8,037	<b>75.5</b>	58
Ophthalmology	311	74.9	57
Neurology	19,111	72.6	57
Psychiatry	12,701	62.2	52
General Surgery	24,077	60.8	51

# Minnesota Hospitals at Risk of Closure

Center for Healthcare Quality and Payment Reform

## 97 Rural inpatient hospitals in Minnesota

1 Inpatient service closure to open Rural Emergency Hospital  
Hospitals report losses providing medical services

43 Hospitals at risk of closing

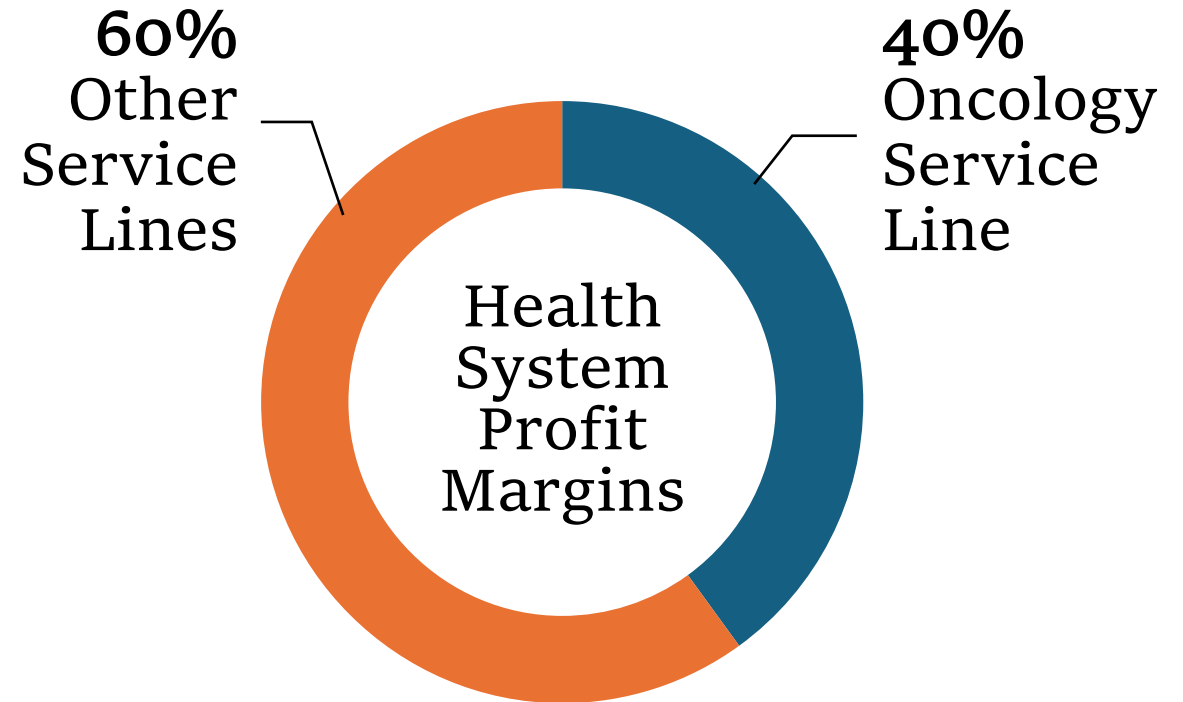
19 Hospitals are at risk of immediate closure

7

# Oncology Services Financial Contribution to Health Systems

Cancer services can account for 25 to 40% of a health system's profit margin.

-Ryan Langdale, Chartis Group



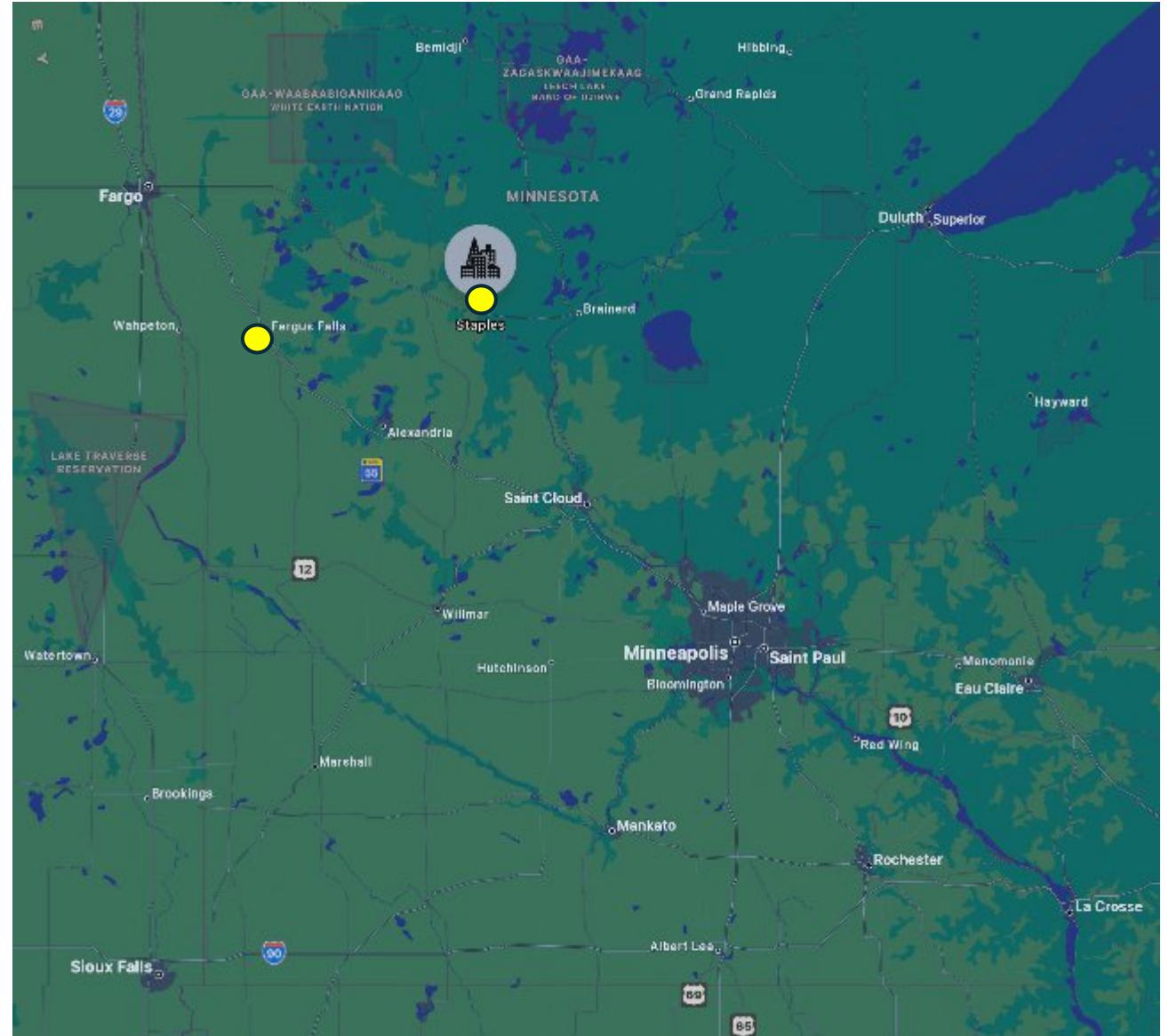
# Rural Oncology Career

## Fergus Falls to Staples

2005-2022  
Lake Region Healthcare  
Fergus Falls, MN

2022-present  
Lakewood Health System  
Staples, MN

65 miles on MN Hwy 210



# The Case For Decentralizing Cancer Care Delivery

- Rural patient and family life disruption
- Oncology care revenue bypassing rural communities
- Rural hospitals are closing



