

# Care Coordination

## Overcoming barriers to improve outcomes for patients with hematologic malignancies in rural settings

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**BACKGROUND:** Most patients with cancer experience financial, emotional, and logistical barriers to care that significantly affect their adherence to and successful completion of treatment. However, patients with hematologic malignancies, particularly those who live in rural settings, must also contend with additional challenges.

**OBJECTIVES:** This article aims to synthesize the literature about barriers to timely access to care and to coordination of this care for patients with hematologic malignancies, particularly those in rural settings, as well as identify strategies to improve cancer care delivery for those patients.

**METHODS:** A search of the literature from 2008–2018 pertaining to rural health disparities for patients with hematologic malignancies, along with ways to overcome these disparities, was conducted.

**FINDINGS:** Patients with hematologic malignancies, particularly those who reside in rural settings, face complex barriers to care. These barriers cause emotional and physical distress. A team approach to care coordination that is focused on eliminating these barriers and improving outcomes is needed.

### KEYWORDS

hematologic malignancy; healthcare access; healthcare barriers; rural settings

### DIGITAL OBJECT IDENTIFIER

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**HEMATOLOGIC MALIGNANCIES INCLUDE A DIVERSE GROUP OF DISEASES** of the bone marrow and immune system, such as leukemia, lymphoma, and multiple myeloma (Lobb et al., 2009; McGrath, 2015; Olsen, 2013). Because the treatments for hematologic malignancies are directly targeted at cancer cells in the bone marrow, lymphatic system, and immune system, the production of normal cells (red blood cells, platelets, neutrophils) is markedly affected (Lobb et al., 2009; Walter et al., 2013). These intense treatments, coupled with the disease process itself, have a profound impact on immune function, leading to increased risk for prolonged neutropenia and severe infection and to the need for supportive care, including red cell and platelet transfusions (Lobb et al., 2009). The number and overall length of treatments, plus the frequent travel required for transfusion support, may be debilitating to patients and impair their quality of life; they may also experience emotional or psychological distress from missed work and time away from family (Langbecker, Ekberg, Yates, Chan, & Chan, 2016; Lobb et al., 2009). Patients who live in rural settings face profound challenges related to care coordination. Specific barriers include issues related to transportation (e.g., distance to travel for care, reliability of car), low health literacy, the lack of a reliable caregiver, and financial concerns. Management of patients with hematologic malignancies is unique and complex, and intense coordination of care is required to ensure that patients have the best possible outcomes.

The purpose of this article is to review the complex needs of patients with hematologic malignancies, particularly those who live in rural settings, with a focus on barriers to care and to the completion of therapy. In addition, this article identifies challenges for patients treated in rural settings. Strategies for successful coordination of care will be suggested and demonstrated through a case study.

### Hematologic Malignancies

The most common hematologic malignancy, non-Hodgkin lymphoma, represents 4% of all new cancer cases in the United States and has a 71% five-year survival rate (National Cancer Institute [NCI], n.d.). Non-Hodgkin lymphoma is generated from lymphocytes (T cells or B cells) within the lymphatic system and is divided into aggressive and indolent subtypes; the subtype and presenting symptoms guide the oncologist's plan for treatment (NCI, n.d.; Olsen, 2013).

Leukemia is a cancer of the blood cells that is classified into subgroups based on its aggressiveness and the type of cells affected. For instance,