



minnesota cancer alliance summit

2026 | *the power of collaboration*

February 26, 2026

McNamara Alumni Center

Minneapolis, MN



Breakout Session #2

Heritage Gallery

February 25, 2026

McNamara Alumni Center



The Rural Oncology Home Model at Lakewood Health System

Wade Swenson, MD, MPH, MBA



Financial Disclosure Statement

- There are no relevant financial disclosures for this session.





Rural Oncology Home Model at Lakewood Health System

Wade Swenson, MD, MPH, MBA

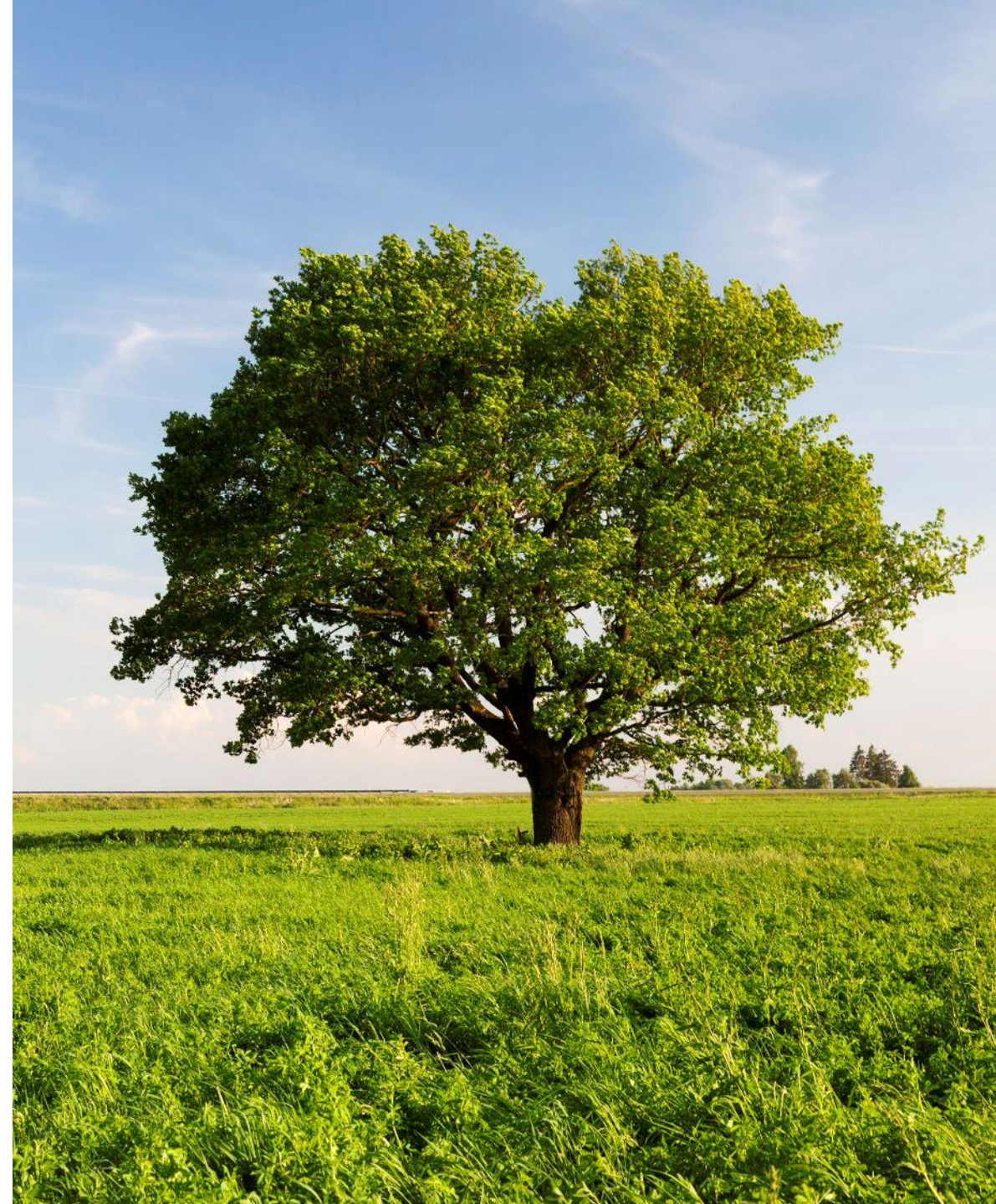


Minnesota Cancer Alliance

Cancer Summit 2026

The Power of Collaboration

February 26, 2026



Disclosures

Disclosure of relevant financial relationship with ineligible companies

Nothing to disclose

References to off-label usage(s) of pharmaceuticals or instruments

Nothing to disclose

Rural Oncology Home Model at Lakewood Health System

Introduction

Rural Minnesota

Policy Perspective

Rural Oncology Home

Lakewood Health System

Rural Cancer Institute



Background

Rural Cancer Care Delivery, Mentorship, Quality, Leadership, and Policy

20 years as a rural oncologist in Minnesota

Professor of Medicine at Burnett School of Medicine at TCU in Fort Worth

Associate Professor of Medicine at University of North Dakota in Fargo

President, American College of Healthcare Executives - Minnesota Chapter

Lakewood Health System Medical Oncologist in Staples, Minnesota

Health Policy Committee at American Society of Clinical Oncology (ASCO)

Care and Quality Improvement Committee at ASCO

Founder of the Rural Cancer Institute

Executive Masters in Policy Leadership at Georgetown University in D.C.

Rural Oncology Home Model

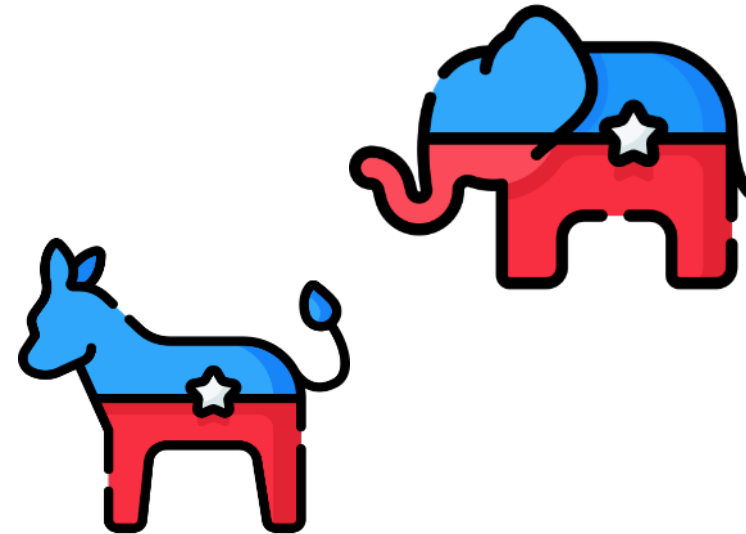
Bipartisan Policy Center & American Heart Association 2019

Making it easier to access health care in rural communities is important.

Democrats (92%)
Republicans (93%)

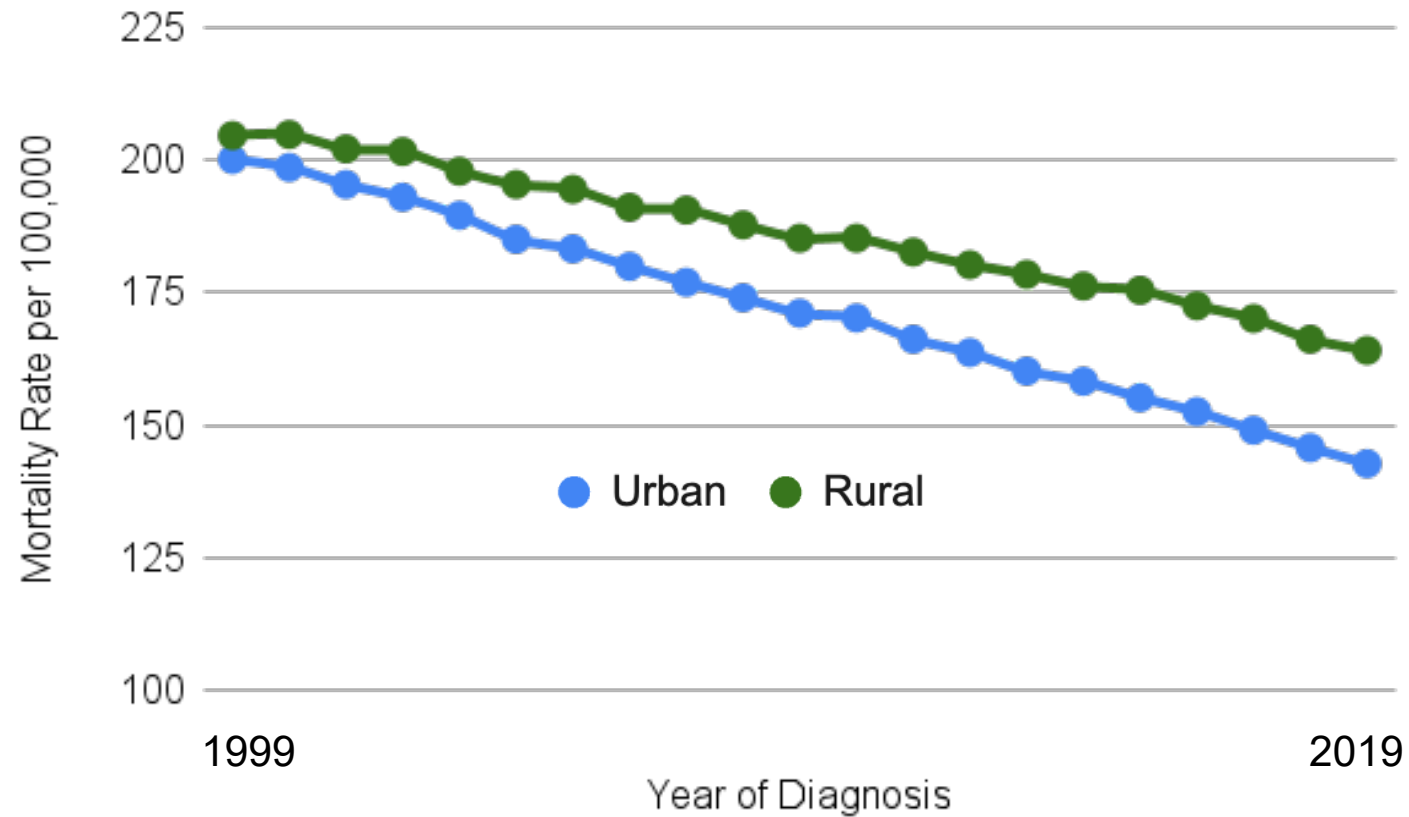
Non-rural (91%)
Rural (95%)

Baby Boomers (93%)
Generation X (92%)
Millennial (92%)



Cancer Mortality Rates in the United States

National Center for Health Statistics, 1999-2019



Curtin SC, Spencer MR. NCHS
Data Brief No. 417. National
Center for Health Statistics, 2021.

Unequal Terrain

Key Reasons Behind Rural Cancer Disparities

Rural populations face **logistical barriers** contributing to disparities in cancer outcomes

- distance to care
- diagnostic delays
- limited access to specialized care

Social determinants further hinder access in rural areas

- cultural beliefs
- language barriers
- health literacy

Munhoz R, Sabesan S, Thota R, et al. ASCO Educ Book. 2024;44

Median Travel Distance for Minnesota Rural Residents

Minnesota Hospital Association, 2013-2019

Service	Number of Patients	Median Travel (miles)	% travel over 60 miles
Oncology	8,037	75.5	58
Ophthalmology	311	74.9	57
Neurology	19,111	72.6	57
Psychiatry	12,701	62.2	52
Gen Surgery	24,077	60.8	51



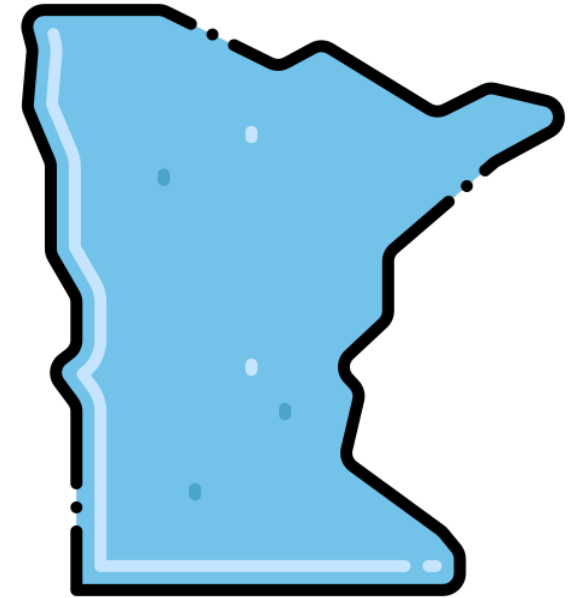
The Future Blueprint(s) of Health Care in Rural Communities. Minnesota Hospital Association 2020 Winter Trustee Conference

Rural Oncology Home Model

Minnesota Hospitals at Risk of Closure

Center for Healthcare Quality and Payment Reform

- 97 Rural inpatient hospitals in Minnesota
 - 1 Convert to Rural Emergency Hospital
- 43 Hospitals loss providing medical services
- 19 Hospitals at risk of closing
 - 7 Hospitals are at risk of immediate closure



Rural Hospitals at Risk of Closing. Center for Healthcare Quality and Payment Reform. July 2024.