# The Rural Oncology Home

Lakewood Health System

Community-Based  
Community Support  
Patient Navigation  
Case Management  
Palliative Care  
Financial Navigation  
Quality Standards  
Financial Tools

NEJM

Catalyst

Innovations in Care Delivery

ARTICLE

## The Case for Decentralizing Cancer Care: The Rural Oncology Home

Wade T. Swenson, MD, MPH, MBA, FACP, Missy Lindow, MBA, Joe Reycraft, Lisa Bjerga, CPA, MBA, Zachary Schroeder, Abigail P. Swenson, Emily Westergard, DO  
Vol. 5 No. 5 | May 2024  
DOI: 10.1056/CAT.23.0344

Despite significant advances in cancer therapies over recent decades, the United States grapples with growing disparities in cancer-related outcomes between its rural populations and urban and suburban counterparts. These disparities can be attributed, in part, to the centralization of oncology services within urban centers, which concomitantly imposes heightened travel demands on rural patients, constricting their access to comprehensive cancer treatment and specialized care. Historically, strategies such as the visiting consultant outreach model have been deployed to improve service accessibility, yet they offer only fragmented solutions to the multifaceted challenge of equitable care distribution. In response to this challenge, the authors introduce the *rural oncology home*, an alternative model for rural oncology care delivery. This innovative approach is centered on a community-based, team-oriented framework that incorporates medical specialists and emphasizes supportive services. By leveraging advanced practice professionals and care coordination, the model aims to enhance the accessibility of specialized cancer care for rural patients. Such models for rural oncology care delivery are emerging, with a pronounced emphasis on leveraging telehealth technologies. The Lakewood Health System Rural Oncology Home model can potentially create a more equitable system of cancer care delivery that can bridge the rural cancer gap and improve outcomes for rural patients with cancer.

Disparities in cancer-related health outcomes between rural and urban patients have been well-documented. Patients in rural areas grapple with myriad challenges, including limited access to multidisciplinary care and medical specialty services, heightened travel demands, financial constraints, and a sparse clinical trial infrastructure.<sup>1,2</sup> Economic, social, and structural

# Social Determinants of Health and Cancer Care

## An ASCO Policy Statement

"In oncology, SDOH affect all aspects of the cancer care continuum, from screening through end of life and/or survivorship."

**Prevention** - Strategies to reduce cancer risk, such as lifestyle changes (diet, exercise), vaccination (HPV vaccine), avoiding tobacco, and limiting environmental exposure.

**Early Detection & Screening** - Identifying cancer at an early, often more treatable stage, through screening tests such as mammography, colonoscopy, cervical screening (Pap tests), or PSA testing.

**Diagnosis** - Confirming cancer through medical evaluation, biopsies, imaging tests, and pathology analysis to precisely define the cancer type and stage.

**Treatment** - Providing medical interventions like surgery, chemotherapy, radiation therapy, targeted therapy, or immunotherapy to control or eliminate cancer.

**Survivorship** - Post-treatment care addressing long-term side effects, psychological and emotional health, surveillance for recurrence, quality of life, rehabilitation, and returning to everyday activities.

**End-of-Life Care** - Palliative care and hospice services aimed at comfort, symptom management, quality of life, and psychosocial support when cancer treatments are no longer curative.

# Social Determinants of Health and Cancer Care

## An ASCO Policy Statement

### Social Determinants of Health

- Neighborhood and built environment
- Health and health care
- Social/community contexts
- Education Economic stability

### Health-Related Social Needs (HRSN)

- Food, housing, or transportation insecurities
- Exposure to violence
- Usual source of care, access to primary care, health literacy
- Experiences of discrimination, social isolation, social support
- High-school graduation, language, and literacy/numeracy
- Financial toxicity

# Social Determinants of Health and Cancer Care

## An ASCO Policy Statement

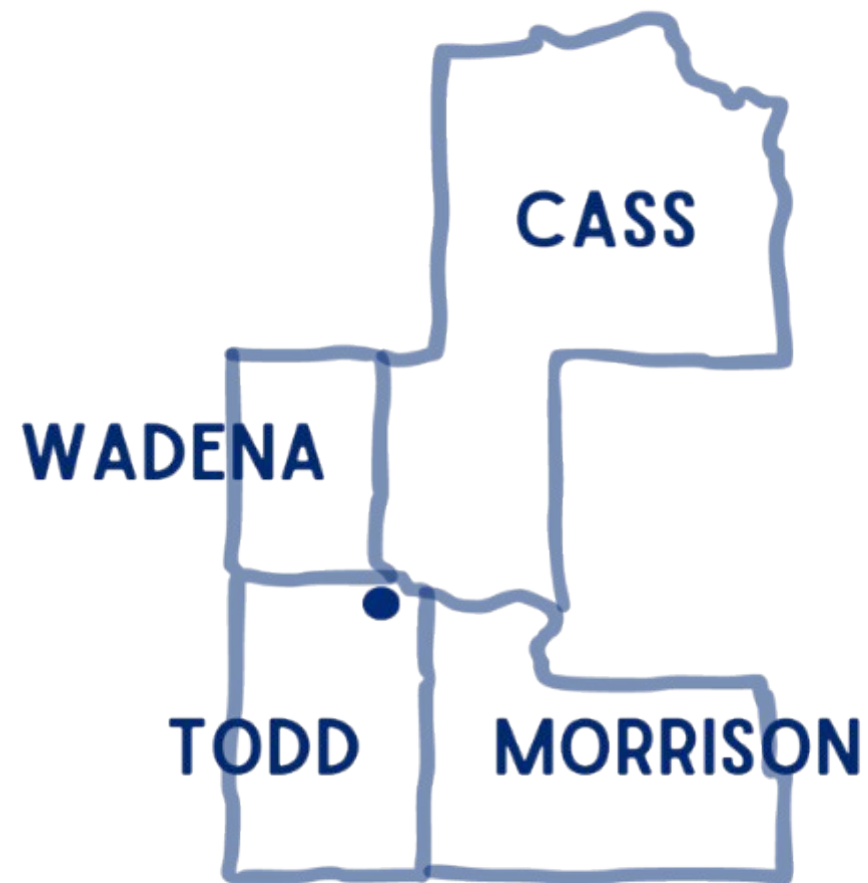
Policy statement had no references of "**broadband**" or "**internet**"

