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FROM THE EDITOR.....

Education on Demand

BY SIBEL BLAU, MD



As I write this column, I cannot help but reflect on the headline of the *New York Times* Jan. 10 Weekend Briefing, “A year ago this week, China first identified the coronavirus and

House Democrats were preparing articles of impeachment. Here we are again.” Three months into 2021 and the burdens on our healthcare delivery system and workers continue unabated.

Understanding the pressures that its member programs and practices continue to face, ACCC is actively looking at how it can support the membership, including providing on-demand education, training, and resources to fit into *your* schedule—at a time and place most convenient for you during this extended public health emergency.

For example, with the explosion of telehealth and virtual appointments, care coordination has never been more critical. In the first of a three-article series (page 30), Dr. Oyer and colleagues write about the design and development of An Optimal Care Coordination Model for Medicaid Patients with Lung Cancer, including how to use the model to assess high-impact areas such as physician engagement; financial, transportation, and housing needs; and management of comorbid conditions. Articles about beta-testing the model and practical implications of the model for clinical practice in the United States will follow in subsequent issues of this journal.

Then turn to page 36, to read about a multi-phase ACCC education initiative to improve care for patients diagnosed with advanced epithelial ovarian cancer. Cancer programs and practices will benefit from the learnings shared during the project’s three quality improvement (QI) workshops and the curation of a comprehensive library on patient- and provider-specific ovarian cancer resources.

Finally, read about two ACCC Visiting Experts Programs that took place at six institutions on pages 50-72. These multidisciplinary educational opportunities brought together teams of physicians, nurses, pharmacists, pathologists, administrators,

and others to develop QI initiatives that enhanced care for patients with multiple myeloma and patients with acute lymphocytic leukemia. The successes that these QI teams realized through their hard work and dedication while simultaneously having to pivot due to COVID-19 is inspiring. We can all learn from their example.

Meanwhile, education at our own programs and practices continues—both virtually and in person (at a safe social distance). My practice has embraced virtual learning for its staff and providers by incorporating webcasts and in-practice presentations from vetted organizations, including ACCC, the American Society of Clinical Oncology, the Community Oncology Alliance, our state oncology society, and many others. COVID-19 webinars were complemented by virtual drug education programs in the context of new drug approvals.

Though virtual meetings are more accessible to staff, this type of learning has a downside. A lack of human contact, busy schedules, and screen fatigue presented additional burdens for our staff. For our providers, the ability to join virtual tumor boards or multidisciplinary discussions remotely was offset by technology glitches.

As a member of the Quality Cancer Care Alliance (QCCA), my practice also participated in virtual opportunities to share experiences, policies, and processes to help each other navigate the many challenges associated with COVID-19. Specifically, QCCA members uploaded relevant policies in a SharePoint forum and created shared infographics and documents to educate patients, staff, and providers. QCCA also provided virtual education opportunities for providers and staff. Bi-annual summits recruited great speakers and attendance increased, facilitated by the ability to participate virtually. Research staff and investigators also participated in and benefited from virtual meetings.

Though overall satisfaction and scores for these virtual education opportunities are high, their growing numbers required significant coordination and prioritization, and my practice eventually assigned a dedicated employee to this task. Other practices may consider a similar move to help coordinate ongoing education and training. And, like many of you, I look forward to the day when in-person education and networking is once again safe for us all. ☐