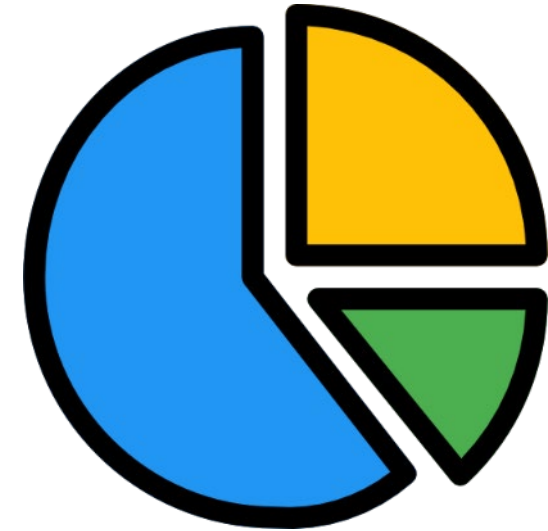
<https://ruralhospitals.chqpr.org>

Oncology Services

Financial Contribution to Health Systems

Cancer services can account for **25 to 40%** of a health system's profit margin.

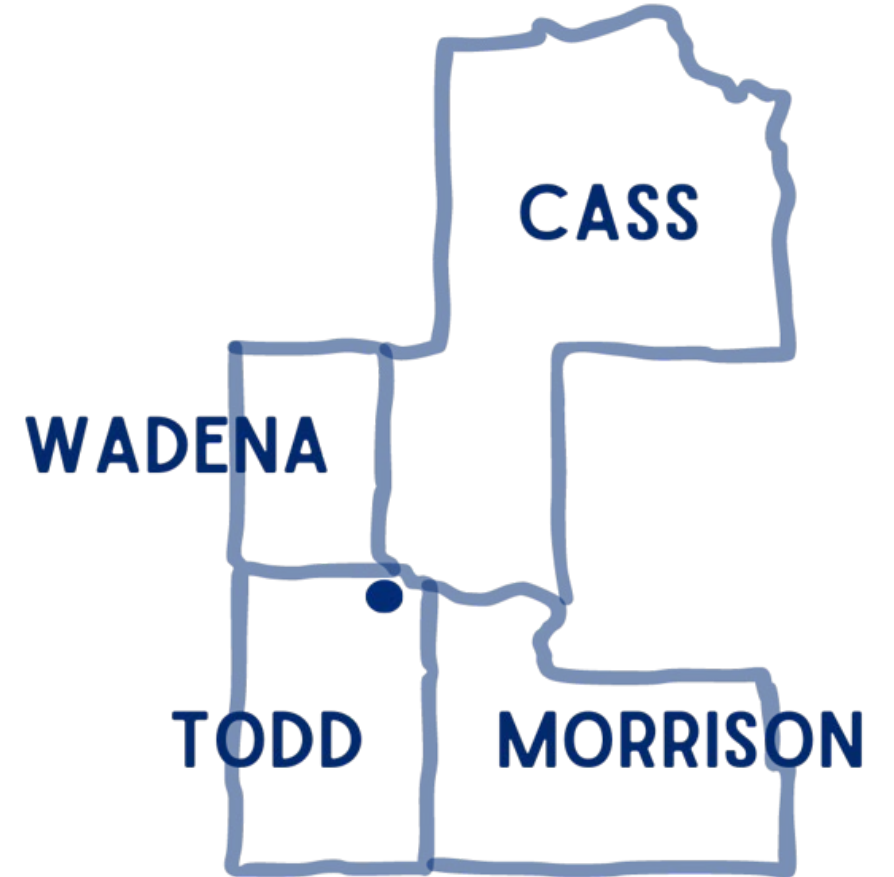
-Ryan Langdale, Chartis Group



Snowbeck C. Allina Launches New Cancer Institute to Streamline Patient Care. Star Tribune. October 28, 2021.

Lakewood Health System

Staples, Minnesota

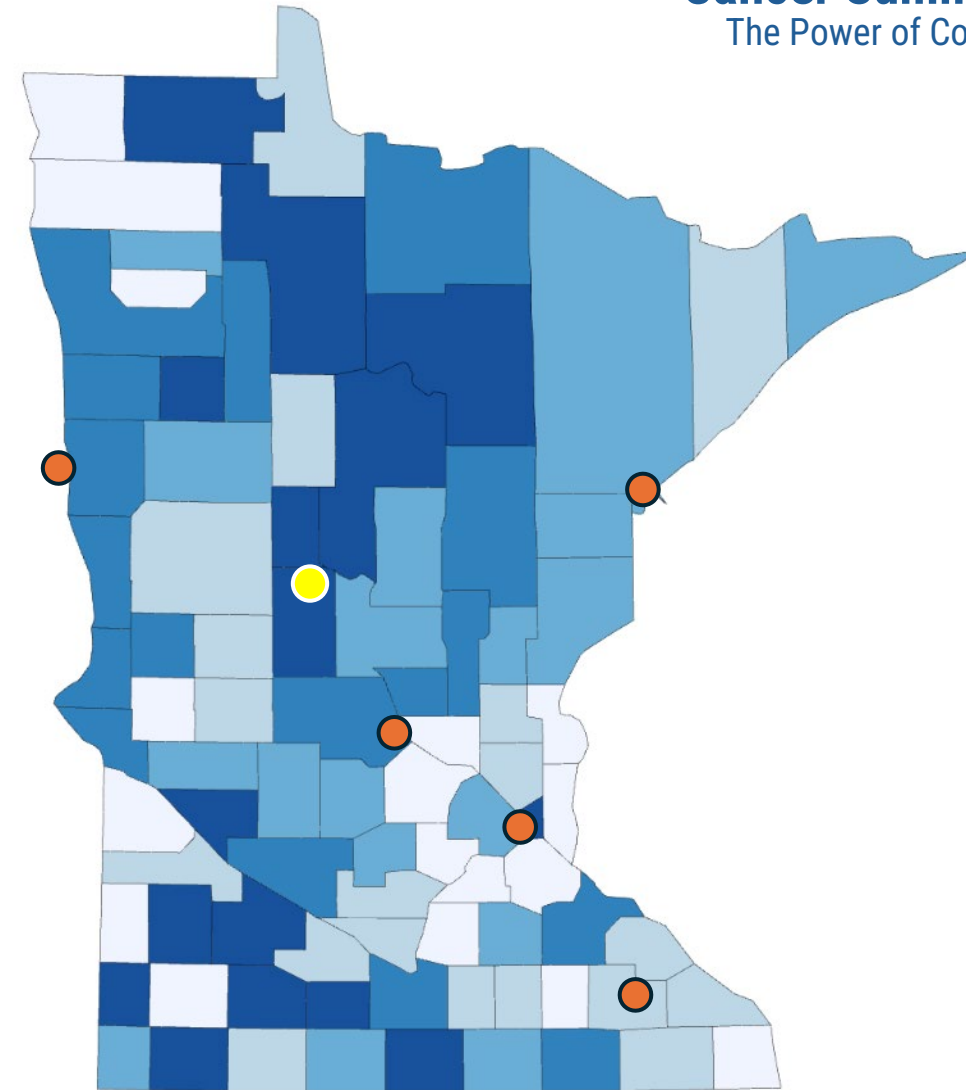
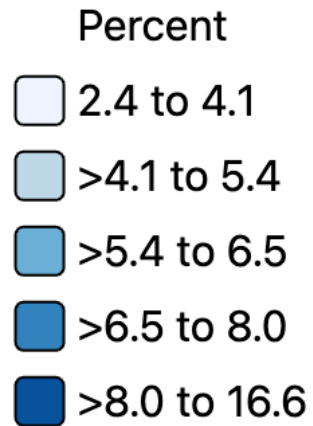
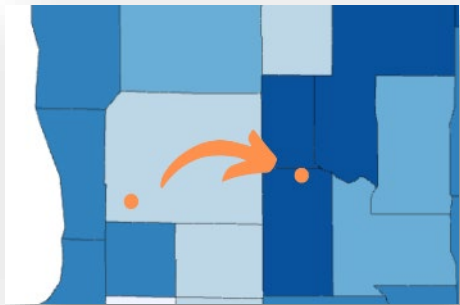


Rural Oncology Home Model

Lakewood Health System

Social Determinants of Health: Poverty

Minnesota families below federal poverty level, 2023



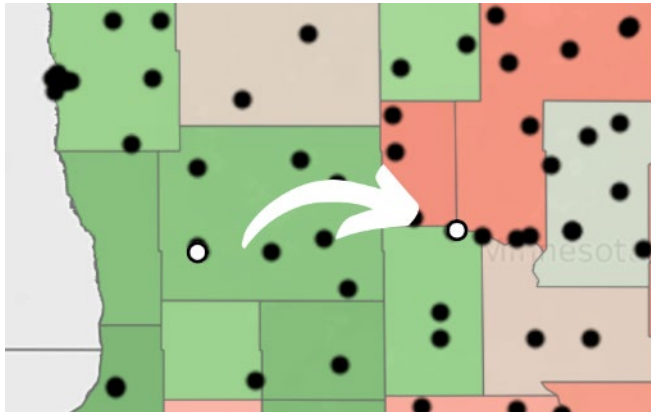
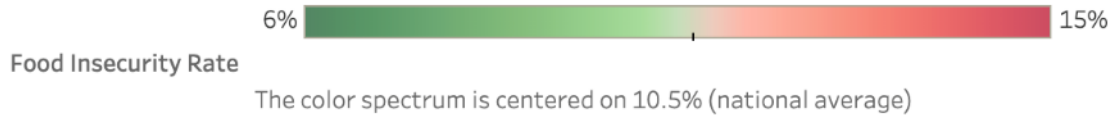
Rural Oncology Home Model

An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities <https://hdpulse.nimhd.nih.gov>
Hunger Solutions. The Good Food Access Program. Hunger Solutions. <https://www.hungersolutions.org/goodfood/>

