



Association of Community Cancer Centers

ONCOLOGY ISSUES

The Official Journal of the
Association of Community Cancer Centers

Editor-in-Chief

Sibel Blau, MD

Executive Director

Christian G. Downs, JD, MHA

Medical Director

Leigh Boehmer, PharmD, BCOF

Managing Editor

Monique J. Marino

Associate Editors

Barbara Gabriel

Maddelynn Parker

Amy Hindman

EDITORIAL BOARD

Jennifer Bires, LICSW

Stephen Cattaneo, MD

Linda Corrigan, MHE, RHIT, CTR

Sarah Hudson-DiSalle, PharmD, RPh

Jeff Hunnicutt

Bridget LeGrazie, APN

Anne Marie F. Rainey

Kelay Trentham, MS, RDN, CSO

Gretchen Van Dyck

Jenna VanGilder, MHA, RN, OCN, CENP

ACCC EXECUTIVE COMMITTEE

President

Randall A. Oyer, MD

President-Elect

Krista Nelson, MSW, LCSW, OSW-C, BCD

Treasurer

David R. Penberthy, MD, MBA

Secretary

Olalekan Ajayi, PharmD, MBA

Immediate Past President

Ali McBride, PharmD, MS, BCOF

ACCC Board of Trustees

Nadine J. Barrett, PhD, MA, MS

Amy Ellis

Jorge J. García, PharmD, MS, MHA, MBA, FACHE

Amanda Henson, MSHA, MBA, FACHE

Una Hopkins, RN, FNP-BC, DNP

Jeff Hunnicutt

Barbara Jensen, RN, BSN, MBA

Michelle Shiller, DO, MSPT

Lawrence D. Wagman, MD

Wendi Waugh, BS, RT(R)(T), CMD, CTR

Oncology Issues serves the multidisciplinary specialty of oncology care and cancer program management.

Oncology Issues (ISSN: 1046-3356) is published bimonthly for a total of 6 issues per year by Taylor & Francis Group, LLC, 530 Walnut Street, Suite 850, Philadelphia, PA 19106, on behalf of the Association of Community Cancer Centers (ACCC), 1801 Research Blvd, Suite 400, Rockville, MD 20850-3184, USA. US Postmaster: Please send address changes to *Oncology Issues*, c/o The Sheridan Press, PO Box 465, Hanover, PA 17331. Copyright © 2020 by the Association of Community Cancer Centers. All rights reserved. No part of this publication may be reproduced, stored, transmitted, or disseminated in any form or by any means without prior written permission from the publisher, Taylor & Francis Group, LLC.

FROM THE EDITOR

Working Toward a Better Tomorrow

BY SIBEL BLAU, MD



The morning of March 1, 2020, I

walked into a different world when I entered my clinic in Puyallup, Wash. It was the weekend after the first COVID-19-related death was reported in

Seattle, only 45 miles away from my practice. That same weekend Northwest Medical Specialties, PLLC, created a task force and after several hours of meetings, our practice opened its doors with a new look, including screeners at the entrance and staff wearing masks and other personal protective equipment. Patients called to cancel their appointments, staff were worried but tried to maintain their workload, and managers and physicians began learning about recommendations that were sparse, evolving, and sometimes even contradictory.

Since those early days so much has changed in our world. The COVID-19 pandemic led to unprecedented challenges, both within the healthcare industry and the world at large. Though we have witnessed much unrest, we have already made it through some very difficult times with stories of great heroism and innovation, especially within the healthcare industry.

COVID-19 caused major economic downturns in almost every field. The Centers for Disease Control and Prevention estimated that for every one million patients who sought treatment in 2020, the U.S. healthcare system would incur roughly \$5.3 billion of indirect costs.¹ And these costs did not include additional expenses incurred by providers and health systems responding to COVID-19; for example, investments in reconfiguring facilities. Cancer programs and practices around the country experienced a sudden need for rapid transformation, including:

- Access to personal protective equipment
- Clinic infrastructure changes
- Workforce instability due to illness
- Rapid implementation of telehealth
- Drops in screening appointments that led to a decline in new patient visits
- Fluctuations in patient volumes over time.

To make changes safely and properly, programs and practices adopted new workflows, re-assigned staff to reduce in-person clinic volumes, hired additional staff in new positions, and invested significantly in technology and equipment. It has been a challenging year for all, and there is still much work to be done.

And though the promise of effective vaccines brings great hope, a return to normalcy remains a distant goal. We must commit to a concrete long-term plan for COVID-19 and similar pandemics in the future. As available technologies rapidly evolve, we must address the current inadequacies of telehealth and serve all patients—whether they are elderly, economically disadvantaged, or technologically challenged—by delivering equitable and excellent care. But to get there we must remain open to change and welcome new methods of care delivery.

There are still many challenges ahead of us; the pandemic is far from over. The virus brings many unknowns, including potential long-term health consequences and whether the virus has the capacity to evolve in a manner that will require annual vaccinations. With the economic decline and financial uncertainties facing this country, we also need to figure out how to pay for the changes we have made in response to COVID-19 and how we can, as a country, continue to deliver quality healthcare going forward.

I believe in the power of science and human will. I am proud to be a member of an innovative medical community that continues to use our education, experience, and herculean work ethic to help this country prevail and recover from the terrible toll of 2020. As the new Editor-in-Chief of *Oncology Issues* at the start of a new year, I ask my fellow ACCC members to continue to hope for and work toward a better tomorrow.

Reference

1. Hutchins Coe E, Enomoto K, Finn P, et al. Understanding the hidden costs of COVID-19's potential impact on U.S. healthcare. Available online at: mckinsey.com/industries/healthcare-systems-and-services/our-insights/understanding-the-hidden-costs-of-covid-19s-potential-impact-on-us-healthcare. Last accessed December 10, 2020.