*Activities That Strengthen Social Care Integration:*

*Reduce the need for in-person health care appointments by using other options (eg, **telehealth**)*

# Lakewood Health System

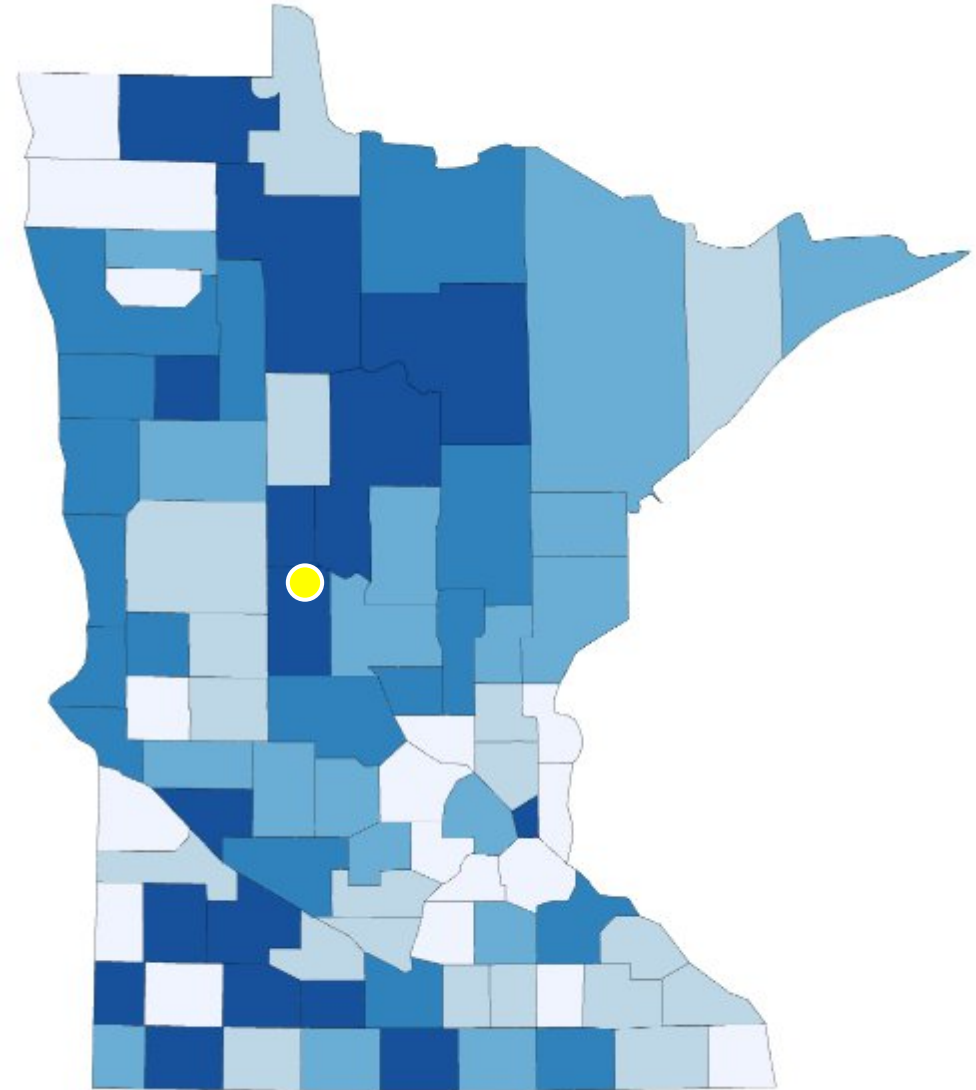
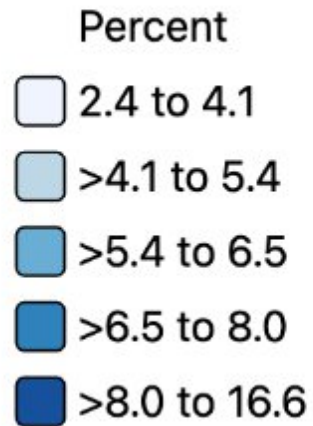
Staples, Minnesota



