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 telehealth and virtual appointments, care coordination, and education continue unabated.

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 staff and investigators also participated in remote discussions in the context of new drug approvals.

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.