Transportation Barriers to Cancer Care: Perceptions Among U.S. Community Oncologists

Poster #HPR42

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Background

- Social determinants of health (SDOH), including transportation-related barriers, limit access to cancer care services and contribute to poor clinical outcomes.
- Transportation barriers pose a unique challenge in oncology care given the multi-modal nature of treatment often requiring frequent visits with multiple providers/specialists.[1]
- Previous research has demonstrated transportation barriers are associated with increased rates of recurrence and mortality among patients with cancer.[2]
- The objective of this study was to examine perceptions of transportation barriers among U.S. community oncologists and their effect on their patients' health.

Methods

- Survey questions were administered to U.S.-based oncologists at an in-person summit in November 2022.
- Data were collected using an audience response system (ARS) and a pre-meeting survey was used to collect demographic information (**Table 1**).
- Responses were aggregated and analyzed using descriptive statistics.
- Not every physician answered each ARS question; the number of physicians who answered each question are denoted in the corresponding figure.

Table 1. Respondent demographics and characteristics

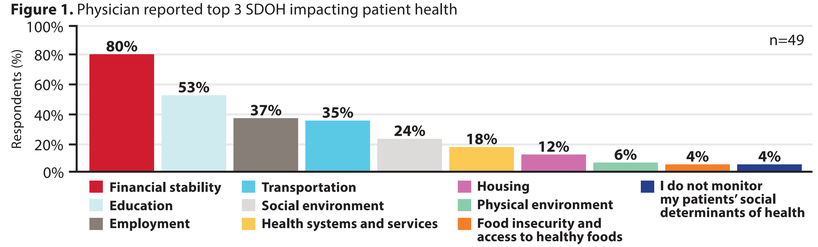
N=56	n (%)
U.S. region of practice	
Northeast	11 (20%)
Midwest	13 (23%)
South	28 (50%)
West	4 (7%)
Practice setting	
Community, privately owned	29 (52%)
Community, non-privately owned	17 (30%)
Non-community	10 (18%)
Primary specialty	
Hematology oncology	34 (61%)
Medical oncology	22 (39%)
Years in practice	
1-10	9 (16%)
11-20	23 (41%)
>20	24 (43%)
Patient volume per day	
1-10	9 (16%)
11-20	30 (54%)
>20	17 (30%)

Results

- Respondents' (N=56) primary specialty was hematology oncology (61%) and they had an average of 20 years in practice.
- The respondents identified financial stability (80%), education (53%), employment (37%), and transportation (35%) as the top SDOH factors affecting their patients' health (**Figure 1**).
- Approximately one-fourth of respondents reported more than 60% of their patients require transportation assistance (**Figure 2**).
- Seventy-seven percent of respondents reported having at least one patient in the past 12 months require emergency care due to the inability to receive cancer therapy caused by transportation barriers (**Figure 3**).
- Forty-four percent of respondents reported their practice does not offer transportation to their patients, while the most common transportation services used by providers (32%) were those through local services (**Figure 4**).
- Ninety percent of respondents were aware of public/private healthcare transportation services (**Figure 5**), but less than half (46%) would recommend such services for transportation-related delays/impact to a patient's treatment administration (**Figure 6**).

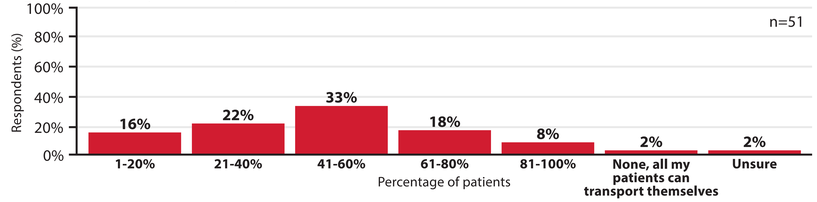
Results

Figure 1. Physician reported top 3 SDOH impacting patient health



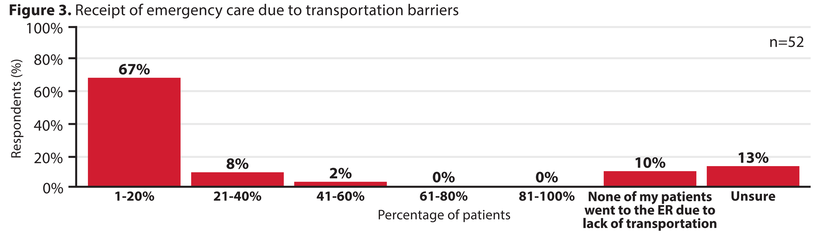
Q: Which of the following are the top three social determinates of health commonly faced by your patients with cancer?