# Lakewood Health System

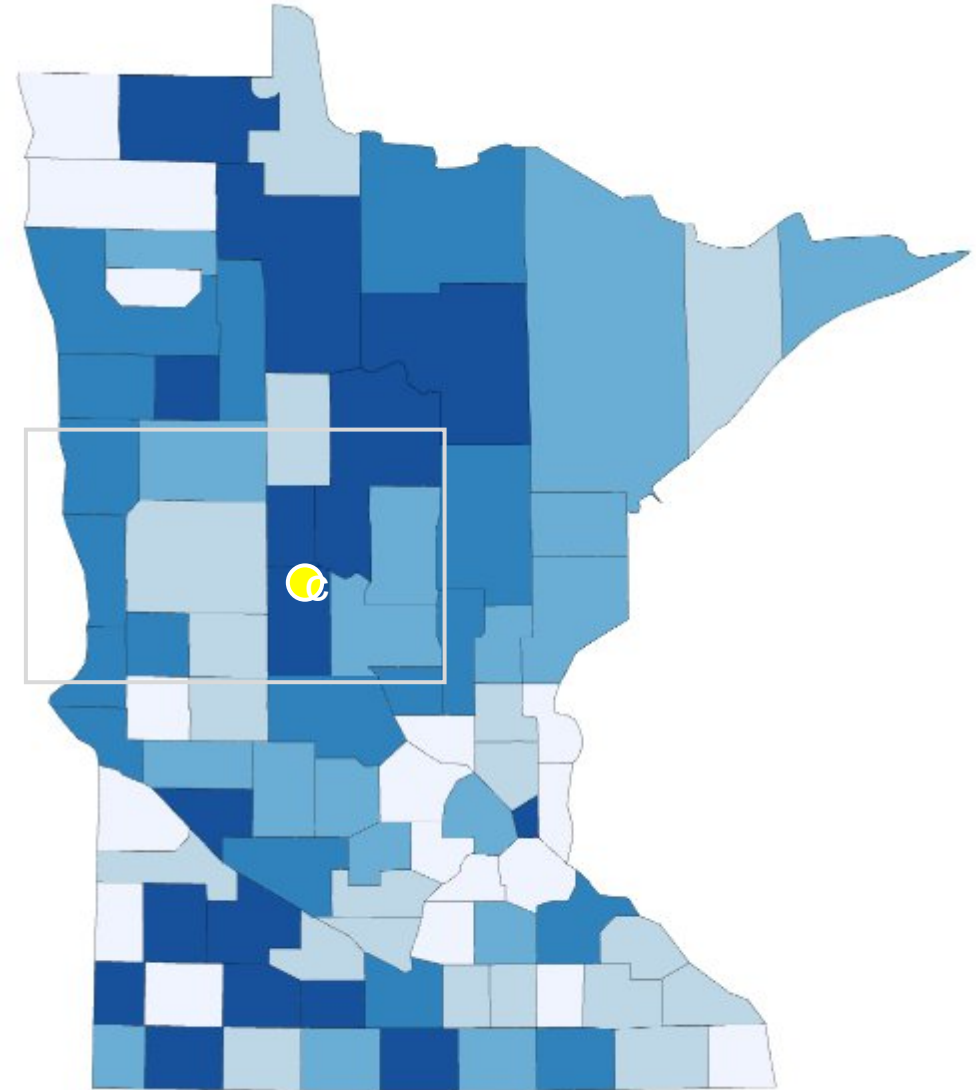
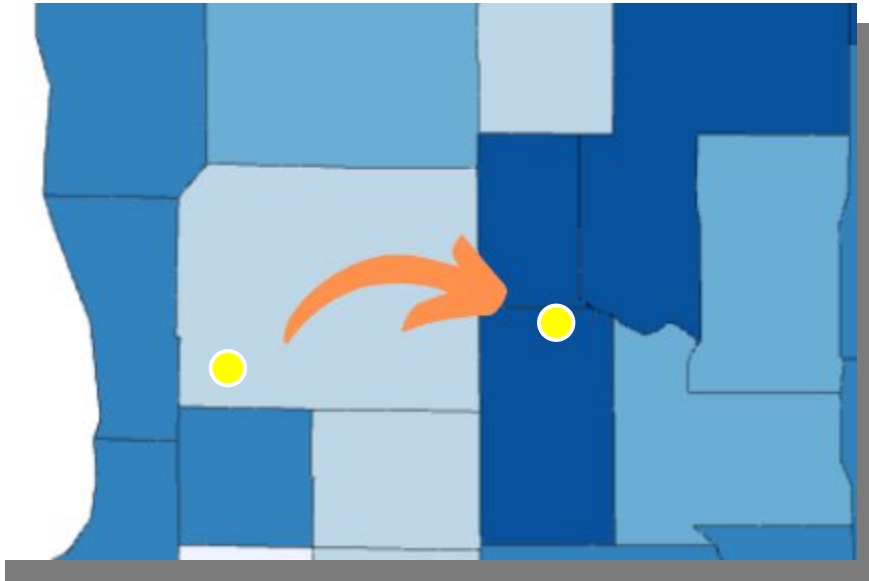
## Social Determinants of Health: Poverty

Minnesota families below  
federal poverty level,  
2023



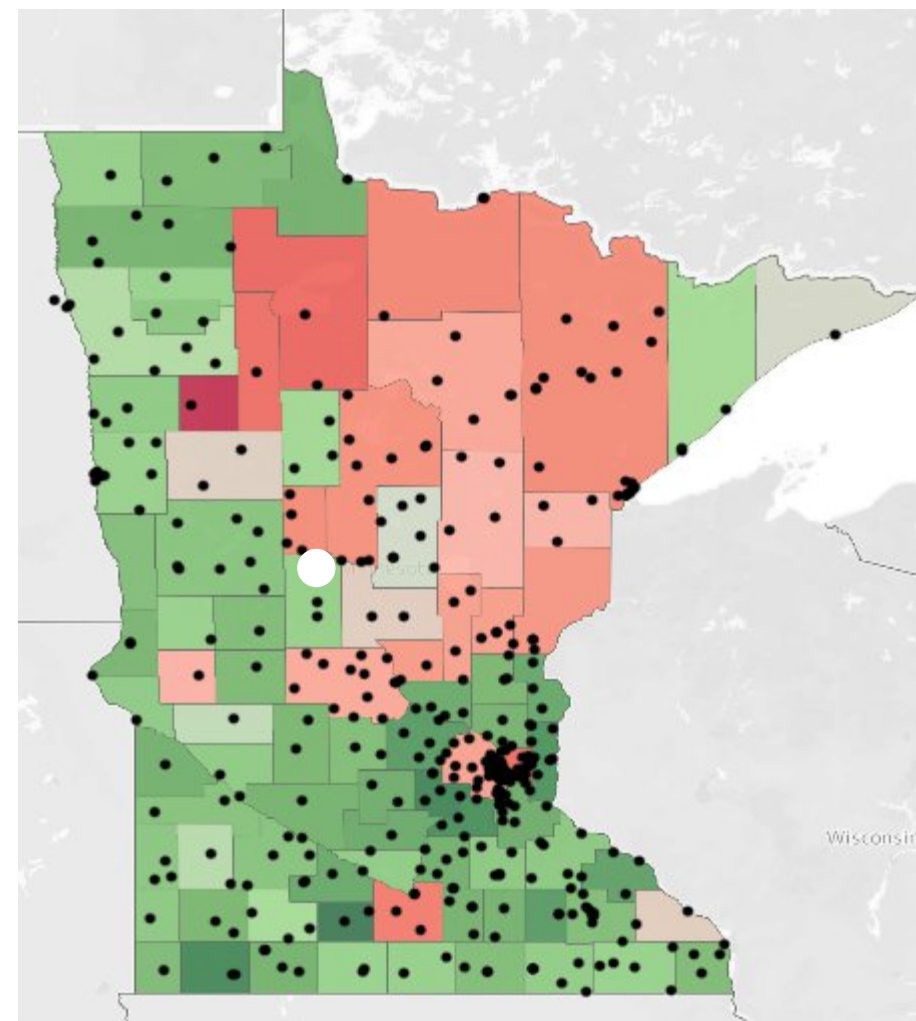
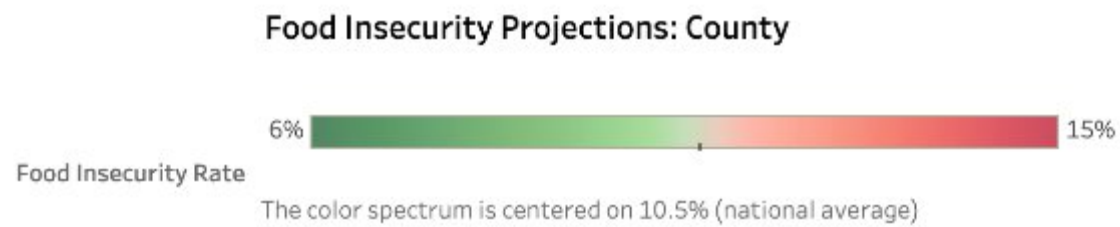
# Lakewood Health System