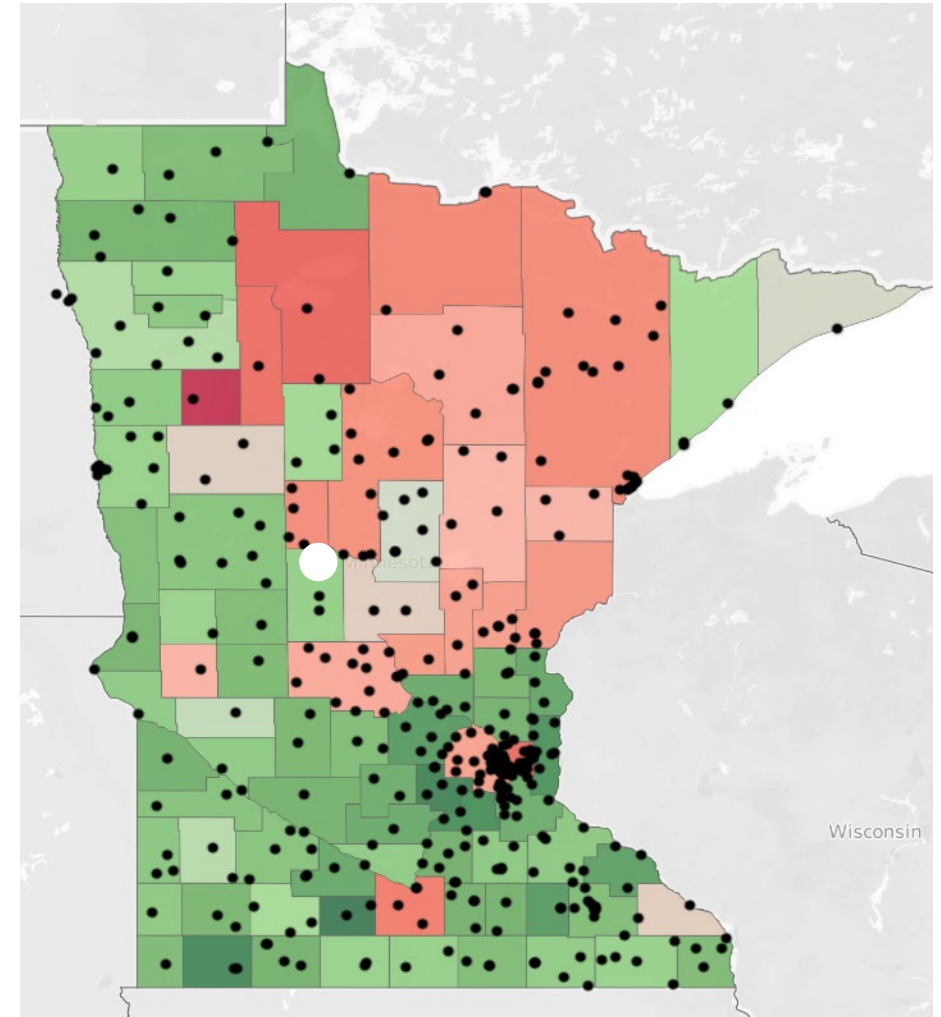
Lakewood Health System

Social Determinants of Health: Food Insecurity

Food Insecurity Projections: County



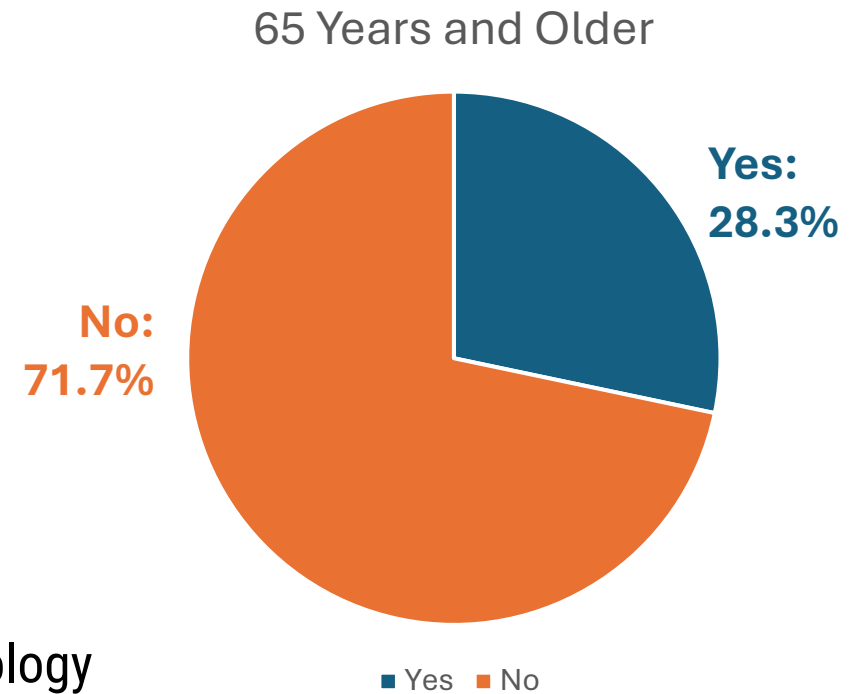
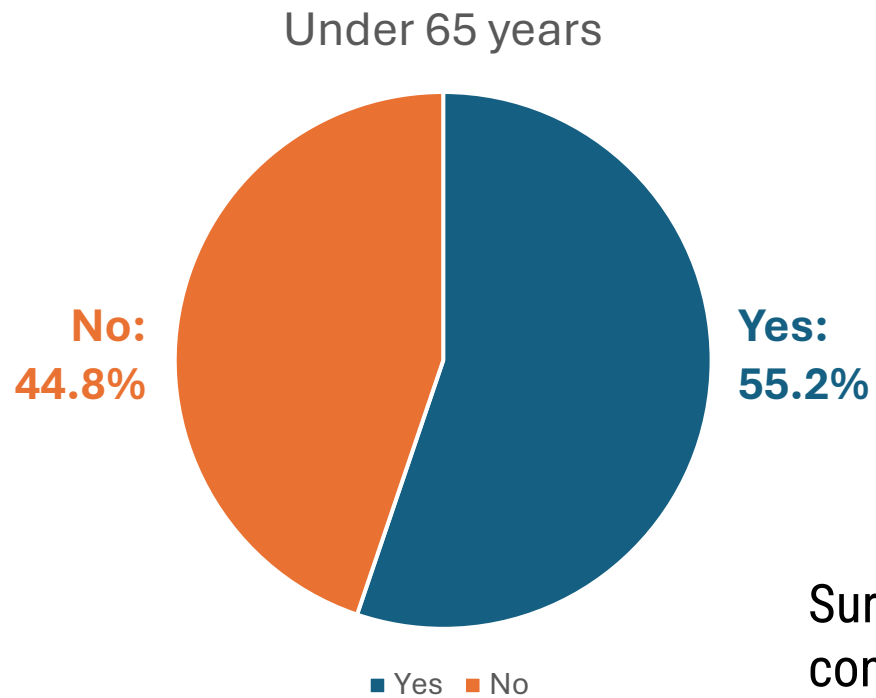
Food security dashboard.
Food Security Dashboard |
Healthy Foods, Healthy
Lives Institute. Accessed
April 12, 2025.
[https://hfhl.umn.edu/food
dashboard.](https://hfhl.umn.edu/food-dashboard)



Lakewood Health System

Patient Preferences

Are you interested in using telehealth services at Lakewood?



Survey of 100
consecutive oncology
patients at Lakewood
Health System, 2024

Rural Oncology Home Model

Lakewood Health System

Barriers to Digital Access

Are there barriers to using telehealth services?

Barrier	Under 65 Years	65 Years and Older
Lack of Device	2.5%	6.7%
Poor Internet Connectivity	7.5%	5.0%
Lack of Skills/Knowledge	15.0%	30.0%
Privacy Concerns	2.5%	3.3%
Prefer In-Person Care	65.0%	68.3%

Telehealth at Lakewood Oncology

Utilizing Telehealth in Cancer Care Delivery

At Lakewood Health System, we actively use telehealth to enhance access to cancer care

Application varies based on patient needs and circumstances.

- Symptom management (palliative care team)
- Test results: labs, biopsy results, CT, PET/CT scans
- Family discussions (especially when relatives are at a distance)
- Critical conversations (goals of care & transitions to hospice)

Telehealth at Lakewood Oncology

Utilizing Telehealth in Cancer Care Delivery

- Importance of telephone calls
- Evolution of telehealth needs
- Facilitating follow-up visits at tertiary centers like Mayo Clinic
- Ensuring continuity without requiring burdensome travel

Cross-State Travel for Cancer Care

Implications for Telehealth Reciprocity

Compared with urban-residing patients, isolated rural-residing patients were more likely to cross state lines

2.5 times more likely for **surgical** procedures (18.5% vs 7.5%)

3 times more likely for **radiation** therapy services (16.9% vs 5.7%)

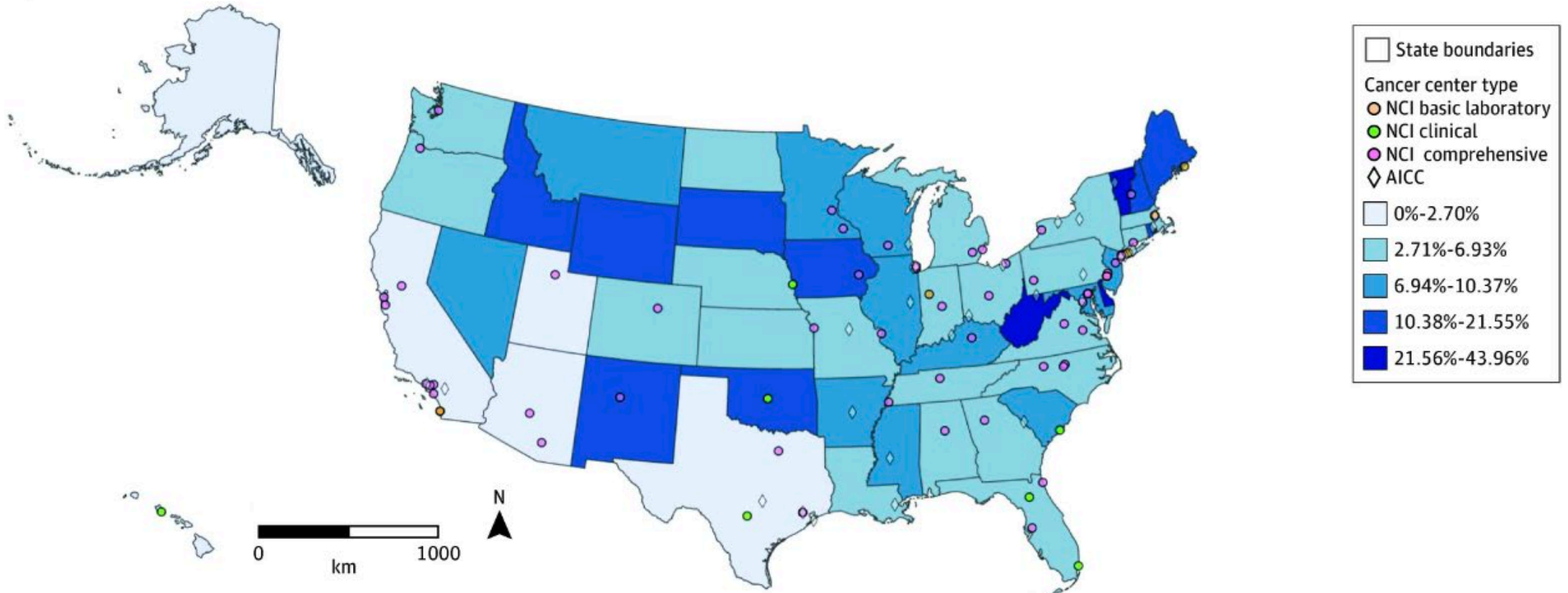
4 times more likely for **chemotherapy** services (16.3% vs 4.2%)

Moen EL, Wang Q, Liu L, Wang F, Tosteson ANA, Smith RE, Cowan L, Onega T. Cross-State Travel for Cancer Care and Implications for Telehealth Reciprocity. JAMA Netw Open. 2025 Feb 3;8(2):e2461021. doi: 10.1001/jamanetworkopen.2024.61021. PMID: 39982726; PMCID: PMC11846006.