Figure 2. Estimated patient transportation need



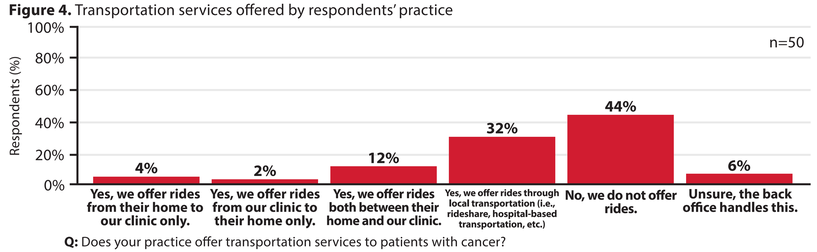
Q: Approximately, what proportion of your patients require transportation either from a family member, friend, or a public service (bus, rideshare, etc.)?

Figure 3. Receipt of emergency care due to transportation barriers



Q: In the past 12 months, what percentage of your patients required emergency care due to inability to receive therapy caused by lack of transportation to either your clinic or the infusion center?

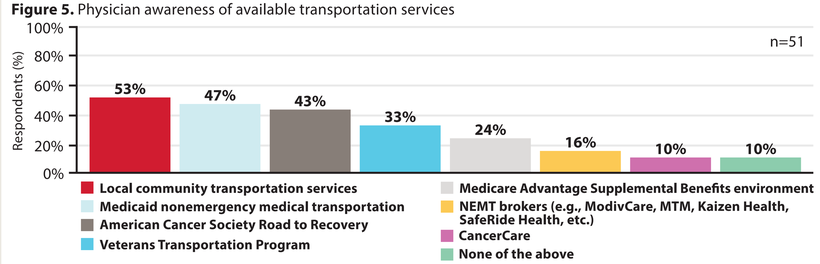
Figure 4. Transportation services offered by respondents' practice



Q: Does your practice offer transportation services to patients with cancer?

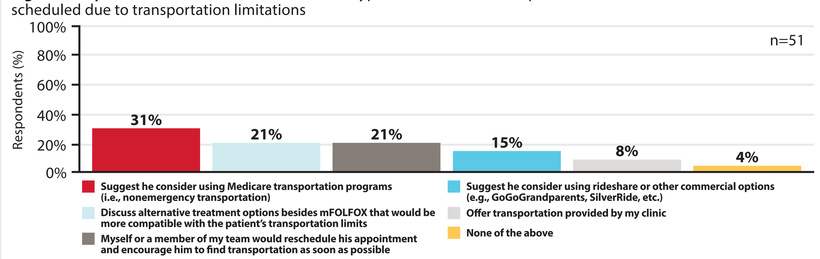
Results

Figure 5. Physician awareness of available transportation services



Q: Are you aware of any of the following transportation services offered in your area? Please select all that apply.

Figure 6. Physicians' recommendation based on a hypothetical scenario of a patient not able to receive treatment as scheduled due to transportation limitations



Q: RD is a 77-year-old, Medicare patient who is being treated for his stage III colorectal cancer with mFOLFOX every 2 weeks. He finds it very difficult to get there due to transportation limitations. Usually, he asks his son to take him, but his son has picked up extra hours at work and is unavailable during normal clinic hours. Today, he calls your office to inform you that he can't receive his regimen today. Which of the following would best describe your response to him?

Conclusions

- Physician respondents perceived transportation limitations as a significant barrier to patient health, leading to adverse patient outcomes (e.g., ED visits, missing scheduled treatment).
- Findings suggest that although community oncologists are relatively aware of transportation services for patients with cancer, there is an unmet need to expand the use of such services.
- Additional research is needed to better characterize transportation insecurity among patients with cancer to inform the development of screening tools and interventions leading to improved health equity.

References

1. Graboyes EM et al. Addressing Transportation Insecurity Among Patients With Cancer. *J Natl Cancer Inst*. 2022;114(12):1593-1600.
2. Jiang C et al. Transportation barriers to health care and mortality risk among the U.S. adults with history of cancer. *J Clin Oncol*. 2021;39(suppl 28):121-121.

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Abbreviations: ER, emergency room; mFOLFOX, modified leucovorin calcium (folinic acid), fluorouracil, and oxaliplatin; MTM, medication therapy management; NEMT, non-emergency medical transportation; SDOH, social determinants of health; US, United States.