

PATIENT CARE



Patient Care

Whether South Carolinians receive the recognized standard of cancer treatment and benefit from a multidisciplinary team approach, best clinical practices, and clinical trials depends on many factors, including income and where they live.

The likelihood of being covered by health insurance rises with income (DeNavas et al., 2003). The Institute of Medicine estimates that 18,000 adults in America die each year because they are uninsured and do not have access to the medical care they need. Individuals without health care coverage are much less likely to obtain preventive care, get timely diagnoses for cancer, receive treatments, and take prescription medications as recommended by physicians (RWJ, 2005).

In South Carolina, 21 percent of those under age 65 are uninsured (SC Dept Insurance, 2004). Uninsured adults are unable to see a doctor when needed and are far less likely to have a personal physician (RWJ, 2005). Forty-two percent of uninsured people in South Carolina did not have a personal provider compared to 15 percent of the insured (RWJ, 2005).

People who are uninsured are much more likely to report being in poor or fair health than those who are insured. Lack of health insurance often leads to unnecessary suffering, delayed diagnoses, and death.

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Access to Care

From cancer prevention and healthy lifestyle education, to supportive and advanced technology treatments for cancer, access to quality health care is an issue. The SC Household Survey (2004), documents the state of health care access in South Carolina:

- At least 19.4 percent, or 796,794 South Carolinians, are uninsured (compared to 15.2 percent for the nation).
- Among the uninsured, 74 percent list affordability as the reason they have not purchased health insurance.
- In South Carolina, 60 percent of the uninsured are working adults.

For those who live in rural counties without doctors specializing in cancer care and without hospitals offering cancer services, transportation becomes an issue. In a recent SCCA survey, 95 percent of Radiation Oncology Facilities surveyed in South Carolina reported being aware of patients who had missed cancer treatment due to lack of transportation (SCCA, 2003).

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Objective 1. By June 2006, re-establish cancer pain initiative efforts in South Carolina.

Strategy 1. Assess interest in re-establishing cancer pain initiative efforts in South Carolina.

Strategy 2. Collaborate with SCCPI leadership to explore the status of initiative activities.

Strategy 3. Recruit both former SCCPI members and new resources to revitalize cancer pain initiative efforts and education.

Strategy 4. Assess the status of cancer pain management, use of practice guidelines, and next steps.

Objective 2. By 2006, assess and address the magnitude of indigent cancer care to improve access to care.

Strategy 1. Conduct a literature review to establish the state of indigent cancer care.

Strategy 2. Create a workgroup to review and analyze appropriate and relevant data:

- Collaborate with and assist the SC Central Cancer Registry (SCCCR) in securing the appropriate resources to compile the data.
- Identify sources of free care and ascertain related cost and charges.
- Conduct data linkage between Hospital Discharge Data (1996-2002) and SCCCR incident cases (1996-2001).
- Analyze linked data, report by payer status, race, cancer type, and stage.

Strategy 3. Identify existing resources in communities to promote access to care in South Carolina.

Strategy 4. Work with other partners to advocate for a cancer Medicaid waiver in South Carolina.

Objective 3. By 2006, identify and address transportation barriers for cancer patients.

Strategy 1. Survey radiation oncology centers on issues related to patient transportation.

Strategy 2. Cultivate networks within communities in order for them to develop their own transportation solutions.

Strategy 3. Distribute, periodically update, and educate health care providers on additional transportation resources.

Strategy 4. Re-survey radiation oncology centers routinely to assess changes.

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Objective 3. By June 2010, provide education and awareness about cancer clinical trials.

Strategy 1. Recruit health care professionals to work with the Patient Care Task Force to establish a statewide network of clinical research staff.

Strategy 2. Formulate a plan to address concerns and issues related to clinical trial recruitment and the educational needs of health care providers and the public:

- Internal marketing in hospitals with clinical trial departments;
- Educate physicians;
- Establish baseline/benchmark participation in clinical trials;
- Use national cooperative group marketing tools and media experts to heighten awareness and educate the public;
- Develop an informational presentation for the lay public that various members can present to professionals and the public.

*The Institute of Medicine estimates that 18,000 adults in America die each year because they are uninsured and do not have access to the medical care they need.
(from report)*

Objective 4. By June 2010, educate health care providers regarding the current accepted cancer practice guidelines.

Strategy 1. Prepare informational materials on accepted cancer practice guidelines for health care providers.

Strategy 2. Develop or gather materials to be used to exhibit at professional meetings.

Strategy 3. Arrange to make presentations at professional meetings.