Cross-State Travel for Cancer Care

Implications for Telehealth Reciprocity

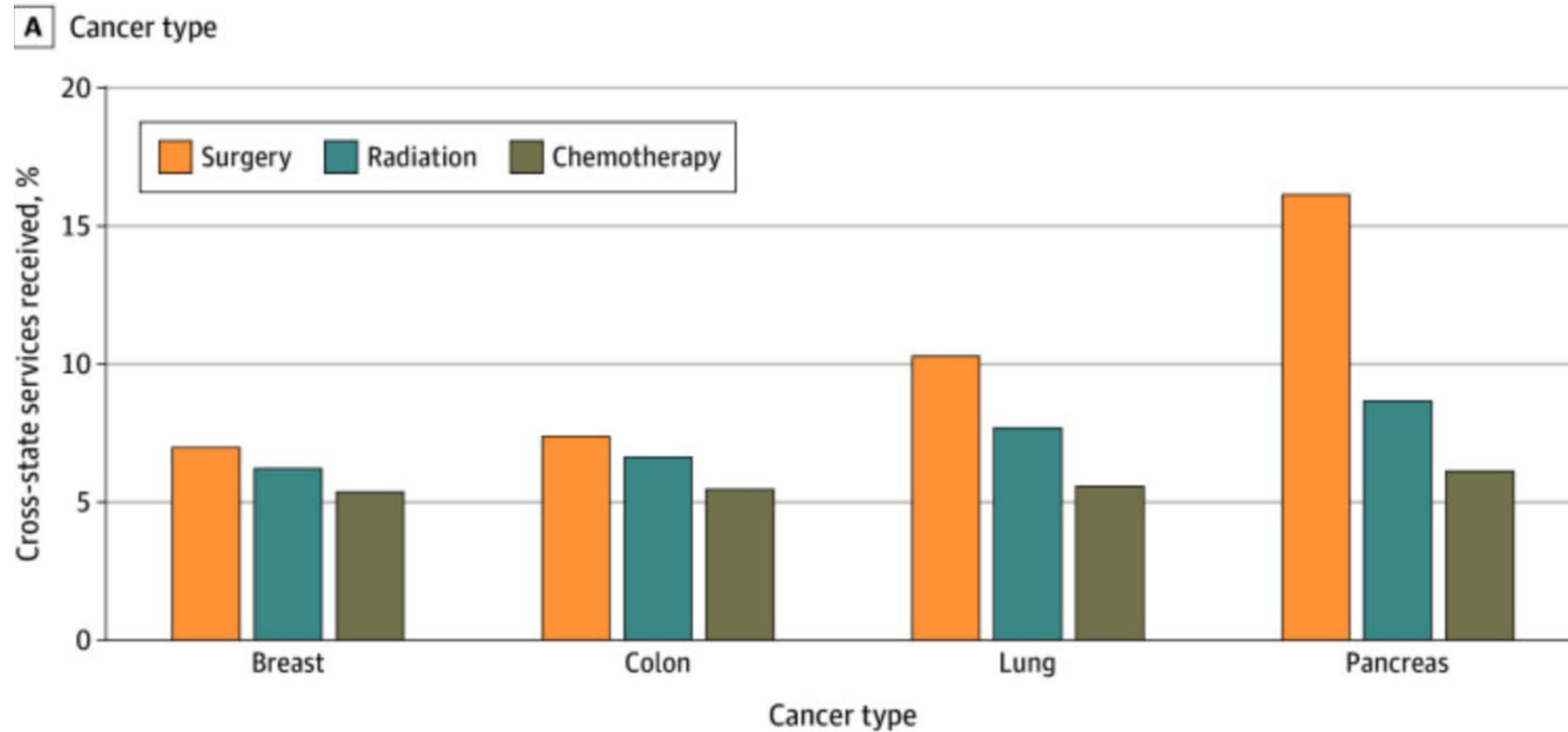
A Cancer services received out of state



Rural Oncology Home Model

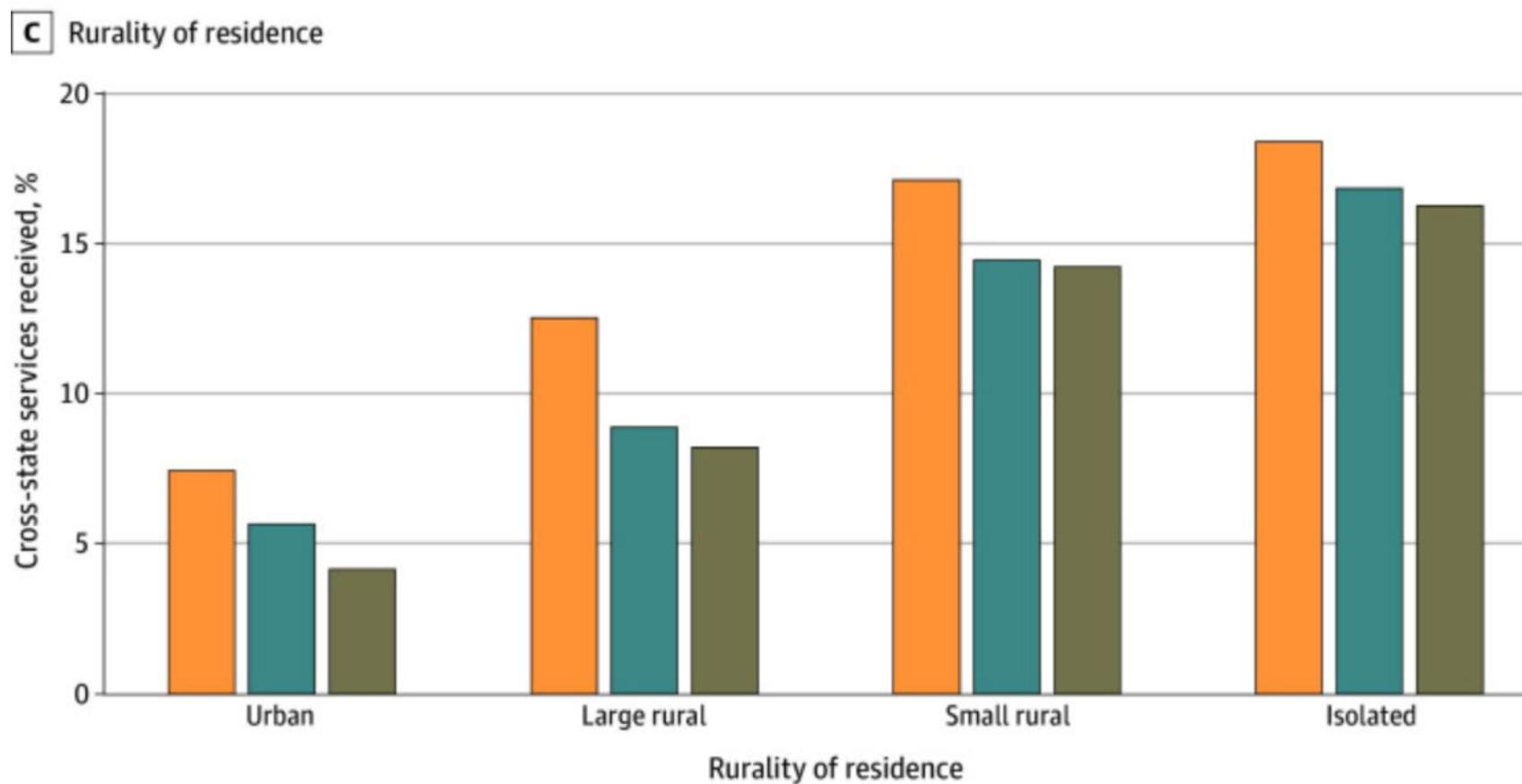
Cross-State Travel for Cancer Care

Implications for Telehealth Reciprocity



Cross-State Travel for Cancer Care

Implications for Telehealth Reciprocity



Rural Oncology Home Model

Cross-State Travel for Cancer Care

Implications for Telehealth Reciprocity

These results highlight the need for cross-state telehealth policies that recognize the prevalence of care delivery from geographically distant specialized oncology services.

Identifying Rural Cancer Care Solutions

- 1) Rural patient and family life disruption
- 2) Oncology care revenue bypassing rural
- 3) Rural hospitals are closing



Rural Oncology Home Model

Rural Cancer Care Delivery Models

From ASCO 2024 Educational Book

Outreach Model

- Oncologists traveling to rural communities from tertiary/quaternary centers

Hub-and-Spoke Model

- Centralizes specialized cancer services at urban hubs

Networked Cancer Care Systems

- Connects rural and regional sites with larger centers



Munhoz R, Sabesan S, Thota R, et al.
ASCO Educ Book. 2024;44

Rural Cancer Care Delivery Models

From ASCO 2024 Educational Book

Outreach Model

- Oncologists traveling to rural communities from tertiary/quaternary centers

Hub-and-Spoke Model

- Centralizes specialized cancer services at urban hubs

Networked Cancer Care Systems

- Connects rural and regional sites with larger centers

Community-Based Model

- Contracted Independent Oncologists
- Community Hospital-Based Program

Munhoz R, Sabesan S, Thota R, et al.
ASCO Educ Book. 2024;44

The Rural Oncology Home

Lakewood Health System



Rural Oncology Home Model

The Rural Oncology Home

Lakewood Health System

Community-Based

Community Support

Patient Navigation

Case Management

Palliative Care

Financial Navigation

Quality Standards

Financial Tools



Catalyst

Innovations in Care Delivery

ARTICLE

The Case for Decentralizing Cancer Care: The Rural Oncology Home

Wade T. Swenson, MD, MPH, MBA, FACP, Missy Lindow, MBA, Joe Reycraft, Lisa Bjerga, CPA, MBA, Zachary Schroeder, Abigail P. Swenson, Emily Westergard, DO
Vol. 5 No. 5 | May 2024
DOI: 10.1056/CAT.23.0344

Despite significant advances in cancer therapies over recent decades, the United States grapples with growing disparities in cancer-related outcomes between its rural populations and urban and suburban counterparts. These disparities can be attributed, in part, to the centralization of oncology services within urban centers, which concomitantly imposes heightened travel demands on rural patients, constricting their access to comprehensive cancer treatment and specialized care. Historically, strategies such as the visiting consultant outreach model have been deployed to improve service accessibility, yet they offer only fragmented solutions to the multifaceted challenge of equitable care distribution. In response to this challenge, the authors introduce the *rural oncology home*, an alternative model for rural oncology care delivery. This innovative approach is centered on a community-based, team-oriented framework that incorporates medical specialists and emphasizes supportive services. By leveraging advanced practice professionals and care coordination, the model aims to enhance the accessibility of specialized cancer care for rural patients. Such models for rural oncology care delivery are emerging, with a pronounced emphasis on leveraging telehealth technologies. The Lakewood Health System Rural Oncology Home model can potentially create a more equitable system of cancer care delivery that can bridge the rural cancer gap and improve outcomes for rural patients with cancer.

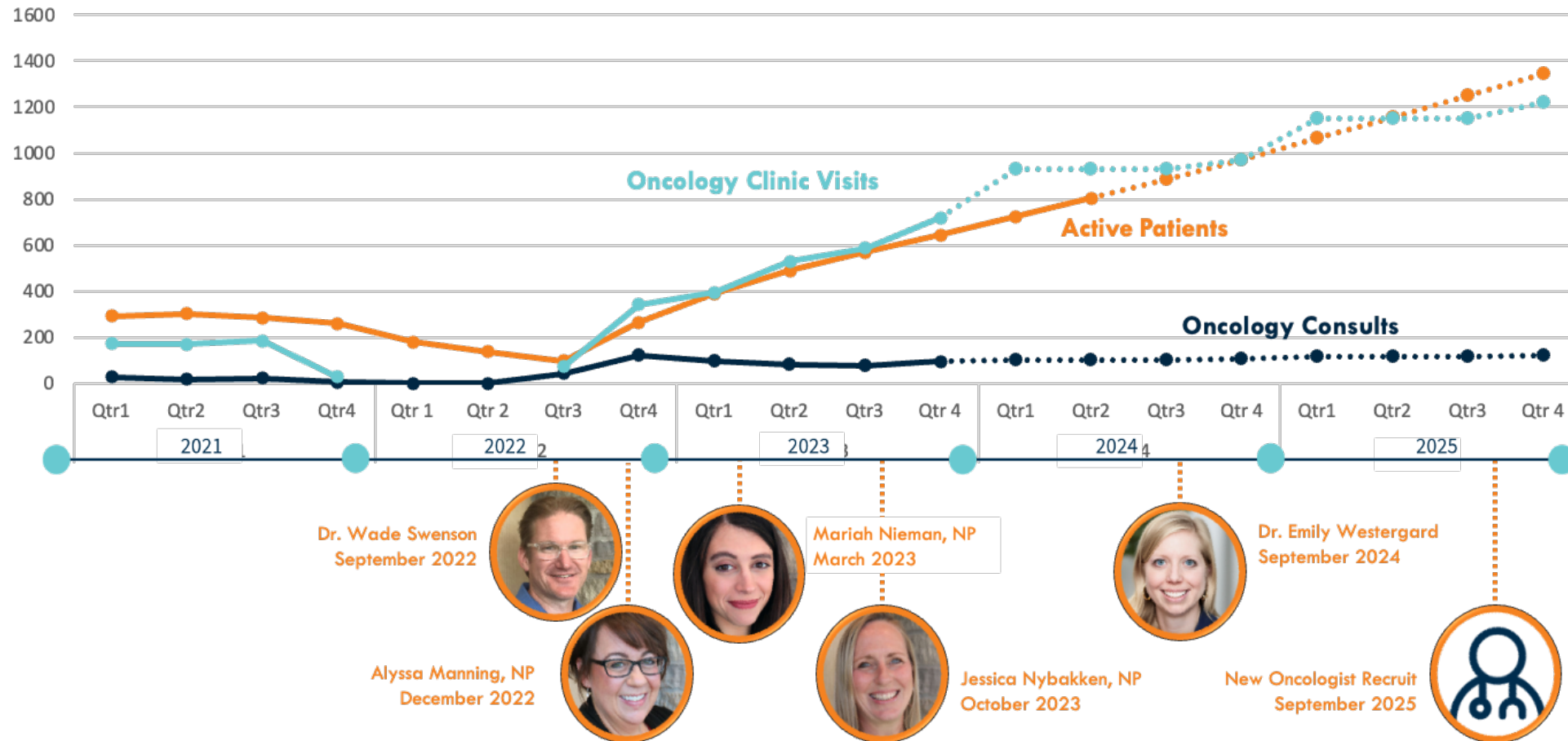
Disparities in cancer-related health outcomes between rural and urban patients have been well-documented. Patients in rural areas grapple with myriad challenges, including limited access to multidisciplinary care and medical specialty services, heightened travel demands, financial constraints, and a sparse clinical trial infrastructure.^{1,2} Economic, social, and structural

Swenson WT, et al. The Case for Decentralizing Cancer Care: The Rural Oncology Home. *NEJM Catalyst*. 2024;5(5).

Rural Oncology Home Model

The Rural Oncology Home

Lakewood Health System



Rural Oncology Home Model

The Rural Oncology Home

Lakewood Health System

Outcomes

- Patient satisfaction
- Decreased travel
- Increased access
- Provider satisfaction
- Palliative care utilization



Rural Oncology Home Model

Lessons Learned

Three years into the Rural Oncology Model

Clinical trials roadblocks

Slower growth than expected

Nurse practitioner role changes

Staff turnover

Infusion center versus oncology infusion

Electronic health record issues

Epic Beacon build

Ochin pilot site

Lessons Learned

Three years into the Rural Oncology Model

Provider recruiting successes

Palliative care program growth

Engaging the system providers and staff

Cancer Conference

Engaging the community: foundation growth

Patients interested in non-conventional therapy

Integrative care

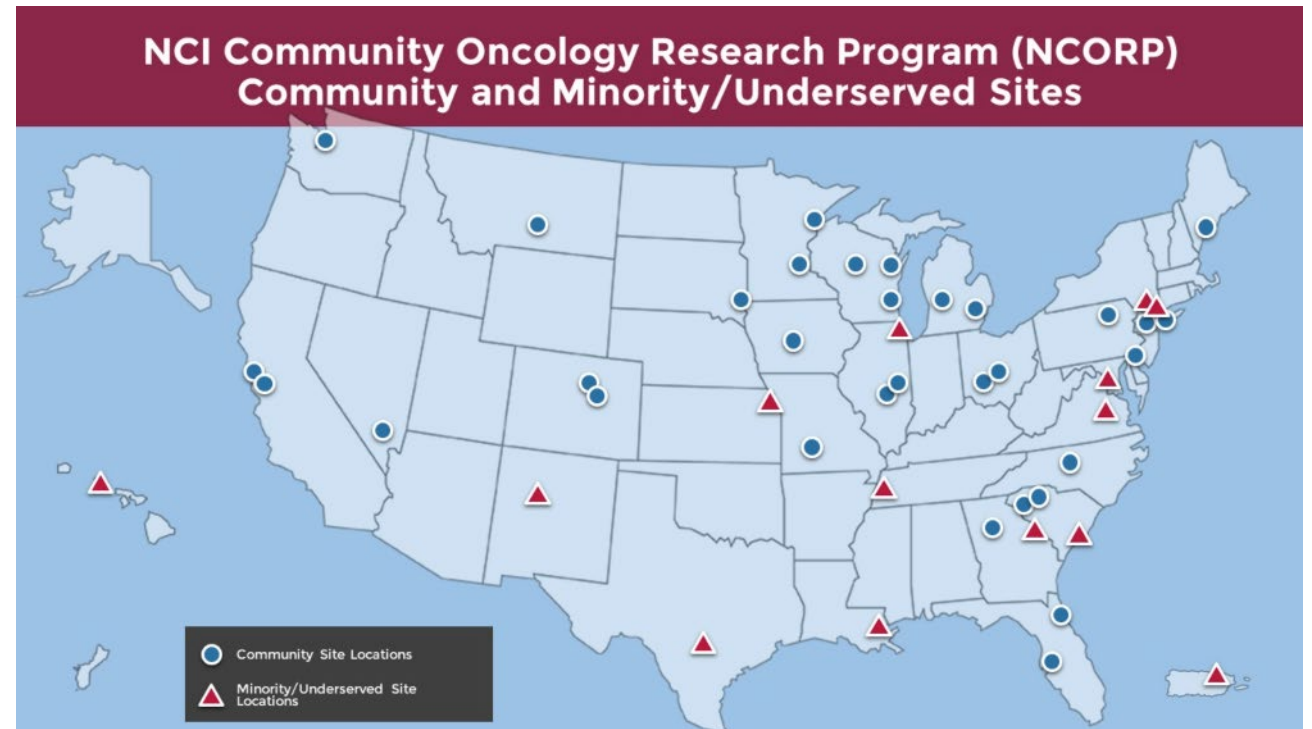
NCI CORP

Community Oncology Research Program
2014 - present

- Metro Minnesota Community Oncology Research Consortium (MMCORC)
 - Allina Health Cancer Institute
 - **CentraCare sites**
 - Minnesota Oncology clinics
- **Essentia Health NCORP**
- **Sanford NCORP of the North Central Plains**

NCI CCOP

Community Clinical Oncology Program
1983 - 2014



Rural Oncology Home Model

Delivering Clinical Trials in Rural Minnesota

The Experience of One Oncology Practice

"Cancer Control" studies:

- Manage or prevent cancer-related symptoms (e.g., pain, fatigue, nausea, neuropathy, or sleep disturbances)
- Improve quality of life during and after treatment
- Support rehabilitation, palliative care, or post-treatment surveillance

200 consecutive patients screened

No dry ice

What Matters Most to Rural Cancer Patients in a Clinical Trial?

