

# Expand Access to Community Based Support Services for Cancer Survivors

## Executive Summary

The state of West Virginia should expand the use of community health workers, particularly in rural communities, to provide better care coordination and improve access to support services for people living with and beyond cancer.

While more people are surviving after cancer, over 60% of patients experience disabilities that keep them from their daily activities and nearly 40% of those suffer disability. Support services like nutrition, psychological counseling, and rehabilitation reduce disability among cancer patients; however, patients in rural community settings are often not connected to the services they need.



**1 in 8 West Virginia adults are cancer survivors**



**60% require help with daily activities**



**40% will suffer permanent disability**

**Access to community-based support services is needed**



Seventeen states have expanded use of community health workers in primary care to coordinate supportive services for individuals with complex health needs. This has increased patient access to support services and improved health outcomes for people living with chronic conditions like cancer. Integrating community health workers into primary care settings to support cancer survivors is a solution for rural West Virginia. Improving access to local community health workers will require the Department of Health and Human Resources to implement policy and environmental changes to improve the integration of community health workers in primary care.

## Introduction

More people are surviving cancer than ever before. However, people living with and beyond cancer treatment, often have problems getting the support they need in their communities across West Virginia. This can lead to disability and reduced participation in life roles. Patients from rural areas travel great distances for cancer treatments, however, they rely on their local community services and primary care network to support their recovery and get back to their daily lives. Cancer related disability is a leading economic burden to patients and their families, who face [significantly higher annual healthcare expenditures](#) than those who have never had cancer.

Local services like nutrition, counseling, rehabilitation, and other social support services are either missing or insufficiently tailored to the specific needs of cancer survivors. Providing care close to home supports people where they live

### Key Findings and Recommendations

- Cancer-related disability costs are a leading economic driver in US healthcare
- Most cancer-related disability is preventable with early supportive services
- When primary care professionals team with community health workers, the supportive needs of people with cancer can be met in their community
- Better integration of community health workers in primary care clinics is a solution for West Virginia

rather than making them travel to distant medical centers for support.

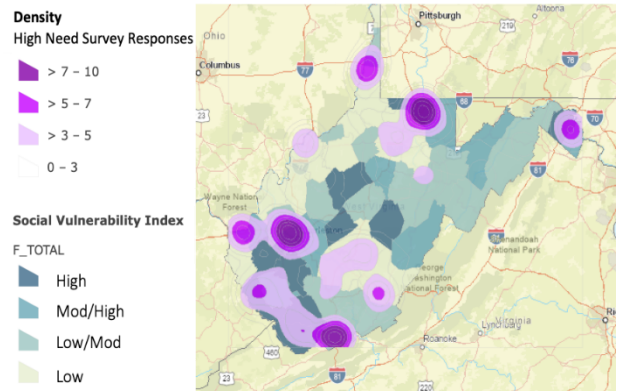
## The Challenge of Access to Specialty Care for Cancer Survivors

### *Services are lacking*

The recent *West Virginia Cancer Survivorship Needs Assessment Study* found that nearly 50% of individuals who have completed cancer treatments have high levels of unmet needs and are generally unable to access to *cancer-specific* support services in their communities. While primary care facilities are prevalent in WV, <2% provide cancer specialty services for social, physical or psychological support and most community-based support services are not tailored for the unique needs of individuals with cancer.

### *Disparities magnify the issue*

While rurality impacts access to healthcare there is more to the story. [Social vulnerability](#), or the negative effects of social determinants of health and economic indicators, are a stronger driver of high needs. This means that people with the highest needs are living in areas with the least access to support services and the lowest level of economic resources.



### *Provider awareness is low and burden is high*

Our research also reveals that WV primary care provider knowledge about cancer survivorship care is low. Although medical guidelines for survivorship care exist, primary care professionals are generally unaware of the recommended follow up, unaware of local support services, and note a lack of time and expertise to manage and coordinate supportive care services that are available.

## What can be done?

**Policies** Create education programs for healthcare workers, based on existing cancer survivorship competencies, to promote a high quality workforce. Change payer policies to incentivize survivorship care coordination, using bundled payments and merit incentives, to facilitate better attention to this care gap.

**Systems** Leverage physician extenders to expand the reach of primary care practices to improve care coordination for medical, social, and functional needs. Fund communities to create cancer-specific services and incentivize existing state funded health services to create materials and programs specific to individuals with cancer.

**Environment** Change social and economic conditions in the neighborhoods where cancer survivors live and work. Improve facilities for physical activity, access to healthy foods, and social support services that target cancer survivors. Engage community partners to develop *and* coordinate supportive programs with primary care.

## Recommendation:

Incentivize an expanded role for community health workers in primary care to optimize care coordination for cancer survivors. A community-based specialty workforce can encourage capacity building, increase awareness about cancer-related needs and ultimately provide a high impact service by coordinating medical and social resources. The WV Department of Health and Human Resources should leverage the WV State Cancer Plan to develop *Policy, Systems, and Environment* goals and activities that create a system of survivorship care in WV communities.

## For More Information:

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