



Addressing the Cancer Control Continuum in Rural Communities

Presented by the TGH Cancer Institute

EXECUTIVE SUMMARY

Brief Overview of Introductory Remarks

The summit aimed to unite healthcare providers, researchers, and community members to identify challenges and solutions, featuring a collaborative “Solutions Session” to develop actionable strategies for improving access to care. It emphasized building academic-community partnerships to enhance cancer care equity and aligned with Tampa General Hospital Cancer Institute’s pursuit of NCI designation. Active participation was encouraged to generate ideas for better outcomes in underserved areas. TGH Cancer Institute’s Executive Director, Dr. Eduardo Sotomoyor and TGH CEO, John Couris, highlighted the importance of transcending competition in healthcare to focus on underserved communities and emphasized the mission of providing world-class cancer care to all patients, regardless of location or socioeconomic status. The TGH-USF network’s efforts to serve Medicaid populations were praised, with nearly 25% of care provided to those in need. Mr. Couris stressed the need to build networks and partnerships to bring care closer to rural communities and reduce travel burdens for patients, acknowledging the critical support of the Florida Department of Health, the Governor, and the First Lady in advancing cancer care initiatives.

Keynote speaker Kenneth Schepke, MD, FAEMS, Deputy Secretary for Health, Florida Department of Health, noted that one in every three people will develop cancer and emphasized the importance of improving healthcare. He highlighted the growth of the Cancer Innovation Fund from a \$20 million state investment to \$60 million, funding thought leaders and experts innovating outside of the NCI. Dr. Schepke praised Florida’s commitment to cancer prevention, with more than \$300 million invested annually in cancer care initiatives and stressed the importance of bringing care to patients and increasing primary care.



Overview of Panel Discussions

Panel 1: Risk Reduction, Prevention, and Early Detection in Rural Florida

Moderator:

Jennifer Kue, PhD

Associate Professor, University of South Florida College of Nursing and Coordinator,
Southwest Florida Cancer Control Collaborative

Panelists:

Susan Vadaparampil, PhD, MPH

Associate Center Director of Community Outreach and Engagement, Moffitt Cancer Center

Natasha Schaefer Solle, PhD, RN

Research Associate Professor,

University of Miami Leonard M. Miller School of Medicine and Sylvester Comprehensive Cancer Center

Jaclyn Hall, PhD

Associate Research Scientist, University of Florida College of Medicine

Key Points

- **Community-Centered Cancer Care:** Focus on understanding the unique needs of rural populations, particularly first responders such as firefighters, volunteers, and wildland firefighters. Conduct focus groups to identify risk factors and offer tailored resources, such as mobile clinics, home-based screenings, and cancer navigation services.
- **Mobile Health Solutions:** Deploy mobile health units, like the low-dose CT mobile lung screening unit, to rural areas to address access barriers and provide essential screenings. Ensure screenings reach underserved populations and improve early detection in rural communities.
- **Innovative Partnerships:** Partner with community organizations, such as the YMCA, to expand survivorship programs and deliver evidence-based care outside traditional research settings. Collaborate with federally qualified health centers and trusted local organizations to increase reach and engagement.
- **Tobacco Prevention and Cessation:** Address tobacco-related cancers (lung, colorectal, head/neck) as a significant issue in rural areas. Promote tobacco cessation through education, clinical trials, and digital tools such as cessation apps, targeting rural communities with improving internet access.
- **Leveraging Technology:** Utilize technology to scale services like tobacco cessation programs and make them accessible to rural communities. Overcome connectivity challenges by adapting solutions to suit rural settings, ensuring greater access to digital health interventions.

Summary

The collaborative efforts in rural cancer care emphasize meeting people where they are by offering clinical trials directly in these communities, empowering local leaders to become scientists and researchers, and funding initiatives like the Southwest Florida Cancer Control Collaborative (SWFCCC). Key strategies include understanding the specific providers serving rural areas, educating and creating opportunities for them, addressing the prevalence of tobacco-related cancers, and leveraging technology to enhance access and care delivery.