What Are Rural Cancer Patients Looking For

Table 1. High-Value Characteristics of Rural-Focused Clinical Trials*

- Minimal disruption to personal and family life
- Emphasis on advanced-stage diseases
- Access to promising pharmaceuticals in development
- Ability to conduct laboratory and imaging testing locally
- Open-label study design

Swenson W, Schroeder Z, Swenson A, Westergard E. Human-centered design: a possible solution to rural clinical trial enrollment. *Oncol Issues*. 2023;38(5):61-63.

The Rural Oncology Home

Lakewood Health System



Rural Oncology Home Model

The Rural Oncology Home

Lakewood Health System



Rural Oncology Home Model

Decentralizing Cancer Care

McKenzie County Healthcare Systems, Watford City, North Dakota



McKenzie Health hires the first-ever Oncologist in McKenzie County

Posted on December 20, 2024



McKenzie Health welcomes Dr. Chad Pedersen, a skilled medical oncologist and Sidney, MT native, to enhance cancer care in Western North Dakota and Eastern Montana. With over a decade of expertise in oncology, hematology and internal medicine, and as President of the Montana State Oncology Society, Dr. Pedersen is committed to providing high-quality, accessible care to rural communities.

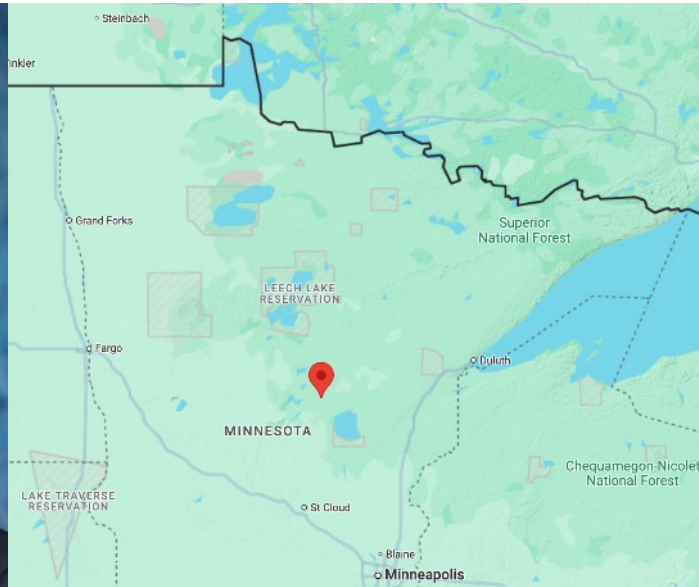
Rural Oncology Home Model

Decentralizing Cancer Care

Cuyuna Regional Medical Center, Crosby, Minnesota



Basem Goueli, MD



Atlantis Russ, MD

Rural Oncology Home Model

General vs. Specialist Oncologists

Roles and Impact on Cancer Care

Subspecialization in Community Oncology: Option or Necessity?

"Whether they embrace subspecialization or lament it, individuals see subspecialization as a growing trend, driven by the increasing complexity of cancer care, the changing delivery systems, and patient demand."

Generalists and specialists: Two sides of the same coin for cancer care?

"We need both generalists and specialists; they have complementary expertise. We just need to get the balance right."

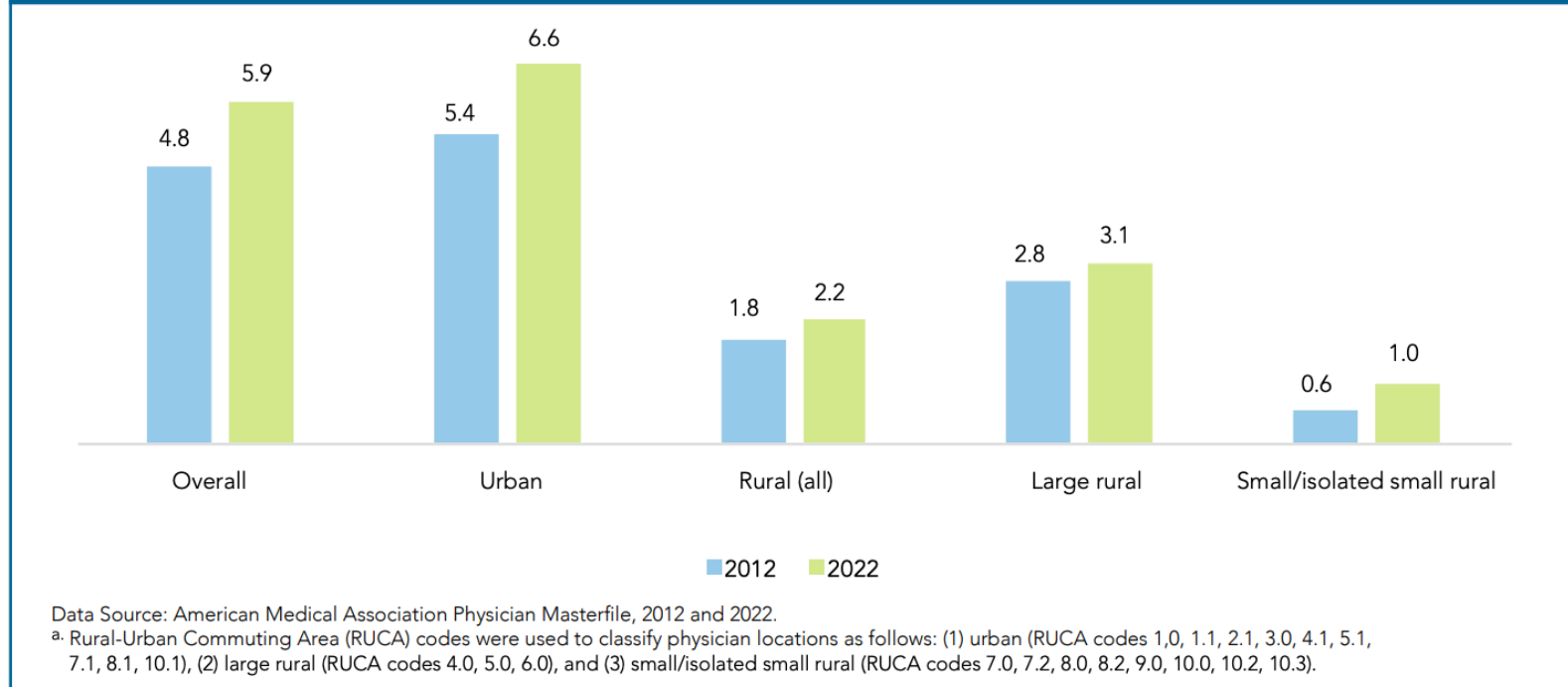
Gesme DH, Wiseman M. Subspecialization in community oncology: option or necessity?. J Oncol Pract. 2011;7(3):199-201. doi:10.1200/JOP.2011.000292

Nelson B, Faquin W. Generalists and specialists: Two sides of the same coin for cancer care? Cancer Cytopathol. 2023;131(2):73-74. doi:10.1002/cncy.22683

Increasing Supply of Rural Oncologists

WWAMI at University of Washington

Figure 5. Ratio of Oncologists per 100,000 Population Overall and in Urban, Large Rural, and Small/Isolated Small Rural Areas of the U.S.^a in 2012 and 2022



Cardiologists,
Neurologists,
Pulmonologists all
decreased.

Policy Report • August 2025



Rural Oncology Home Model



Rural Cancer Institute

Origin Story



Rural Cancer Institute

An Independent Research and Advocacy Organization

Rural Oncology Home Model

Origin Story

A Presentation and a Follow-Up Zoom Meeting



May 2022



Rural Oncology Home Model

Rural Cancer Institute

A Presentation and a Follow-Up Zoom Meeting

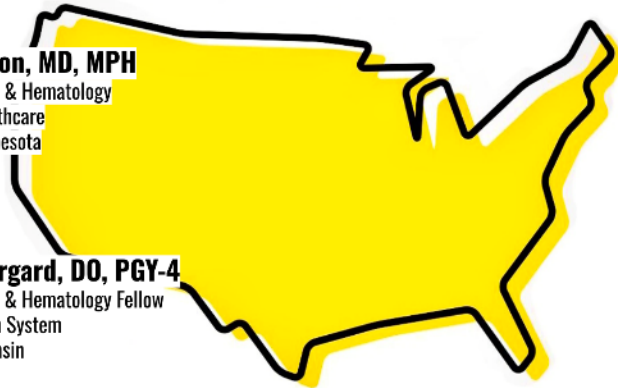
Introductions



Wade Swenson, MD, MPH
Medical Oncology & Hematology
Lake Region Healthcare
Fergus Falls, Minnesota



Emily Westergard, DO, PGY-4
Medical Oncology & Hematology Fellow
Gundersen Health System
La Crosse, Wisconsin



The Rural American Cancer Experience
NRHA Annual Conference 2022

Wade Swenson, MD
Emily Westergard, DO

Rural Oncology Home Model

Zack's Story

Stage III Melanoma Diagnosis in Rural Kansas



Rural Oncology Home Model

Lakewood Health System

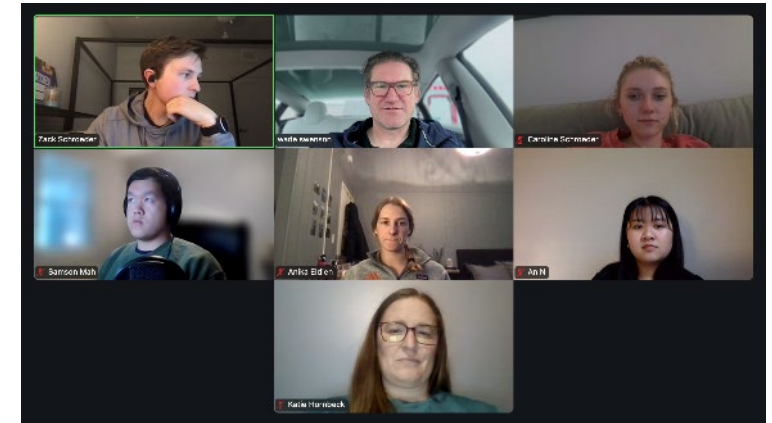
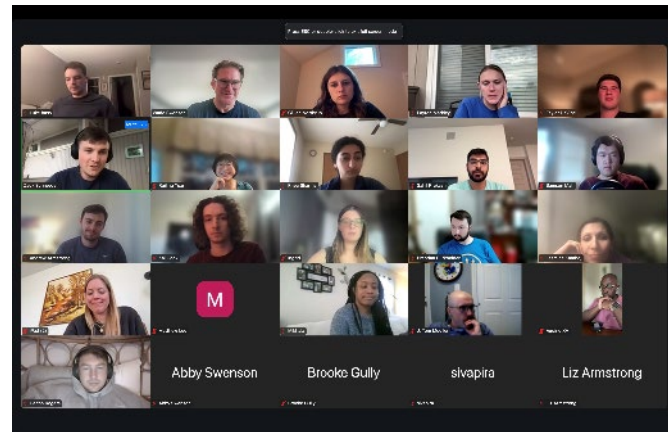
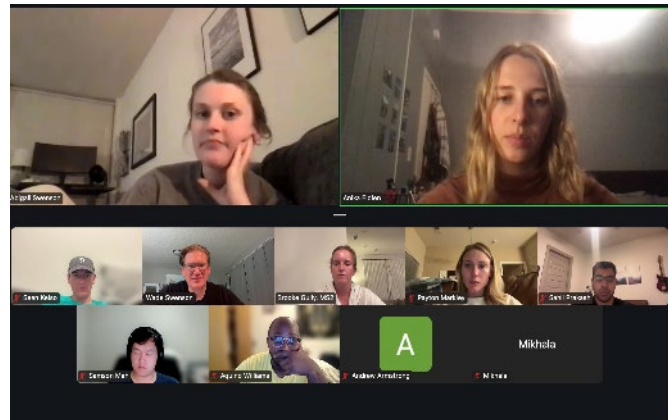
Staples, Minnesota



Rural Oncology Home Model

Rural Cancer Institute

Zoom, Zoom, Zoom



Rural Oncology Home Model

Rural Cancer Institute

Mission

“Supporting rural cancer patients
and the rural communities that
serve them.”