## Social Determinants of Health: Poverty



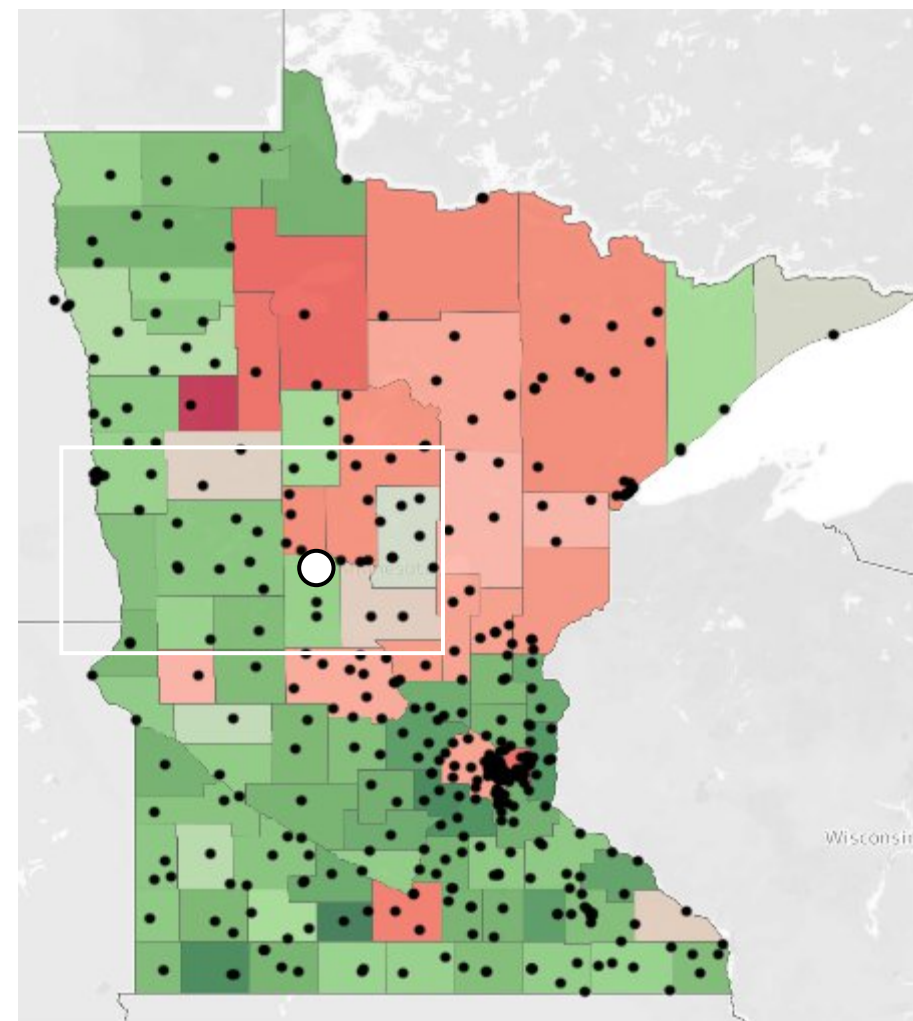
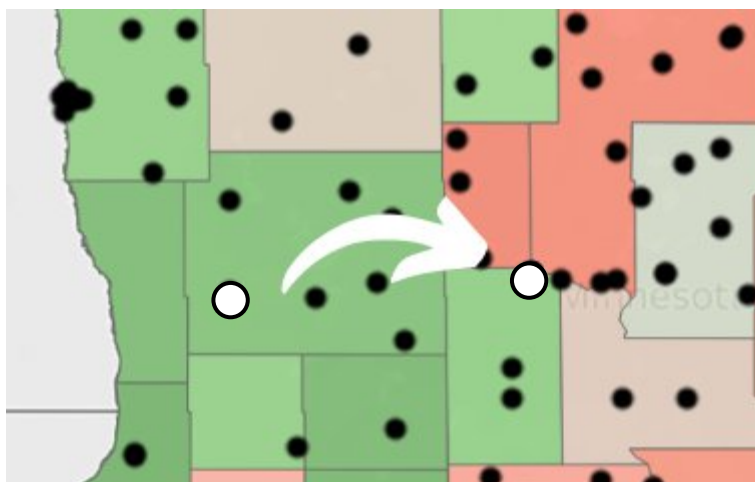
# Lakewood Health System

## Social Determinants of Health: Food Insecurity



# Lakewood Health System

## Social Determinants of Health: Food Insecurity



# Lakewood Health System

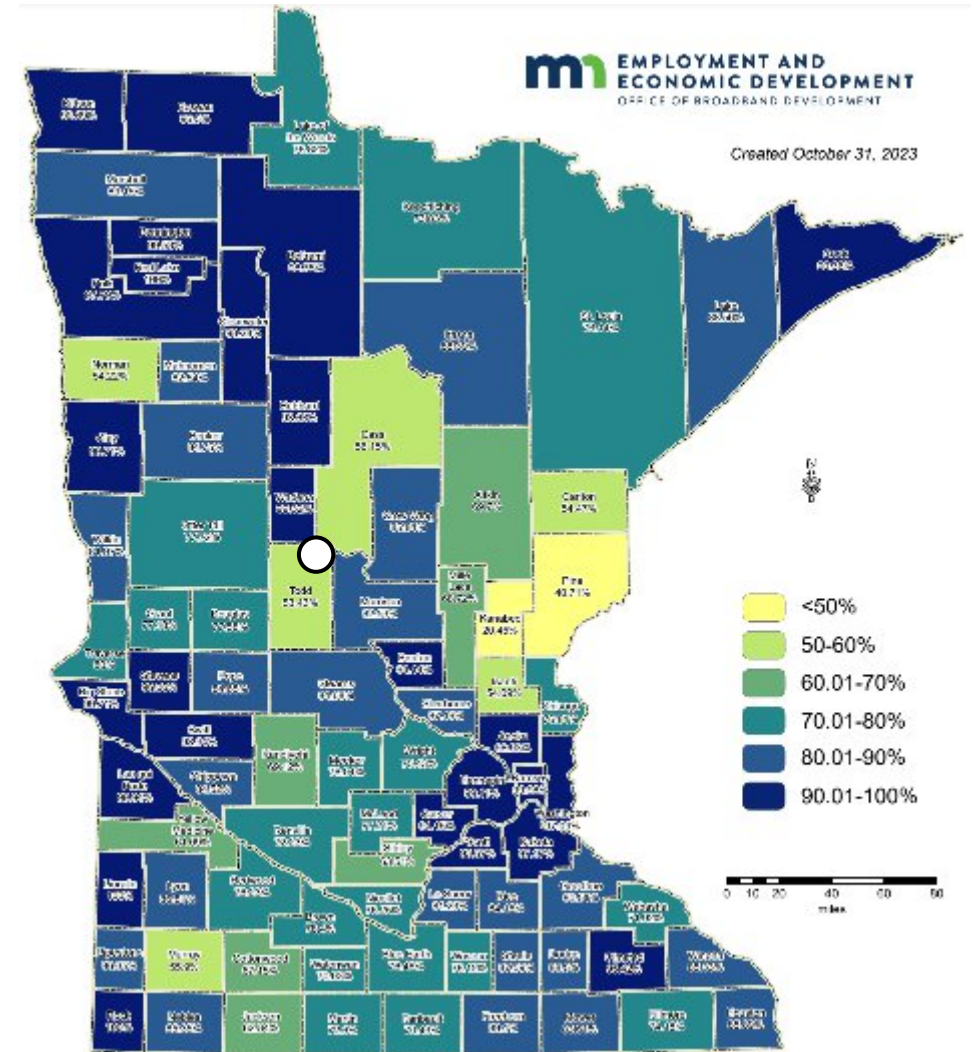
## Social Determinants of Health: Broadband Access

