Comparison of Cancer Treatment Services across Hospitals

**Background**
Disparities in cancer diagnosis and treatment between rural and urban hospitals across the United States continue 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.

**KEY FACT**
*Comprehensive Oncology Services in Small Hospitals, 2008 and 2017*

<table>
<thead>
<tr>
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<th>2008</th>
<th>2017</th>
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<tbody>
<tr>
<td>Rural PPS</td>
<td>9.4%</td>
<td>7.7%</td>
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<tr>
<td>CAH</td>
<td>25.2%</td>
<td>22.9%</td>
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**KEY FACT**
Small rural PPS hospitals are less likely to provide comprehensive oncology services than CAH hospitals.

**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.

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

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