Rural Cancer Institute

Publishing



JAMA Oncology

JCO® Oncology Practice

Health Affairs

THE JOURNAL OF
RURAL HEALTH

Rural Oncology Home Model

NEJM Catalyst | Innovations in Care Delivery

ARTICLE

The Case for Decentralizing Cancer Care: The Rural Oncology Home

Wade T. Swenson, MD, MPH, MBA, FACP, Missy Lindow, MBA, Joe Reycraft, Lisa Bjerga, CPA, MBA, Zachary Schroeder, Abigail P. Swenson, Emily Westergard, DO
Vol. 5 No. 5 | May 2024
DOI: 10.1056/CAT.23.0344

Despite significant advances in cancer therapies over recent decades, the United States grapples with growing disparities in cancer-related outcomes between its rural populations and urban and suburban counterparts. These disparities can be attributed, in part, to the centralization of oncology services within urban centers, which concomitantly imposes heightened travel demands on rural patients, constricting their access to comprehensive cancer treatment and specialized care. Historically, strategies such as the visiting consultant outreach model have been deployed to improve service accessibility, yet they offer only fragmented solutions to the multifaceted challenge of equitable care distribution. In response to this challenge, the authors introduce the *rural oncology home*, an alternative model for rural oncology care delivery. This innovative approach is centered on a community-based, team-oriented framework that incorporates medical specialists and emphasizes supportive services. By leveraging advanced practice professionals and care coordination, the model aims to enhance the accessibility of specialized cancer care for rural patients. Such models for rural oncology care delivery are emerging, with a pronounced emphasis on leveraging telehealth technologies. The Lakewood Health System Rural Oncology Home model can potentially create a more equitable system of cancer care delivery that can bridge the rural cancer gap and improve outcomes for rural patients with cancer.

Disparities in cancer-related health outcomes between rural and urban patients have been well-documented. Patients in rural areas grapple with myriad challenges, including limited access to multidisciplinary care and medical specialty services, heightened travel demands, financial constraints, and a sparse clinical trial infrastructure.¹⁻³ Economic, social, and structural

Letters

RESEARCH LETTER

Geographic Distribution of Clinical Trials for Advanced-Stage Cancer

Clinical trials play a crucial role in advancing cancer research and treatment. The National Cancer Comprehensive Network Guidelines state, "The best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged."¹ Despite the potential benefits of participating in a clinical trial, there can be significant burdens for both clinicians and patients in accessing them, such as geographic distance from trial sites and lack of awareness about available trials.² Health disparities in access to clinical trials have been widely recognized, particularly in rural populations and among racial and ethnic minority groups.³

A 2015 study of the geographic distribution of clinical trials⁴ reported that 45.6% of patients with metastatic breast cancer, 50.2% with prostate cancer, 52.2% with colorectal cancer, and 38.4% with non-small cell lung cancer would need to

drive more than 60 minutes 1 way to access a clinical trial site. The present study updates and expands these data.

Methods | This quality improvement study followed the SQUIRE reporting guideline. Ethics review and informed consent were waived because this study was not considered human participants research. The ClinicalTrials.gov database of clinical trials⁵ was accessed on November 25, 2022, to identify interventional clinical trials actively recruiting patients for diagnoses of metastatic breast, colon, lung, pancreatic, and prostate cancers. After identifying unique zip codes for clinical trials, Maptitude geographic information system software (Caliper Corporation) was used to calculate the population living within 30, 60, and 120 miles of a clinical trial site using 2020 US Census data. The data were further stratified by urban or rural status, race and ethnicity, and other socioeconomic measures to assess disparities in access to clinical trials.

Results | An analysis of 701 clinical trials found that the current clinical trial infrastructure provides access for most US residents diagnosed with common advanced-stage cancers. Most

Rural Cancer Institute

Publishing

JAMA Oncology

Letters

RESEARCH LETTER

Geographic Distribution of Clinical Trials for Advanced-Stage Cancer

Clinical trials play a crucial role in advancing cancer research and treatment. The National Cancer Comprehensive Network Guidelines state, “The best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.”¹

[+ Supplemental content](#)

Despite the potential benefits of participating in a clinical trial, there can be significant burdens for both clinicians and patients in accessing them, such as geographic distance from trial sites and lack of awareness about available trials.² Health disparities in access to clinical trials have been widely recognized, particularly in rural populations and among racial and ethnic minority groups.³

A 2015 study of the geographic distribution of clinical trials⁴ reported that 45.6% of patients with metastatic breast cancer, 50.2% with prostate cancer, 52.2% with colorectal cancer, and 38.4% with non-small cell lung cancer would need to

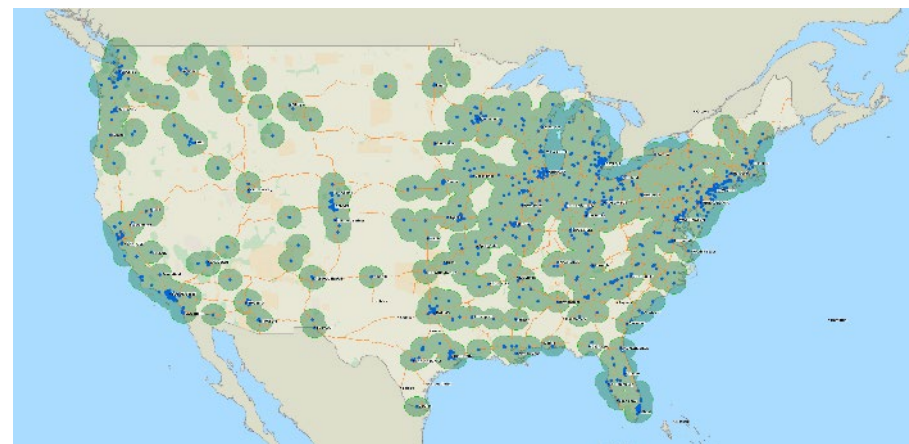
drive more than 60 minutes 1 way to access a clinical trial site. The present study updates and expands these data.

Methods | This quality improvement study followed the [SQUIRE](#) reporting guideline. Ethics review and informed consent were waived because this study was not considered human participants research. The [ClinicalTrials.gov](#) database of clinical trials⁵ was accessed on November 25, 2022, to identify interventional clinical trials actively recruiting patients for diagnoses of metastatic breast, colon, lung, pancreatic, and prostate cancers. After identifying unique zip codes for clinical trials, Mapitude geographic information system software (Caliper Corporation) was used to calculate the population living within 30, 60, and 120 miles of a clinical trial site using 2020 US Census data. The data were further stratified by urban or rural status, race and ethnicity, and other socioeconomic measures to assess disparities in access to clinical trials.

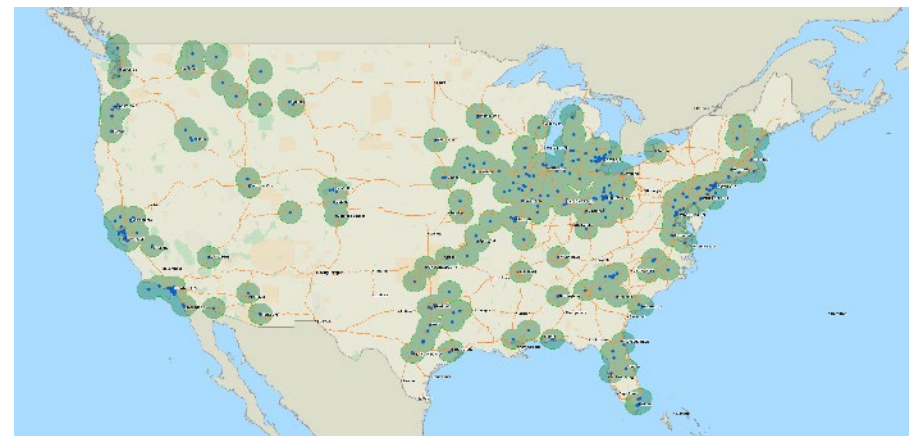
Results | An analysis of 701 clinical trials found that the current clinical trial infrastructure provides access for most US residents diagnosed with common advanced-stage cancers. Most

