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Shared Decision-Making: Effective Practices for Optimal Patient Engagement

Patients who are actively involved in making treatment decisions are more likely to be confident about their choices, satisfied with their treatment, and trust their providers. This ACCC publication identifies a wide range of methods for building engagement with patients, with a special focus on shared decision-making in the context of metastatic disease, geriatric oncology, and limited health literacy. acc-cancer.org/shared-decision-making.



New Patient Education Tools for Skin Cancer Awareness

Patient information on advanced skin cancers is not readily available, leading to confusion for newly diagnosed patients. To help the Cancer Support Community released two patient guides for talking to physicians about treatment options for skin cancer, including questions for patients to ask their dermatologist and oncologist about their disease; patient tips for taking control of their care; information about side effects; contact information for financial and community support; and lists of suggested questions to help patients determine their personal and treatment goals. Read more at acc-cancer.org/skincare-awareness-month.



Geriatric Oncology Gap Assessment Tool

ACCC's evidence-based Geriatric Oncology Gap Assessment covers nine domains: functional status; cognition; comorbidities; decision making; pharmacy and medication management; psychological health; nutrition; patient goals and needs; and communication and workforce training. After taking the assessment, cancer programs receive a personalized report with scores in each domain, as well as an aggregate score. With this report, cancer programs can then develop short- and long-term improvement goals. acc-cancer.org/gerigap.



Two CANCER BUZZ Podcasts Explore the Impact of COVID-19

As a follow up to ACCC's *Trending Now in Cancer Care 2020* report, Douglas B. Flora, MD, LSSBB, shares how the pandemic impacted his cancer program in Kentucky, including lower patient volumes, declines in screening interventions, and decreased revenue. Then listen to Una Hopkins, RN, FNP-BC, DNP, talks about the dramatic changes in care delivery that New York City's Montefiore Health System underwent during the pandemic, lessons learned along the way that can help pave the way forward, and how the spirit of collaboration and innovation that emerged in 2020 will remain long after the pandemic. Find both podcasts at acc-cancer.org/podcast.

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Has COVID-19 Put Older Adults at Increased Risk of Cancer?

Cancer screening, diagnosis, and treatment for older adults dropped considerably in 2020, including:

- An **85%** decline in breast cancer screenings.
- A **75%** decline for colon cancer screenings.
- While data has shown an improvement in cancer screening rates, average screening rates for the top **4** cancer types remain down **25%** across the country.

Source. Patt D, Gordan L, Diaz M, et al: The impact of COVID-19 on cancer care: how the pandemic is delaying cancer diagnosis and treatment for American Seniors. *JCO Clin Cancer Informatics*. DOI: 10.1200/CCI.20.00134.

ASCO Post-Pandemic Telemedicine Recommendations

- Ensure robust reimbursement and coverage of telemedicine at the state and national level.
- Develop new products to inform guidelines, standards, and models that improve the quality of care.
- Create training for providers on delivering high-quality cancer care via telemedicine.
- Develop new measures to assess the quality of telemedicine and adapt existing ones to reflect the virtual delivery of care.

Source. ASCO. Road to Recovery Report: Learning from the COVID-19 Experience to Improve Clinical Research and Cancer Care. Available online at <http://bit.ly/ASCO-R2R>.



facts

No Relief from Prior Authorizations

Almost **70%** of 1,000 practicing physicians reported that health insurers had either reverted to past prior authorizations policies or never relaxed these policies in the first place during COVID-19. More than **9 in 10** physicians (**94%**) reported care delays while waiting for health insurers to authorize necessary care, and nearly **4 in 5** physicians (**79%**) said patients abandon treatment due to authorization struggles with health insurers.

Other critical physician concerns:

- **9 in 10** physicians (**90%**) reported that prior authorizations have a negative impact on patient clinical outcomes.
- A significant majority of physicians (**85%**) said the burdens associated with prior authorization were high or extremely high.
- Medical practices complete an average of **40** prior authorizations per physician, per week, which consume the equivalent of two business days (**16** hours) of physician and staff time.
- To keep up with the administrative burden, **2** out of **5** physicians (**40%**) employ staff members who work exclusively on tasks associated with prior authorization



Source. A December 2020 survey by the American Medical Association. ama-assn.org/system/files/2021-04/prior-authorization-survey.pdf.

About 3 in 10 healthcare workers have considered no longer working in healthcare because of the COVID-19 pandemic.

Washington Post-Kaiser Family foundation poll. [washingtonpost.com/health/2021/04/22/health-workers-covid-quit/](https://www.washingtonpost.com/health/2021/04/22/health-workers-covid-quit/).



Nutrition Expert Shares 5 Tips for “Burning off” the Pandemic

1. Perform a 15 to 20-minute meditation first thing in the morning to reduce stress and stress-related hormones.
2. Do 3 sessions per week of deep yoga breathing to increase habitual breathing volume, oxygenate the body, and provide the necessary oxygen to help burn fat.
3. Set a proper sleep schedule. A full 8 hours of sleep can burn between 400-700 calories.
4. Eat more protein and fewer carbohydrates.
5. Lift weights three times per week.

Source. Paul Jenkins, qualified chemist, sports coach, nutritionist, and founder of DNA Lean. dna-lean.co.uk/blogs/news/.

