KEY FACTS SHEET

May 2022



Comparison of Cancer Treatment Services across Hospitals

Background

Disparitites in cancer diagnosis and treatment between rural and urban hospitals across the United States continues to widen. From 1997 to 2019 the number of critical access hospitals (CAHs) has increased from 41 to 1,350 illustrating a need for hospitals in rural areas. In order to determine the scope of providing comparable treatments to underserved populations we compared cancer treatment services in CAH vs. non-CAH hospitals. We also explored the scope of services in small hospitals (<25 beds).



Critical Access Hospital (CAH): Hospitals in rural areas that are at least 35 miles from another hospital and are under restrictions so they can receive a decreased financial burden including a reimbursement of Medicare services at cost.

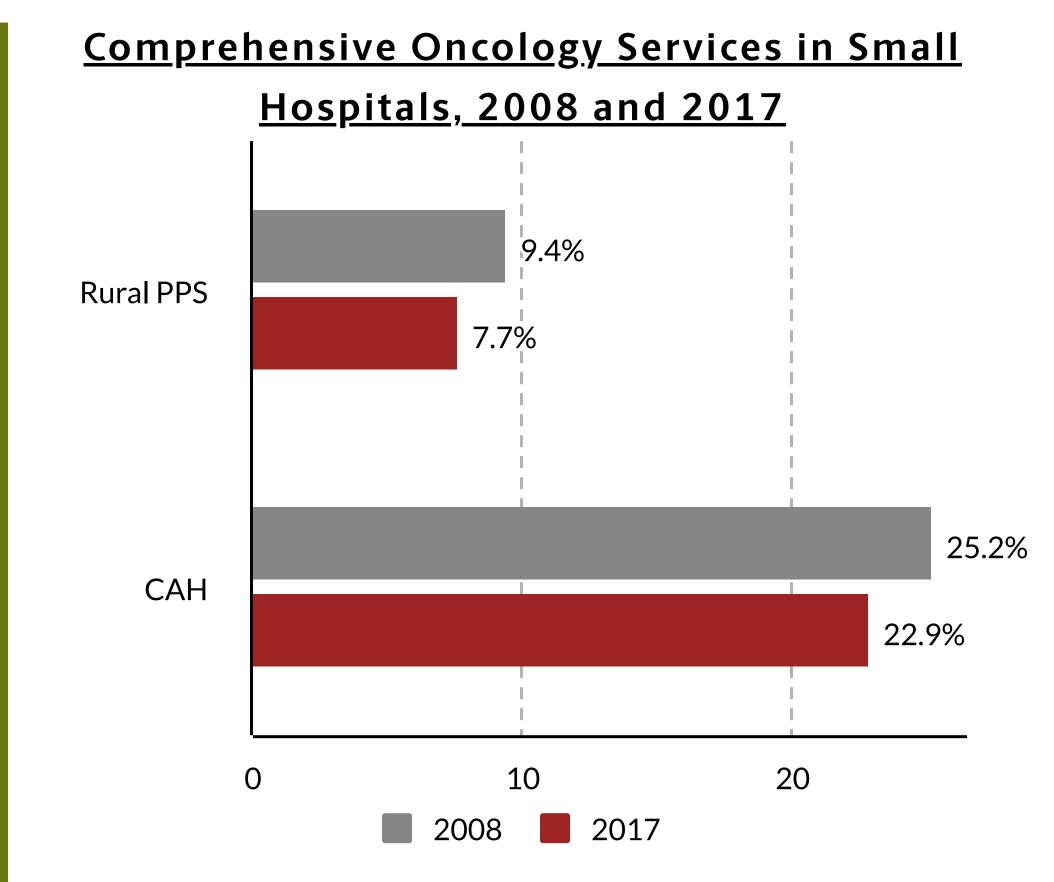
Prospective Payment System (PPS):

Hospital system that receives Medicare costs based on predetermined amounts.

Cancer Care Services across Hospitals, 2017 100 Percentage of Hosptals with Service 90 80 **■** Comprehensive Oncology **■** Chemotherapy **70** ■ Radiation Therapy **60 50 40 30 20 10** 0 **Urban PPS 2017 CAH 2017 Rural PPS 2017**

KEY FACT

During the time period between 2008 and 2017, CAHs were much less likely to provide cancer care services such as comprehensive oncology, chemotherapy and radiation therapy when compared to urban and rural PPS hospitals.



KEY FACT

Small rural PPS hospitals are less likely to provide comprehensive oncology services than CAH hospitals.

ABOUT US

The Rural and Minority Health Research Center's mission is to illuminate and address the problems experienced by rural and minoritized populations in order to guide research, policy, and related advocacy.

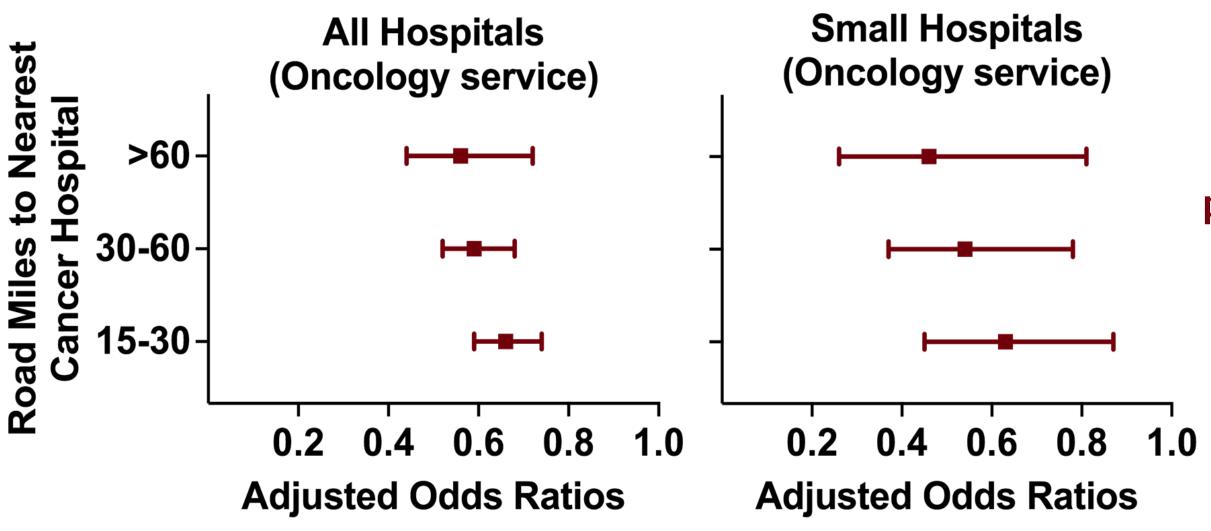
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Oncology Care Services Based on Hospital Distance



KEY FACT

Market competition might play a role in cancer services provision as hospitals that are farther than 15 miles apart are less likely to provide comprehensive oncology.