Rural Oncology Home Model

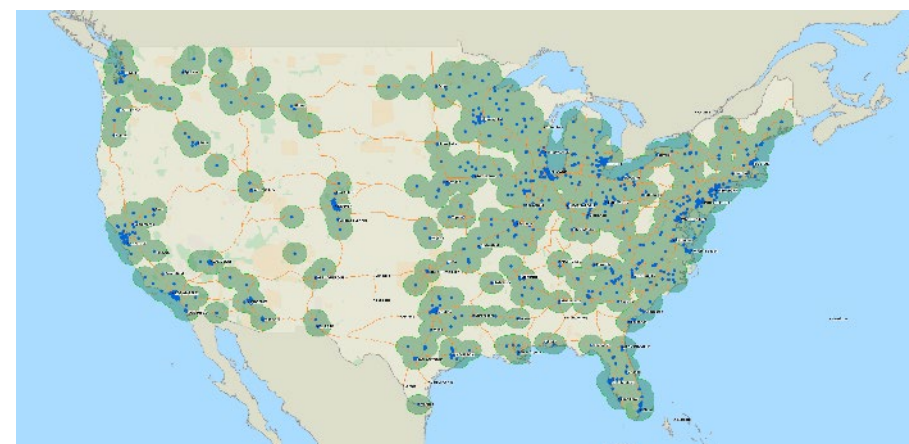
Breast Cancer



Colon Cancer

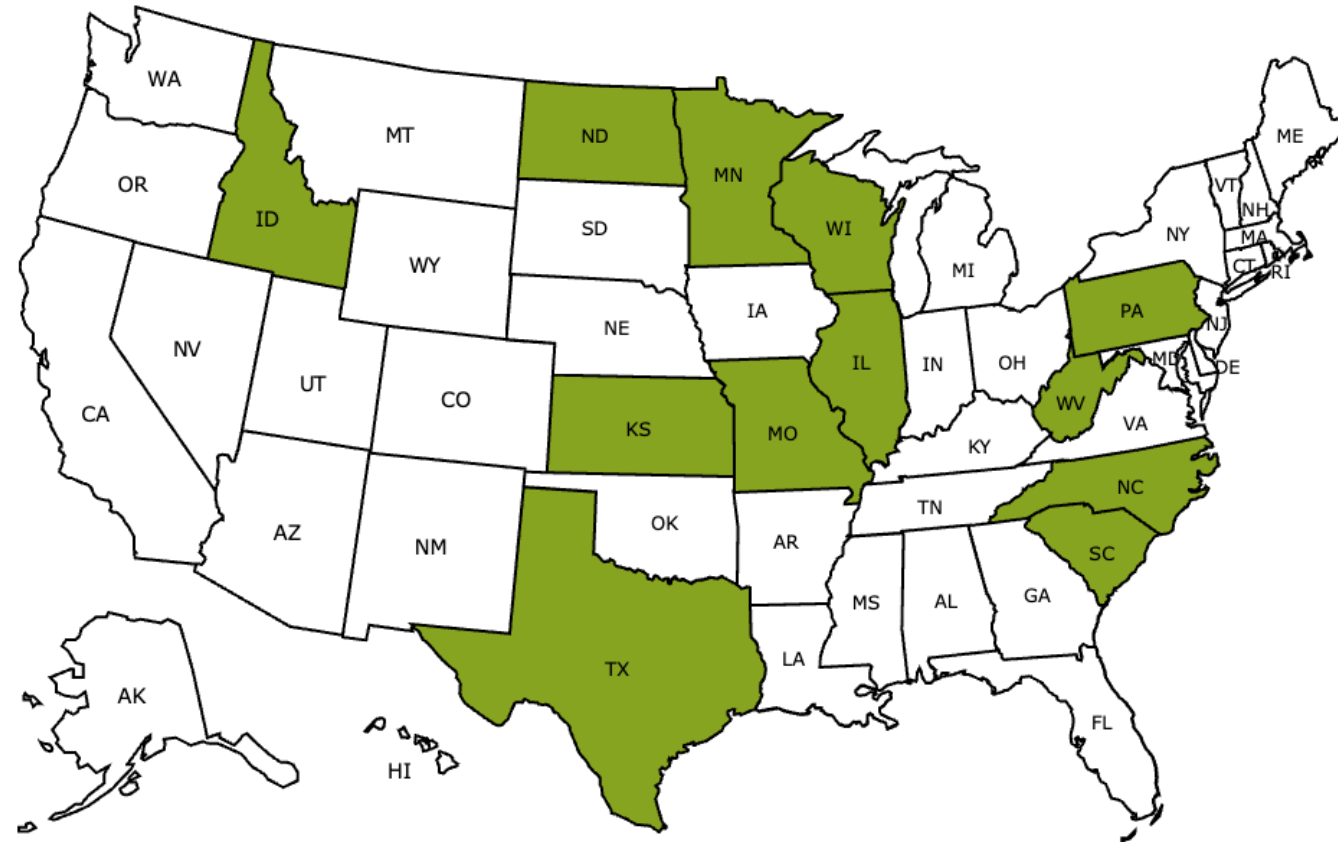


Lung Cancer



Rural Cancer Awareness Day

June 4th



Rural Oncology Home Model

Rural Cancer Institute

Origin Story



Rural Oncology Home Model

Rural Cancer Institute

Origin Story



Rural Oncology Home Model

Rural Cancer Institute

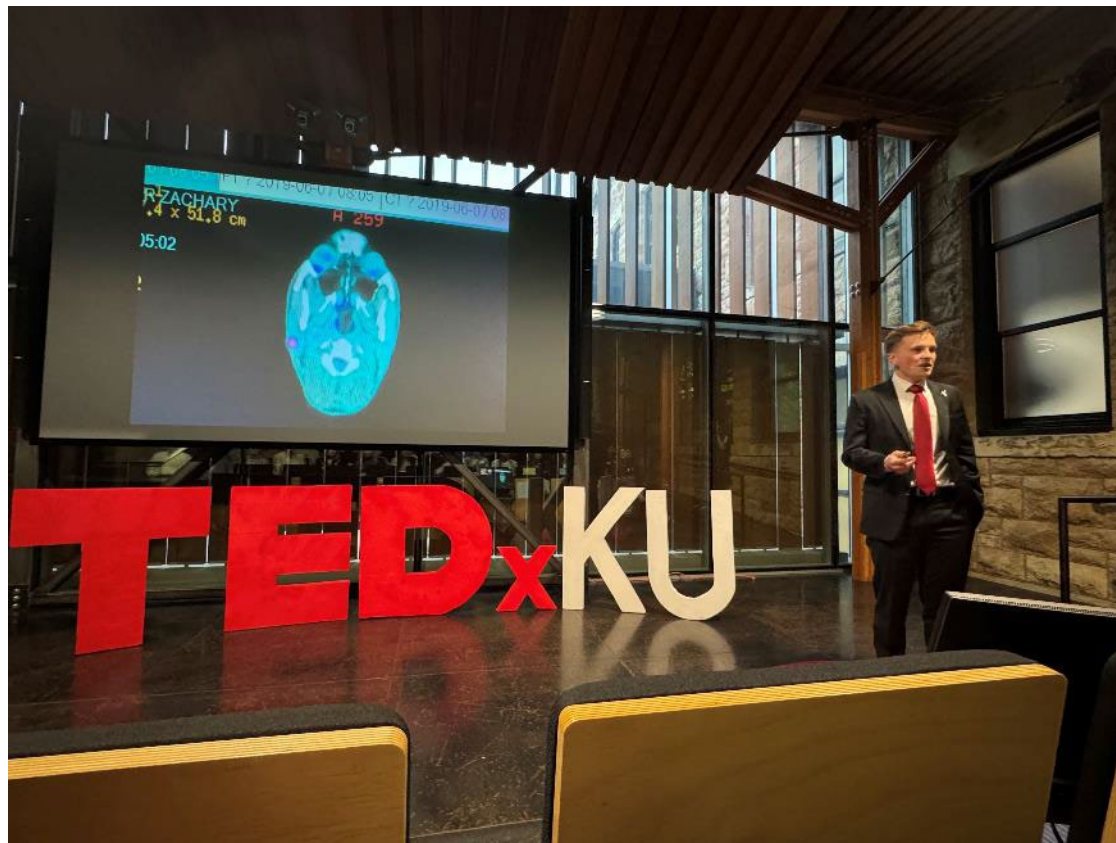
Origin Story



Rural Oncology Home Model

Rural Cancer Institute

Origin Story



Rural Oncology Home Model

Rural Cancer Institute Presenting at National Meetings



Rural Oncology Home Model

Minnesota Senate District 5

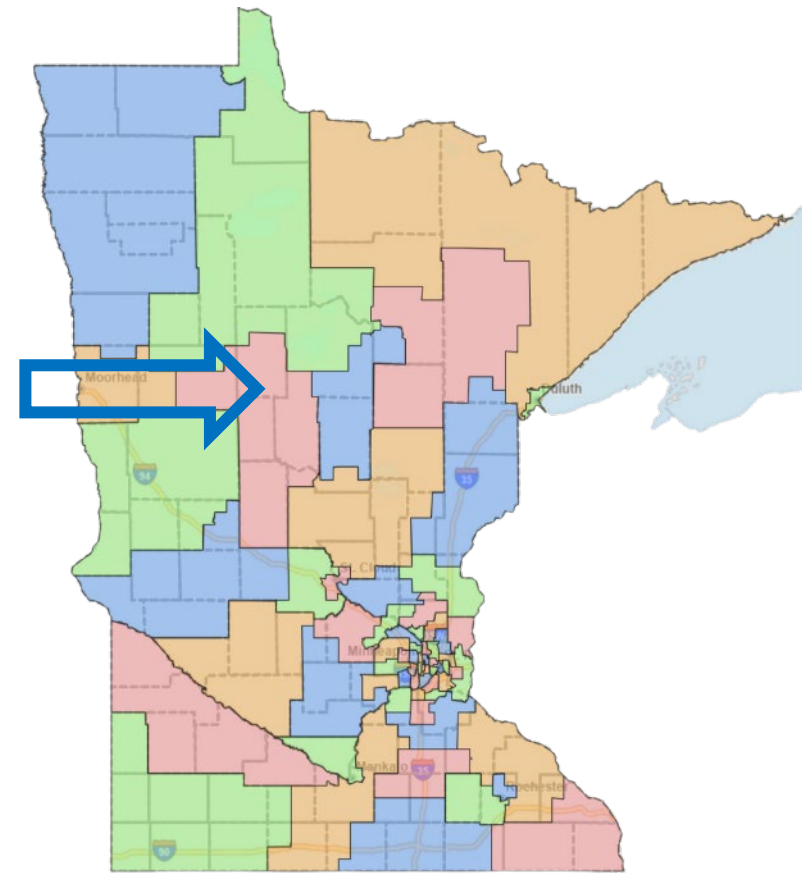
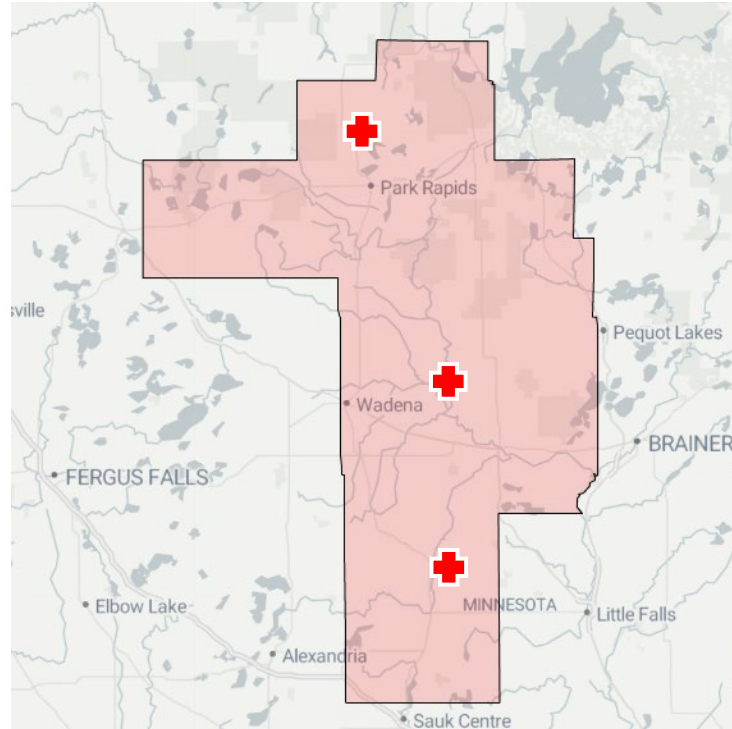
Senator Paul Utke



Rural Oncology Home Model

Minnesota Senate District 5

Senator Paul Utke



Writing Op-Ed Letters

Engaging Rural Physicians in Health Policy and Advocacy for Community Impact

The Minnesota Star Tribune



"Telehealth has enhanced access to high-quality care for patients in rural Minnesota and neighboring states by bridging the gap between local care teams and specialized oncology experts," the writers say. (Dreamstime)

COMMENTARIES

Telehealth capabilities are set to expire, which will disrupt cancer care for many

Uncertainty in federal telehealth reform is threatening care for many patients in our region – especially those living in rural areas.

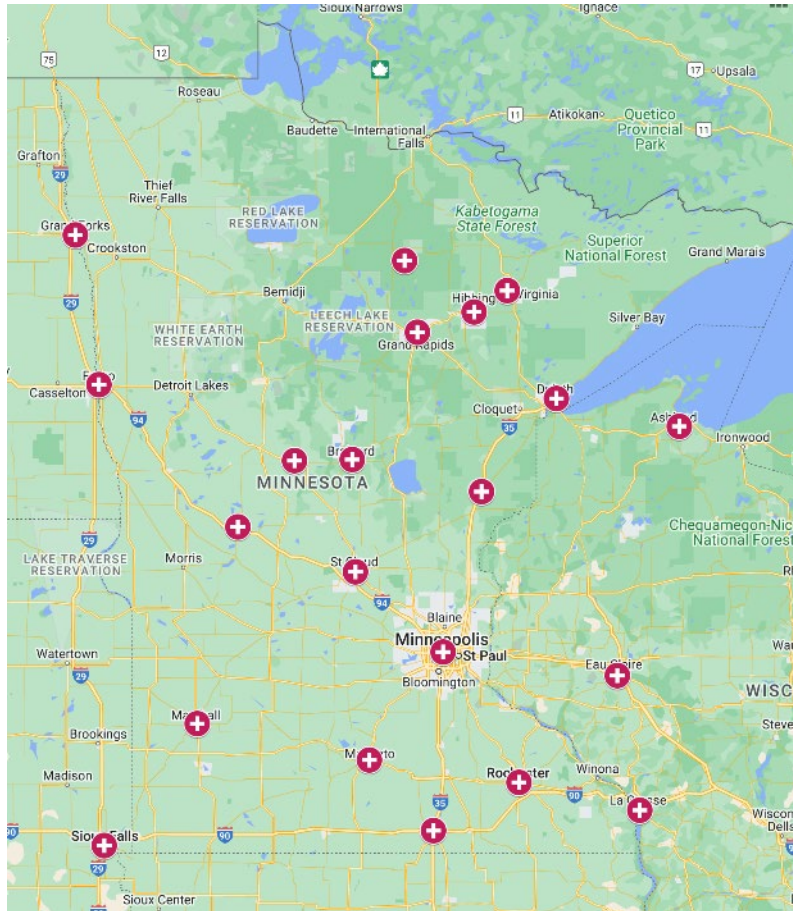
By Wade Swenson and Joshua Pritchett

DECEMBER 26, 2024 AT 5:29PM

Rural Oncology Home Model

Writing Op-Ed Letters

Engaging Rural Physicians in Health Policy and Advocacy for Community Impact



Eyad Al-Hattab, M.D., Mayo Clinic Health System, Eau Claire, Wis.; Todor Dentchev, M.D., Altru Health System, Grand Forks, N.D.; Jarrett Failing, M.D., Sanford Health, Fargo, N.D. and Bemidji, Minn.; Anu Gaba, M.D., Sanford Health, Fargo, N.D.; Tufia Haddad, M.D., Mayo Clinic, Rochester, Minn.; Alexandra Higgins, M.D., Avera Health, Sioux Falls, S.D., Brookings, S.D., Mitchell, S.D., and Marshall, Minn.; Jasmine Kamboj, M.D., Mayo Clinic Health System, Albert Lea, Minn.; Lloyd Ketchum, M.D., Essentia Health, Duluth, Hibbing, Minn., Ashland, Wis., Virginia, Minn., Grand Rapids, Minn., Big Fork, Minn., and Sandstone, Minn.; Joseph Leach, M.D., Allina Health, Minneapolis; Emily McGovern, DO, Lakewood Health System, Staples, Minn.; Kurt Oetell, M.D., Gundersen Health System, La Crosse, Wis.; Aby Philip, MBBS, Essentia Health, Brainerd, Minn.; Joshua Pritchett, M.D., Mayo Clinic, Rochester, Minn., Mayo Clinic Health System, La Crosse, Wis.; Marion Raflares, M.D., Alomere Health, Alexandria, Minn.; Anthony Rooney, M.D., Lake Region Healthcare, Fergus Falls, Minn.; Lori Rosenstein, M.D., Gundersen Health System, La Crosse, Wis.; Amrit Singh, MBBS, Mayo Clinic Health System, Mankato, Minn., and Fairmont, Minn.; Wade Swenson, M.D., Lakewood Health System, Staples, Minn., Stevens Community Medical Center, Morris, Minn.; Shelby Terstreip, M.D., Sanford Health, Fargo, N.D.; Jonathan Ticku, M.D., Mayo Clinic Health System, La Crosse, Wis., Tomah, Wis.; Hilary Ufero, MBBS, CentraCare Health, St. Cloud, Minn.



Rural Oncology Home Model

Student Research and Advocacy Fellowship

Rural Cancer Institute

Meet our 2026 Class



Hailey Bell
CLASS OF 2026



Marcus Yoakam
CLASS OF 2026



Andrew Sheffield
CLASS OF 2026



Qays Abu-Saymeh
CLASS OF 2026



Brooke Gully
M.D. Candidate at Anne
Burnett School of Medicine at
TCU



Andrew Armstrong
M.D. Candidate at Anne
Burnett School of Medicine at
TCU



Sahil Prakash
M.D. Candidate at Anne
Burnett School of Medicine



Sean Kelso
M.D. Candidate at Anne
Burnett School of Medicine

Class of 2025

A one-year program designed for individuals committed to advancing research in rural oncology.

This fellowship provides an opportunity to conduct impactful research aimed at addressing cancer disparities in rural communities.

