

# Access to Care

**T**his issue of the *Clinical Journal of Oncology Nursing* (CJON) features two articles that spotlight a growing trend affecting patient care in community settings. Passwater and Itano (2018) review care delivery strategies for patients with hematologic malignancies and the complex barriers to care that they face in rural settings. Curtis and Eschiti (2018) look at the benefits and challenges of satellite cancer clinics and infusion centers affiliated with large academic centers. These articles describe how clinical oncology community care settings

community cancer clinic closings and an 8% increase in the number of facility consolidations into hospital settings. Overall, since 2008, 13.8 practices per month have been affected by closings, hospital acquisitions, and corporate mergers (COA, 2018). So what do these changes in community cancer care mean to oncology practice and oncology nursing? For patients, no matter where they live, access to the latest cancer treatments may be orchestrated by major hospital systems and academic centers. For oncology nurses in the community, those practice changes can add more complexity to care delivery.

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have steadily been transitioning to care management by larger merged, acquired, or academic healthcare facilities. These new models of care have been prompted by changes in healthcare financing, healthcare facility competition, and changing population demographics and geography. As of 2017, 7% of oncologists practice in rural areas, whereas 19% of the U.S. population resides in rural areas (American Society of Clinical Oncology, 2018).

Citing structural oncology practice changes, statistics from the Community Oncology Alliance ([COA], 2018) Practice Impact Report indicate that more community cancer care centers are shifting the model of delivery. In two years, 423 individual clinic treatment sites have closed, 658 oncology practices have been acquired by hospital systems, and 359 practices have struggled financially. These statistics represent an 11.3% increase in the number of

As this issue's articles underscore, more oncology nurses are becoming members of geographically diverse care teams. What does that mean to those of you who practice in community settings? Have you put in the time to develop professional relationships with those on your multidisciplinary teams, particularly when those providers are far away from you and your patients? How can you best communicate over long distances with those big centers and their providers? Are your messages to providers succinct, focused, and clinically nuanced about what you see and hear during patient and family member conversations? Are you honing your verbal and written reporting so it adds a valuable perspective to the patient's plan of care?

Even if an oncology nurse's job description does not specify navigation, more and more oncology care in commu-

nity settings requires navigator competencies. Our authors help us understand this, describing what that care in the community looks like now and on the horizon.



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