### 2023 Broadband Availability in Minnesota

Percentage of Residential Locations Served by Wireline Broadband Service by County at Least

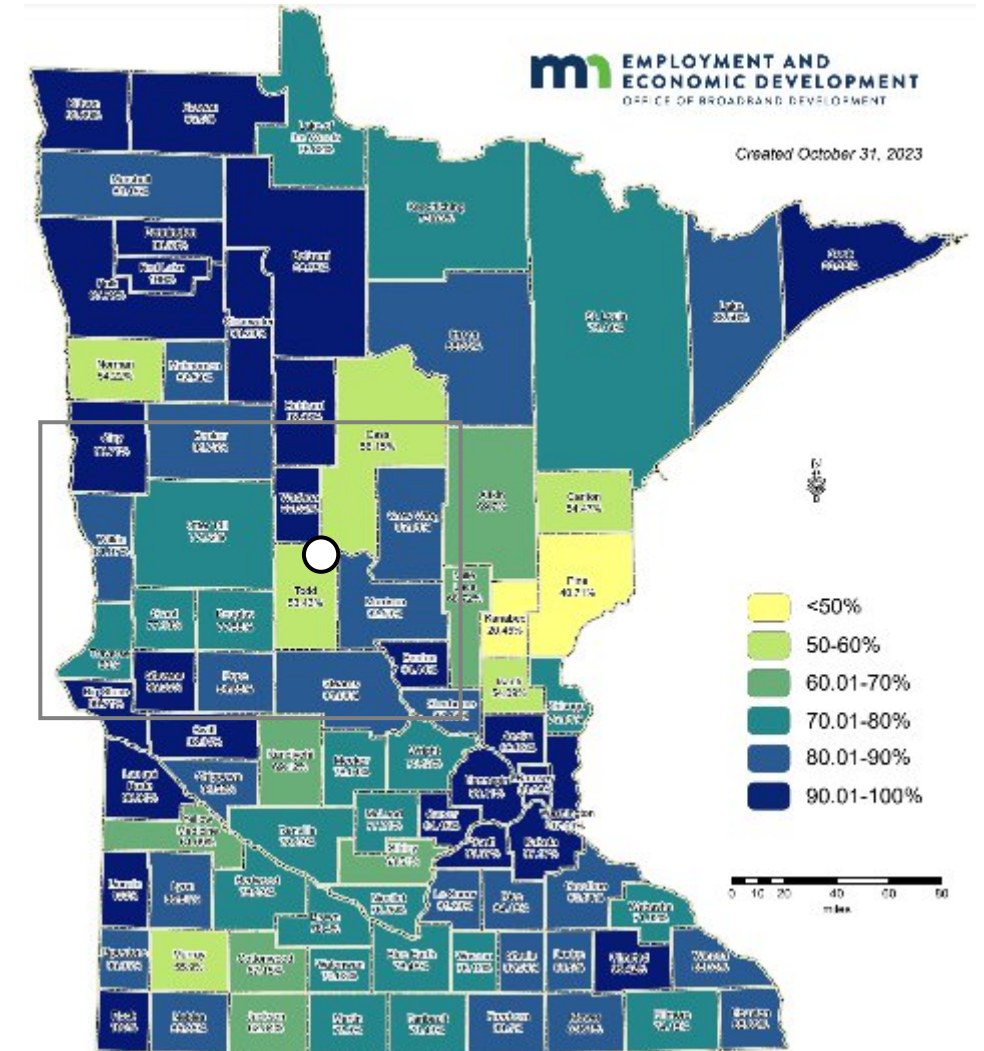
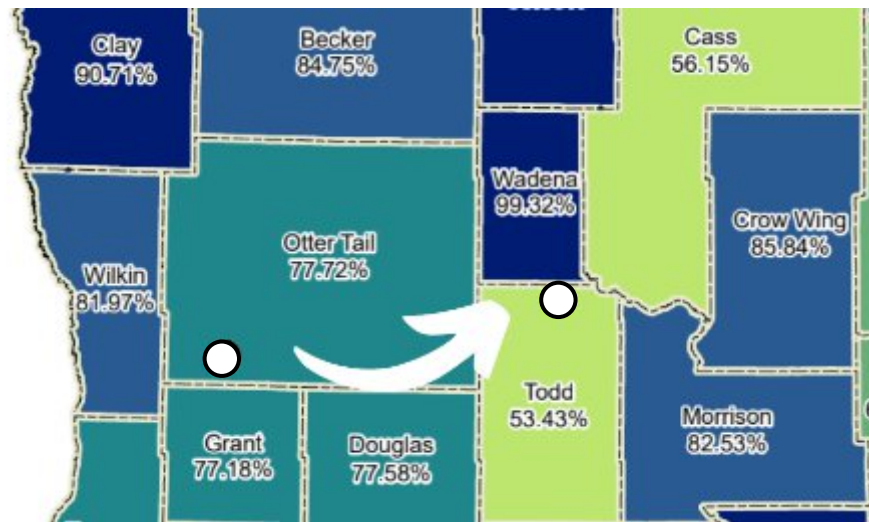
- 100 Mbps Download Speed
- 20 Mbps Upload Speed