Overview of Panel Discussions

Panel 2: Transition to Post-Treatment Care and Navigating Survivorship in Rural Florida

Moderator:

Victoria Marshall, PhD, RN

Associate Professor, University of South Florida College of Nursing

Panelists:

Linda Ryan

Patient Advocate

Andrea Hans

Health Advocate, National Coalition for Cancer Survivorship

Sue Friedman

Founder and Executive Director, Facing Our Risk of Cancer Empowered (FORCE)



Key Points

- **Survivorship Care Gaps:** Ensure survivorship planning is included in all cancer treatment protocols. Develop comprehensive care plans that address long-term health risks, follow-up care, and emotional support, particularly for younger patients dealing with fertility preservation, early menopause, and mental health struggles.
- **Financial Toxicity:** Develop accessible, up-to-date databases of financial assistance programs for cancer survivors, including those for mental health care and fertility preservation. Advocate for policy changes to cover supplemental screenings, fertility preservation, and reduce out-of-pocket costs for cancer treatments, ensuring resources are available to meet patient needs.
- **Patient Support:** Expand the use of patient navigators and support services to help survivors manage their journey from diagnosis to recovery. Provide easy access to resources and streamline the process for accessing financial assistance, mental health care, and treatment options.
- **Telehealth Accessibility:** Promote the use of telehealth to reduce travel costs and time off work, especially for patients in rural or underserved areas. Ensure telehealth services are well-integrated into cancer care to provide greater access and reduce barriers for ongoing treatment and follow-up care.
- **Working with Cancer Patients:** Prioritize active listening and individualized care when supporting cancer patients. Ensure healthcare providers are trained to understand the emotional and psychological needs of patients, offering a compassionate environment for patients to process their diagnosis and treatment options.
- **Specialized Care for Young Survivors:** Address the unique challenges faced by adolescent and young adult cancer survivors by providing targeted education, mental health resources, and fertility preservation options. Create age-appropriate spaces for engagement and support, ensuring these patients receive care that addresses their specific needs.

Summary

Survivorship care requires recognizing differences in patient communication styles and the critical need for Spanish-speaking navigators. Survivors often struggle with understanding their diagnosis and next steps—“If you don’t understand what you have, you don’t understand what the next steps are.” Critical gaps in post-treatment care include fostering early, proactive conversations about long-term plans, mental health care, fear of recurrence, fertility issues, and the management of chronic care needs. Fatigue remains a prevalent concern, highlighting the need for patient navigators to guide survivors through financial challenges and available resources. Incorporating state legislation and policies is essential to address the financial toxicity of cancer, including the costs of new treatments, post-treatment expenses, and insurance complexities.

Overview of Panel Discussions

Panel 3: Access to Care and Technological Advancements

Moderator:

Matt Anderson, MD, PhD

Professor, Obstetrics & Gynecology, Director, USF College of Medicine Obstetrics & Gynecology,
Associate Director of Research Analytics and Share Resources, Tampa General Hospital Cancer Institute

Panelists:

Paul Hull, PhD

Vice President, Regional Advocacy, American Cancer Society Cancer Action Network

Josh Eaves

Chief Development & Strategy Officer, Florida Cancer Specialist

Pete Chang, MD

SVP & Chief Transformation Officer, Tampa General Hospital

Key Points

- **Improving Telehealth Access in Rural Areas:** Increase broadband infrastructure and provide training for both patients and providers to ensure the effective use of telehealth, which can improve access to care, especially for seniors and those with transportation issues.
- **Streamlining Insurance Processes:** Simplify prior authorization and insurance protocols to reduce administrative burdens on healthcare providers. This would free up time for more direct patient care, particularly for rural residents who face additional challenges in navigating the system.
- **Medicaid Expansion & Coverage Gaps:** Expand Medicaid to address coverage gaps, particularly for rural populations who fall into the coverage gap between Medicaid eligibility and Affordable Care Act plans, improving access to necessary treatments like cancer care.
- **Legislative and Policy Support:** Advocate for funding through initiatives like Florida's Rural Renaissance Initiative to support telehealth capabilities, mobile health units, and primary care access. Policy changes should aim to reduce financial barriers and improve healthcare delivery in rural communities.
- **Hospital at Home Model:** Expand the "hospital at home" model to allow patients to receive care in their communities. Ensure continued support from legislative bodies and secure funding to prevent disruptions to services and improve healthcare access.
- **Navigating the Healthcare System:** Improve patient navigation services, particularly in rural areas, to help individuals better understand and navigate the healthcare system, ensuring they can access the care they need despite the complexity of the system.

Summary

Addressing the unique needs of rural communities requires understanding their values and maintaining a "confident relationship with uncertainty." Accessibility and engagement are key to building trust and delivering effective care. Forming partnerships with coalitions enhances outreach and resource distribution. Recruitment challenges arise as many recently graduated nurses prefer urban settings, making rural staffing more difficult. Since healthcare is a financially driven industry, it is essential to educate patients about financial considerations, including navigating insurance and Medicaid, to ensure they can access the care they need.

