



## Mercy Hospital Medical Center the Mercy Cancer Center

Reaching Out to Rural Iowa

To cite this article: (1995) Mercy Hospital Medical Center the Mercy Cancer Center, Oncology Issues, 10:3, 8-9, DOI: [10.1080/10463356.1995.11904537](https://doi.org/10.1080/10463356.1995.11904537)

To link to this article: <https://doi.org/10.1080/10463356.1995.11904537>



Published online: 28 Sep 2017.



Submit your article to this journal [↗](#)



Article views: 1



View related articles [↗](#)

## Mercy Hospital Medical Center The Mercy Cancer Center

Reaching Out to Rural Iowa

“**T**he rural population of Iowa has less access to preventive care than the rest of the state,” said Joann Muldoon, project director of Mercy Hospital’s Demonstration Cancer Control Project for Iowa Farmers (DCCP). Barriers to providing preventive care also apply to local physicians, who may lack resources and are not reimbursed by third-party payers for preventive services. Muldoon and the staff at Mercy Hospital Medical Center face the dual challenges of providing outreach to the rural community and offering education and assistance to doctors and their staffs in rural areas of the state.

The DCCP, awarded to Mercy in 1990, is one of eight grants sponsored by the National Institute for Occupational Safety and Health of the Centers for Disease Control and Prevention. Through its Network of Health Services, Mercy is studying rural farming families—the barriers they face in receiving cancer care, as well as risks that the farming environment may pose to their health.

Mercy’s Network of Health Services consists of 15 health facilities, including a nursing home, which are located throughout rural Iowa. At start-up of the DCCP, the 11 hospitals belonging to the network at that time elected to participate.

### REACHING OUT TO THE COMMUNITY

As part of the Study of Barriers to Cancer Prevention and Early Detection, DCCP staff focused on 600 randomly selected farm families and 600 rural non-farm families to identify barriers to preventive health behaviors and early detection and treatment services. They found that 75 percent of the farming population are less than 30 minutes away

from a primary care physician. However, they also discovered that farmers, who have a high rate of skin cancer incidence, are less likely to have had a skin exam. Preliminary analysis shows that the most critical barriers to preventive treatment may be that rural populations do not seek out preventive exams and treatment that are often close at hand.

The farming environment may pose an increased cancer risk. The DCCP’s multistate case control study is asking rural Iowa males and females about agricultural and other environmental exposures that may contribute to their developing health problems in the future. This study will be completed in 1997.

DCCP staff have provided free screening to approximately 4,000 men and women for breast, cervical, skin, prostate, and colorectal cancer. The screening, which took place in the network hospitals, also included breast self-examination training for women and educational information on prostate cancer for men.

“This was a great way to get a large number of people into the health care system—people who would otherwise avoid preventive treatment and tests,” explained Kathie Churchill, C.T.R., at Mercy. “Participants were screened and trained by their own doctors in their own local hospitals.” Mercy provided the organization and materials for local staff, who then administered the screenings.

Data from the mammograms and Pap smears were analyzed at the local hospital, but the actual films and the local hospital’s report were also sent back to Mercy for review, said Churchill. After conducting its own tests and creating its own independent report, Mercy’s radiology staff wrote a comparison report to document any discrepancies between the two reports. This measure was taken to verify the results; discrep-

ancies were noted for possible follow-up. According to Churchill, the process was educational and designed to help the local hospitals identify where their programs needed improvement. In addition, physicians, nurse practitioners, and physician assistants from the local hospitals received training from Mercy on such procedures as performing a Pap smear correctly or positioning the breast during a mammogram.

### REACHING OUT TO PHYSICIANS

Many rural physicians are solo practitioners. They are limited in the amount of time they can spend away from their practices to attend educational programs. To train rural practices in NCI’s primary care screening and counseling protocols for breast, colon, skin, cervix, and prostate cancers, the DCCP launched its pilot program, the Primary Care Office System. DCCP staff have worked with 33 primary care rural practices in Iowa to establish a standardized system for providing cancer prevention and early detection.

According to Muldoon, this pilot program is the highlight of the entire project because of its permanent effects. “It’s great for us to go into a community and screen for cancer. However, by providing physicians with flow sheets and intake forms to track preventive procedures and by giving them teaching models for breast and prostate cancer, we are leaving them with a structure that will remain after we have gone.”

### AN AUTONOMOUS NETWORK

The 15 facilities in the Network of Health Services are linked to Mercy through either management contracts or affiliation agreements. Network Manager Diane Dotson describes Mercy’s affiliation agreements as

loosely bound; consulting services are provided to the rural hospitals at their request on a fee-for-service basis. Mercy's management contracts involve a Mercy-employed hospital administrator who also reports to the local hospital's board of trustees and whose salary is reimbursed to Mercy on a monthly basis.

The Network, which continues to grow, includes a five-year

management contract with St. Jude Hospital on the Caribbean island of St. Lucia. For years Mercy had played a role in St. Lucia's health care system, participating in a program that brings pediatric patients to Des Moines to receive medical care that is unavailable in their own country. In 1992 St. Jude Hospital leaders approached Mercy officials with the idea of managing the hospital, which is staffed pri-

marily by volunteer physicians, religious missionaries, and retired physicians. St. Lucia officials hope that by the end of the contract St. Jude can become independent.

"Our network is special because we believe network hospitals should strive for autonomy as much as possible," said Dotson. "We are available as a resource upon their request. We don't tell them what to do." ■

*Mercy Hospital Medical Center, founded in 1893, is Des Moines' oldest hospital. Approved by the ACoS since 1965, The Mercy Cancer Center provides an extensive cancer resource center. Mercy Hospital's Network of Health Services includes 15 health facilities. Mercy Hospital participates in clinical trials through its affiliation with the Iowa Oncology Research Association.*

#### **VITAL STATISTICS**

- Total affiliate-wide bed size: 1,000
- Dedicated cancer unit beds: 32
- New analytic cancer patients seen each year: 1,200
- Current number of patients on NCI-approved protocols: 100
- Managed care penetration in the state: 4 percent

#### **PATIENT SUPPORT SERVICES**

- An extensive cancer resource library is equipped with user-friendly multimedia computers that can access information from a national data bank. Shared Decisions, a computer program, provides information

about treatment options for breast cancer.

- The American Cancer Society Information Center, housed at the Mercy Cancer Center, provides patients with information, wigs, and access to other supplies.
- Nutritional specialists advise patients who are receiving cancer treatments or undergoing

surgery about how they can improve their nourishment and appetite.

- Cancer prevention, risk assessment, and education are offered to the community.
- Social workers, hospital chaplains, home care nurses, and support groups lend emotional support and counseling guidance.