Statewide Availability: 88.03%, Rural: 68.87%



# Lakewood Health System

## Social Determinants of Health: Broadband Access



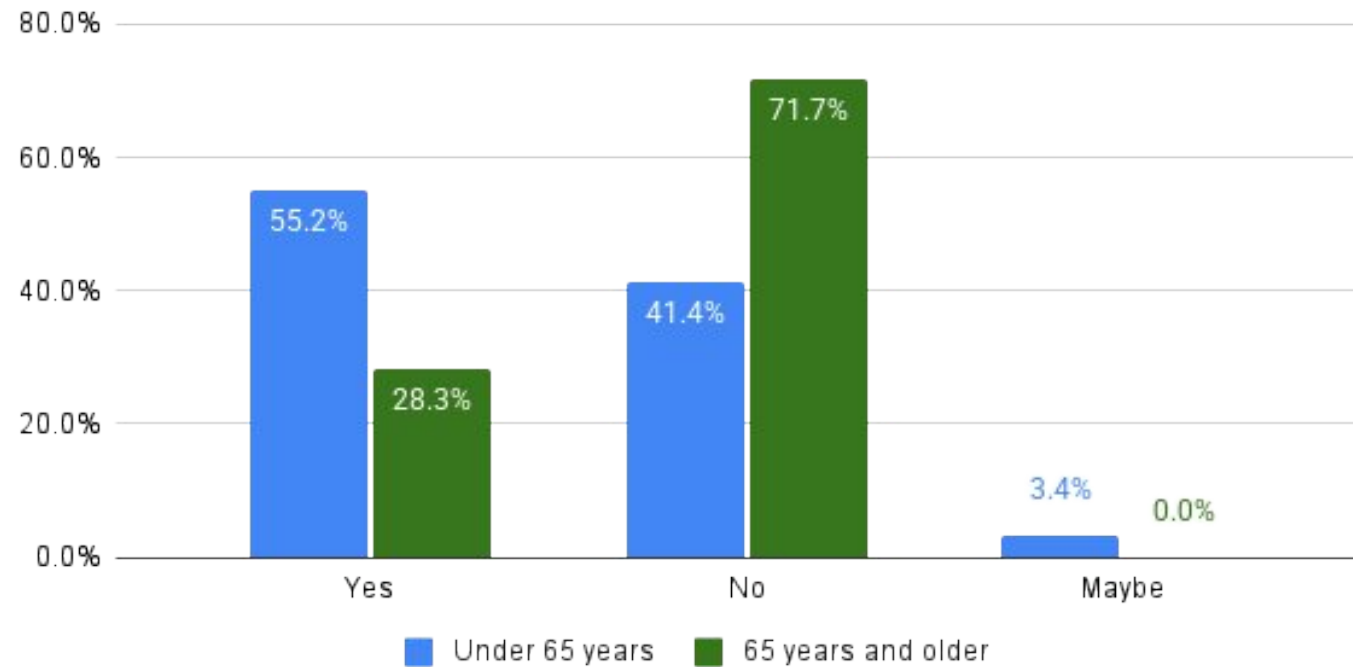
# Lakewood Health System

## Patient Preferences

Survey of 100  
consecutive oncology  
patients at Lakewood  
Health System, 2024

### Are You Interested in Using Telehealth Services?

Lakewood Oncology Digital Health Survey



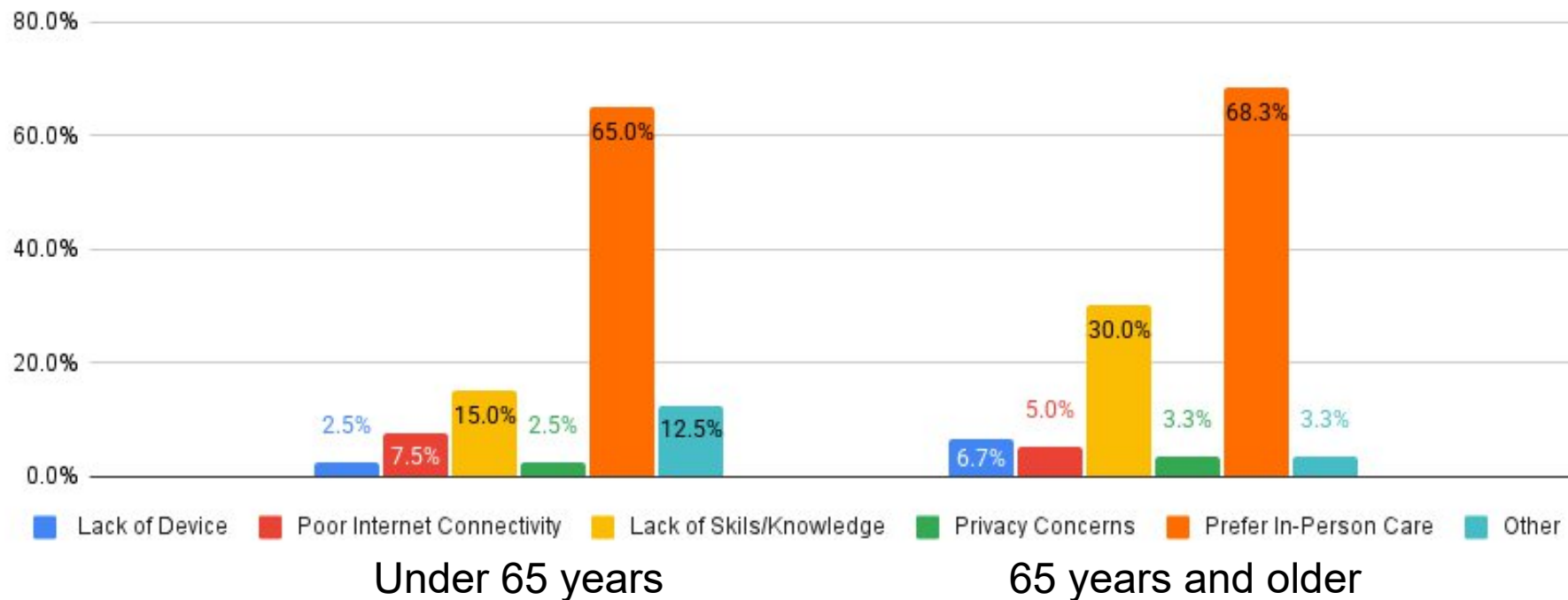
# Lakewood Health System

## Barriers to Digital Access

Survey of 100  
consecutive oncology  
patients at Lakewood  
Health System, 2024

### Do You Experience Barriers to Using Telehealth Services?

Lakewood Oncology Digital Health Survey



# Telehealth at Lakewood Oncology

## Utilizing Telehealth in Cancer Care Delivery

At Lakewood Health System, we actively use telehealth to enhance access to cancer care

Application varies based on patient needs and circumstances.

- Symptom management (palliative care team)
- Second opinions
- Test results: labs, biopsy results, CT, PET/CT scans
- Family discussions (especially when relatives are at a distance)
- Critical conversations (goals of care & transitions to hospice)

# Telehealth at Lakewood Oncology

## Utilizing Telehealth in Cancer Care Delivery

An essential aspect of telehealth in rural cancer care is facilitating follow-up visits for patients who receive treatment at tertiary centers like Mayo Clinic.