Panel 4: Clinical Trials and Access for Rural Populations

Moderator:

Nick Panetta, MD

Chair, USF Health Department of Plastic Surgery, Chief, Tampa General Hospital Department of Plastic Surgery,
Director, Tampa General Hospital Plastic & Burn Surgery Institute,
Director, USF Cancer Related Lymphedema Program, USF Health Morsani College of Medicine

Panelists:

Rodrigo Carvajal

Collaborative Data Services Core, Moffitt Cancer Center

Gustavo A. Fonseca, MD, FACP

Florida Cancer Specialists & Research Institute

Key Points

- **Community Engagement & Trust:** Involve local community leaders, advocates, and ambassadors to build trust and ensure culturally relevant outreach efforts, including tailoring materials and using local spaces like churches or community centers for engagement.
- **Overcoming Barriers to Clinical Trial Participation:** Address misconceptions, lack of awareness, and limited provider knowledge about clinical trials, especially in underserved and rural communities. Focus on educating patients and ensuring providers have access to the right resources and information.
- **Collaboration Between Institutions:** Break down silos between community hospitals, academic medical centers, and state-level initiatives. Foster better communication, reduce competition, and create mechanisms to support shared goals and resources, including addressing financial barriers to delivering care.
- **Leveraging Technology & Existing Initiatives:** Use technology to improve access to resources and streamline processes for clinical trials. Build on existing projects, such as those funded by the National Cancer Institute, to avoid redundancy and maximize impact.

Summary

Enhancing engagement in clinical trials involves creating mobile applications to improve connectivity and inclusivity, using language that resonates with patients and fosters understanding. Leveraging technology increases access and facilitates communication, including AI tools, for both patients and caregivers. Building trust in providers and the clinical trial process is crucial, alongside addressing geographic and language barriers. Institutions should also value student feedback, as many students aspire to give back to their communities, enriching local healthcare initiatives.

Individual Presenters

Sharon Shriver, PhD

Senior Analyst, Policy Analysis & Legislative Support, American Cancer Society Cancer Action Network:

Addressed supply issues by opening more clinical trials at additional locations and creating ways to connect patients through Telehealth and decentralization, bringing trials to them. She suggested referring patients to existing trials at nearby sites and highlighted that providers often lack the time to find trials. To address this, she developed an app that integrates with the Electronic Health Record (EHR).

Pete Chang, MD

SVP & Chief Transformation Officer, Tampa General Hospital:

Emphasized the need to create an ecosystem for care coordination, focusing on finding and engaging patients while improving screening and early detection. Priorities include enhancing education, controlling costs, scaling efforts, automating clinical trial matching, and embracing survivorship. Community, environmental, and workplace assessments are essential, along with maintaining personalized, whole-person health. Highlighting the slow pace of innovation in healthcare and education, he stated, "We are the limit, technology is not."

The Solution Circle Outcomes included:

1. Access to care and service lines: Providing support to providers and understanding where they're being seen, emphasizing that access is not just about location but also information.
2. Survivorship care for the patient and family: Starting the survivorship care discussion at diagnosis to instill hope, coordinating survivorship care from the beginning, and assessing communication preferences and precision medicine.
3. Models of care utilizing technology and telemedicine: Optimizing telehealth to engage patients, using remote monitoring for rural cancer patients to reduce financial burdens, and utilizing the Florida Health Information Exchange for real-time coordination.
4. Prevention, screening, and early detection: Finding resources and linking them to the next level of care (care mapping), leveraging community assets, and using AI and other tools for a multi-behavior approach.
5. Regional partnership development with local stakeholders: Focusing on shared value (research, mission-driven statements, economic, community benefit), driving regional partnerships through policy, and educating policy members on the impact on future patients.



The information in this executive summary is intended to inform future planning for cancer control in rural Florida.

Respectfully Submitted,

Usha Menon, PhD, RN, FAAN, FSBM

Associate Director of Community Outreach & Engagement, Tampa General Hospital Cancer Institute and Senior Associate Vice President, USF Health Dean, USF Health College of Nursing

Nicholas J. Panetta, MD, FACS

Chair, Department of Plastic Surgery, Associate Professor, Plastic Surgery and Surgical Oncology, Director, USF Cancer Related Lymphedema Program, USF Health Morsani College of Medicine

Richard Tuli, MD, PhD

Professor and Chair, Radiation Oncology, USF Health Morsani College of Medicine; Deputy Director, Cancer Institute, Associate Vice President, Strategic Partnerships, Tampa General Hospital