Testify in Hearings

Minnesota Senate Jobs and Economic Development Committee



SF1832

REVISOR

SS

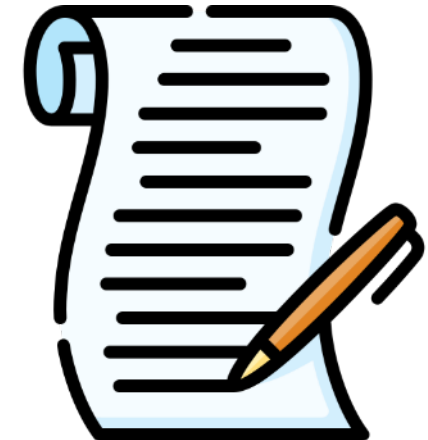
S1832-4

4th Engrossment

**SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION**

S.F. No. 1832

38.10 (III) \$300,000 each year from the workforce
38.11 development fund is for a grant to the Rural
38.12 Cancer Institute for a pilot program to expand
38.13 the clinical workforce specific to oncology
38.14 care in rural districts. This program must
38.15 increase the number of cancer care clinicians
38.16 in rural districts and provide health care
38.17 students with skills critical to the challenges
38.18 of providing cancer care in a rural setting
38.19 using a community-based model. The
38.20 community-based model must grow the
38.21 oncology clinical workforce in rural districts
38.22 and directly address the cancer care workforce
38.23 shortage in rural districts. This is a onetime
38.24 appropriation.



Rural Oncology Home Model

Clinical Oncology Rural Experience (CORE)

Rural Cancer Institute

[Staples, Minnesota] – The Rural Cancer Institute welcomes the passage of Minnesota’s budget package, signed this week by Governor Tim Walz, which allocates \$250,000 in FY 2026 and FY 2027 to support the Institute’s rural oncology workforce initiative.

This funding will enhance efforts to expose

- 1) Medical Students
- 2) Medical Residents
- 3) Medical Oncology Fellows
- 4) Physician Assistant Students
- 5) Nurse Practitioner Students

to oncology practice in rural settings. The goal is to inspire and prepare a future generation of healthcare professionals to serve rural communities, where access to specialized cancer care continues to be a challenge.

Rural Oncology Home Model

MDH

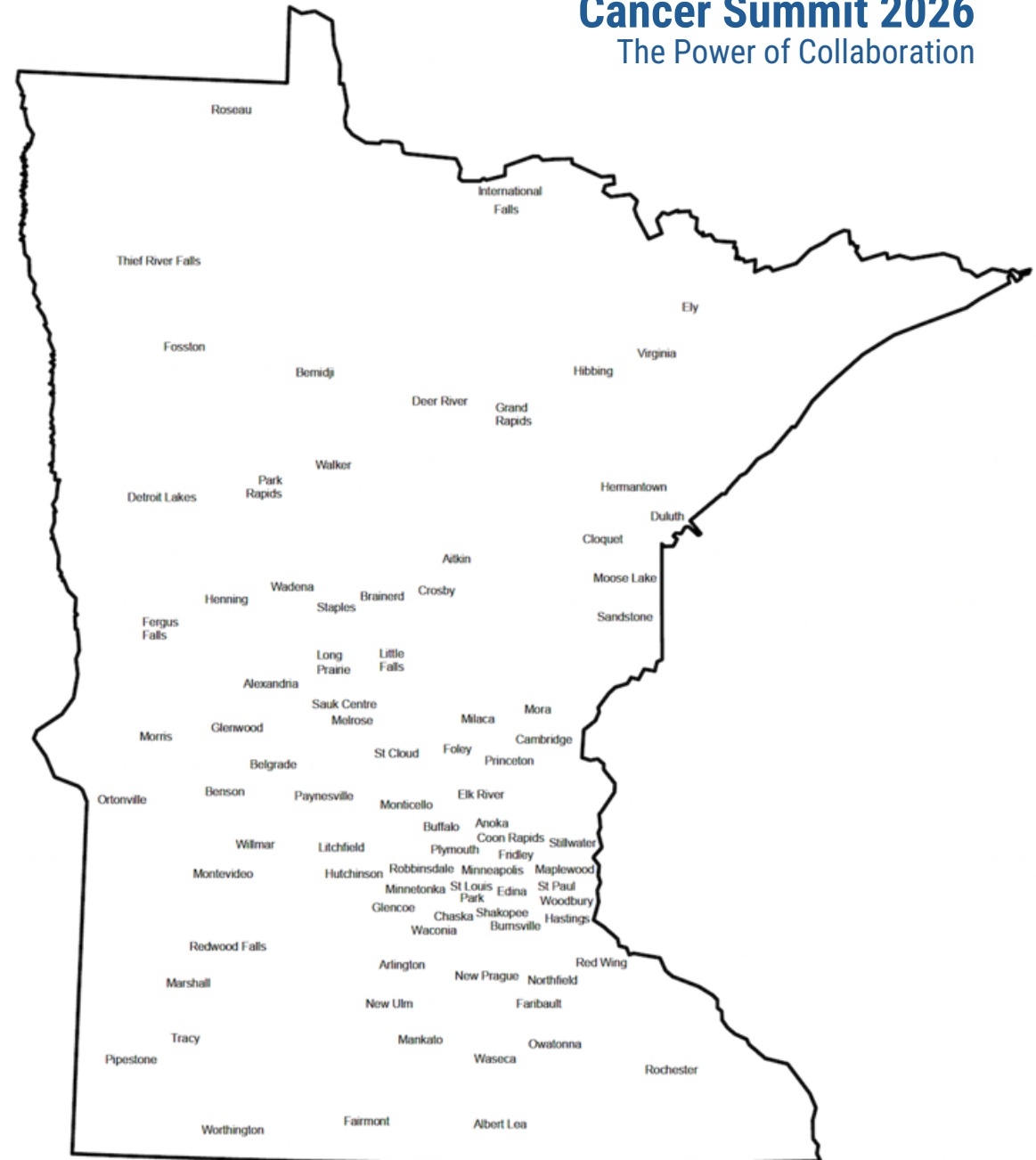


All Payers Database

Methods: Using the Minnesota All-Payer Claims Database (2022), we identified billing providers with claims for carboplatin and paclitaxel (CPT: J9045, J9264, J9267). Providers were geolocated and assigned Rural-Urban Commuting Area (RUCA) codes, categorized as urban (RUCA 1-3) or rural (RUCA 4-10).

Results: Among 104 providers, 55 (53%) were rural, accounting for 10,117 (27%) of 37,526 claim lines.

Rural Oncology Home Model





I-CAN

Iowa Hospitals and COC

Mary Charlton, associate professor of epidemiology in the University of Iowa College of Public Health

Research focuses on a collaborative network intervention to improve cancer care quality in rural hospitals caring for rural, underserved patients.

NIH NATIONAL CANCER INSTITUTE
Division of Cancer Control & Population Sciences

SEARCH

Home Program Areas Research Portfolios Funding Opportunities Publications & Data Research Emphasis About DCCPS

Grant Details

- Grant Details
- Abstract
- Publications

Grant Details

Grant Number: 5R01CA254628-05 [Interpret this number](#)

Primary Investigator: Charlton, Mary

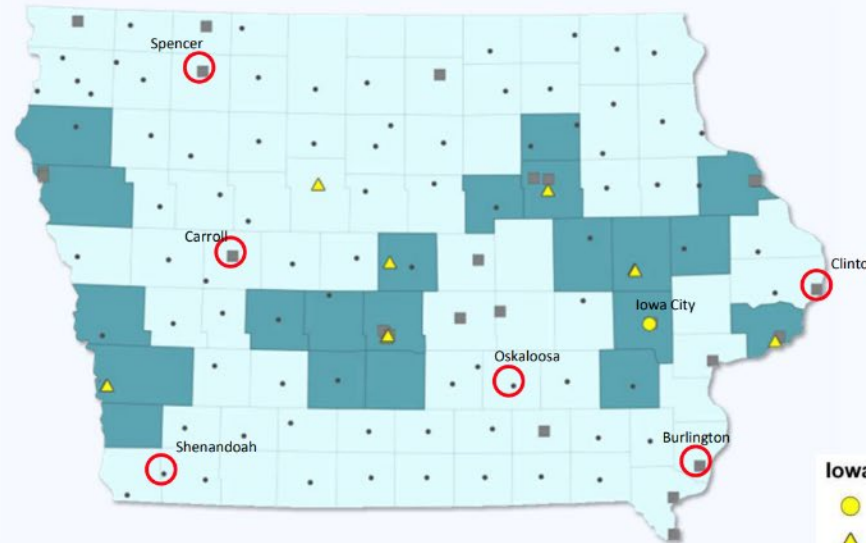
Organization: University Of Iowa

Project Title: Effectiveness and Implementation of a Health System Intervention to Improve Quality of Cancer Care for Rural, Underserved Patients

Fiscal Year: 2025

[Back to top](#)

I-CAN Hospitals



Iowa Hospitals

- NCI
- ▲ CoC
- Non-CoC
- CAH

County Rurality

- Rural (RUCC 4-9)
- Metro (RUCC 1-3)



Rural Oncology Home Model



Rural Oncology Conference

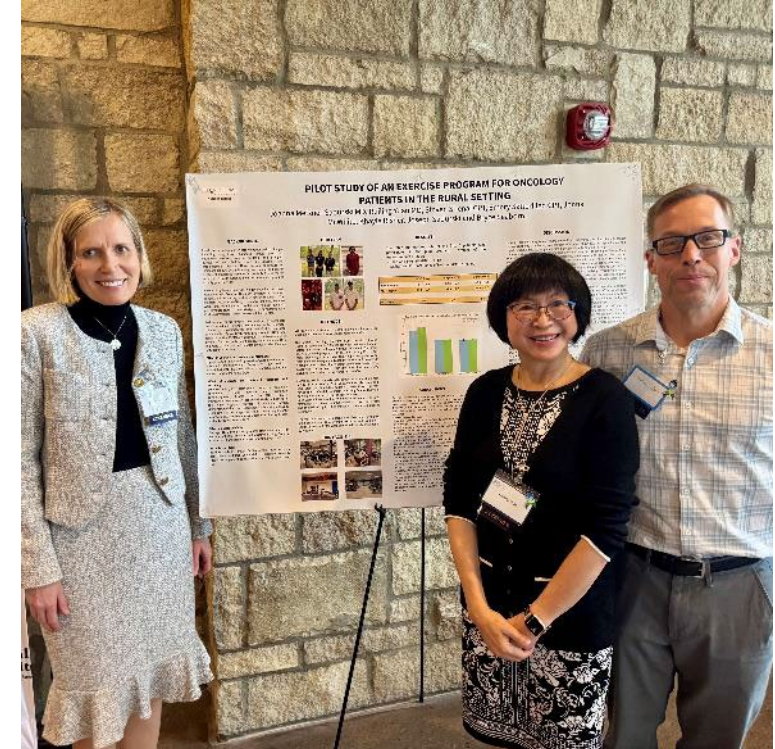
June 6-7, 2025, Lawrence, Kansas



Rural Oncology Home Model

Rural Oncology Conference

June 6-7, 2025, Lawrence, Kansas



Rural Oncology Home Model

Rural Oncology Conference

June 6-7, 2025, Lawrence, Kansas



Rural Oncology Home Model

Rural Oncology Conference

April 18, 2025, Minneapolis



Robin Zon MD, FACP, FASCO
Robin Zon is a former President of ASCO for 2024-2025. She also chairs the South Bend Medical Foundation and is a former Director of Breast Oncology at Cincinnati Cancer Advisors. Additionally, she has served as a Physician Emeritus at MHO - Advanced Center for Cancer Care.



Janette Merrill, DHA, CHES
Dr. Merrill provides programmatic and strategic oversight to the ASCO's initiatives related to cancer care delivery and innovation. She also provides context expertise for legislative and regulatory analysis, education initiatives, and serves as Project Director for ASCO's Rural Montana Access pilot.



Jack Hensold, MD
Dr. Jack Hensold is the former medical director of regional outreach at Bozeman Health and a member of ASCO's Clinical Practice Committee and chair of the ASCO Rural Health Access in Montana Task Force.



Prakash Neupane, MBBS, FASCO
Dr. Neupane is a medical oncologist who is focused on head and neck and thoracic oncology. He is also the director of the hematology-oncology fellowship and co-chair of the head and neck disease working group. The area of research is clinical research in head and neck oncology. He started his career as a clinician and several years of general hematology-oncology practice in a small community hospital.



Maura Barry, M.D.
Dr. Barry is a medical oncologist at the University of Vermont Medical Center and an assistant professor at the Larner College of Medicine at UVM in Burlington, VT. Dr. Barry is a medical oncologist at the UVM Medical Center where she practices head and neck and GI oncology. Her research interests include medical education, mentorship, and supportive care.



Ariela Marshall, MD
Dr. Marshall is a Harvard-trained physician and an internationally renowned advocate, career development advisor, and mentor. Dr. Marshall specializes in bleeding and clotting disorders, especially as they relate to women's health. She has worked at Mayo Clinic and the University of Pennsylvania and currently practices as a consultative hematologist at the University of Minnesota. She is also the Program Director for the Hematology-Oncology Fellowship at University of Minnesota.



Josh Pritchett, MD
Dr. Pritchett is an Oncologist and Assistant Professor of Medicine and Oncology at the Mayo Clinic in Rochester, Minnesota. His research is focused on the design and implementation of innovative, patient-centered approaches to improve the delivery of cancer care.



Zack Schroeder, MD
Zack Schroeder is a first year resident at Wake Forest Baptist Hospital in Winston-Salem, North Carolina. As a cancer survivor, Zack has dedicated his career to improving rural oncology delivery and addressing healthcare disparities. He is the co-founder and board member of the Rural Cancer Institute.



Lori Rosenstein, MD
Dr. Rosenstein grew up in Wisconsin and attended the University of Wisconsin-Madison for undergraduate and medical school. She currently is the Program Director of the Hematology and Medical Oncology Fellowship at Emplify Health.

RuralOncologyConference.org

Call for Abstracts
Registration

Rural Oncology Home Model



Questions?