These virtual check-ins help bridge gaps in care, ensuring continuity without requiring burdensome travel.

# General vs. Specialist Oncologists

## Roles and Impact on Cancer Care

### **Subspecialization in Community Oncology: Option or Necessity?**

"Whether they embrace subspecialization or lament it, individuals see subspecialization as a growing trend, driven by the increasing complexity of cancer care, the changing delivery systems, and patient demand."

### **Generalists and specialists: Two sides of the same coin for cancer care?**

"We need both generalists and specialists; they have complementary expertise. We just need to get the balance right."

- 1) Gesme DH, Wiseman M. Subspecialization in community oncology: option or necessity?. J Oncol Pract. 2011;7(3):199-201. doi:10.1200/JOP.2011.000292
- 2) Nelson B, Faquin W. Generalists and specialists: Two sides of the same coin for cancer care? Cancer Cytopathol. 2023;131(2):73-74. doi:10.1002/cncy.22683

# Oncologist Advocacy

## Roles and Impact on Cancer Care



### The Minnesota Star Tribune

#### COMMENTARIES

## *Telehealth capabilities are set to expire, which will disrupt cancer care for many*

Uncertainty in federal telehealth reform is threatening care for many patients in our region – especially those living in rural areas.

By Wade Swenson and Joshua Pritchett

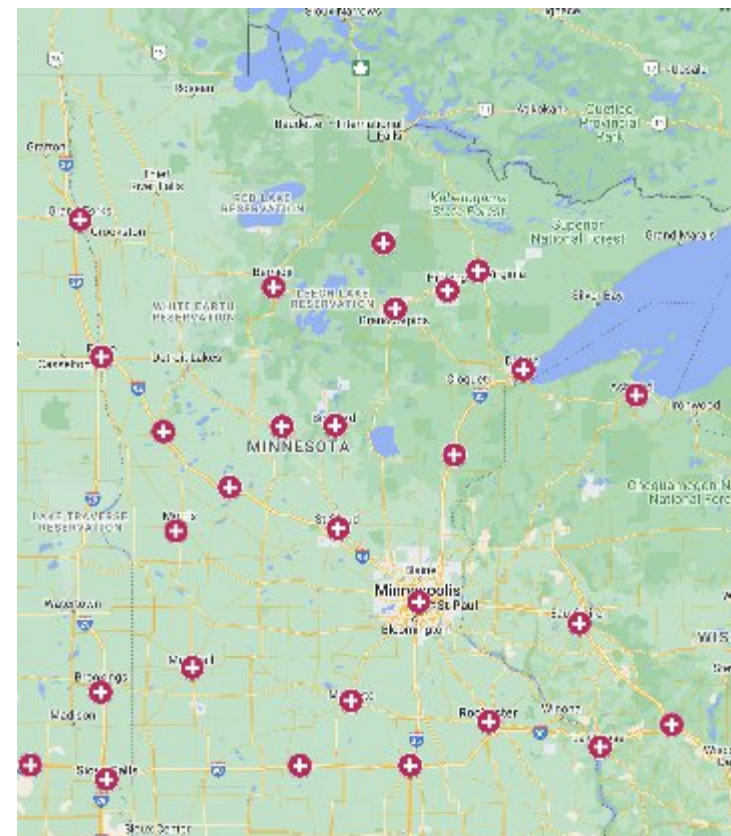
DECEMBER 26, 2024 AT 5:28PM

Swenson W, Pritchett J. Telehealth capabilities are set to expire, which will disrupt cancer care for many. *Minnesota Star Tribune*.

<https://www.startribune.com/telehealth-capabilities-are-set-to-expire-which-will-disrupt-cancer-care-for-many/601199264>. Published December 26, 2024.

This letter is co-authored by Wade Swenson, M.D., Lakewood Health System, and Joshua Pritchett, M.D., Mayo Clinic, in partnership with the Rural Cancer Institute, and endorsed by the following oncology leaders from across our state and region (listed alphabetically):

Eyad Al-Hattab, M.D., Mayo Clinic Health System, Eau Claire, Wis.; Todor Dentchev, M.D., Altru Health System, Grand Forks, N.D.; Jarrett Palling, M.D., Sanford Health, Fargo, N.D. and Bemidji, Minn.; Anu Gaba, M.D., Sanford Health, Fargo, N.D.; Tufia Haddad, M.D., Mayo Clinic, Rochester, Minn.; Alexandra Higgins, M.D., Avera Health, Sioux Falls, S.D., Brookings, S.D., Mitchell, S.D., and Marshall, Minn.; Jasmine Kamboj, M.D., Mayo Clinic Health System, Albert Lea, Minn.; Lloyd Ketchum, M.D., Essentia Health, Duluth, Hibbing, Minn., Ashland, Wis., Virginia, Minn., Grand Rapids, Minn., Big Fork, Minn., and Sandstone, Minn.; Joseph Leach, M.D., Allina Health, Minneapolis; Emily McGovern, DO, Lakewood Health System, Staples, Minn.; Kurt Oetell, M.D., Gundersen Health System, La Crosse, Wis.; Aby Philip, MBBS, Essentia Health, Brainerd, Minn.; Joshua Pritchett, M.D., Mayo Clinic, Rochester, Minn., Mayo Clinic Health System, La Crosse, Wis.; Marion Raftores, M.D., Alomere Health, Alexandria, Minn.; Anthony Rooney, M.D., Lake Region Healthcare, Fergus Falls, Minn.; Lori Rosenstein, M.D., Gundersen Health System, La Crosse, Wis.; Amrit Singh, MBBS, Mayo Clinic Health System, Mankato, Minn., and Fairmont, Minn.; Wade Swenson, M.D., Lakewood Health System, Staples, Minn., Stevens Community Medical Center, Morris, Minn.; Shelby Terstreip, M.D., Sanford Health, Fargo, N.D.; Jonathan Ticku, M.D., Mayo Clinic Health System, La Crosse, Wis.; Tomah, Wis.; Hilary Ujero, MBBS, CentraCare Health, St. Cloud, Minn.



# Future Directions for Tele-Oncology

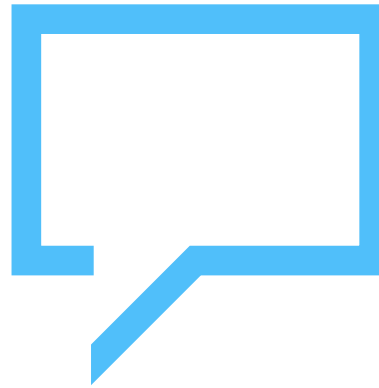
Teletrial Program

**Australian  
Teletrial  
Program**



**Taking  
Healthcare  
Further**

Questions?





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