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FROM THE EDITOR

Critical Mass

BY SIBEL BLAU, MD

After nearly two years of battling with the COVID-19 global pandemic, we began 2022 with a new challenge: the Omicron variant. And despite the availability of vaccines, drugs, and monoclonal antibodies, the healthcare field is more challenged than ever.

Though mutations make the Omicron variant well suited for causing breakthrough cases, individuals who receive boosters are protected from severe illness and make up only 1 percent of hospitalizations. The Omicron variant is also less likely to infect the lower respiratory system, resulting more in "cold-like" symptoms. Yet, hospitalizations and daily infection rates are hitting record levels. Despite implementing preventive measures, including vaccine requirements for healthcare workers, Omicron is everywhere.

Our hospitals are in jeopardy. Most surgeries have been canceled, and emergency departments are well beyond capacity. Healthcare staffing shortages caused by COVID-19 mean that only the most ill can be seen in clinics. Hospital and clinic triage systems are overwhelmed with calls from patients about COVID-19 symptoms and there is not enough staff—or testing resources—to care for them. Physicians, nurses, and staff are demoralized and exhausted. Burnout—already a massive problem prior to COVID-19—is now at crisis levels.

Specific to oncology, many long-term patients are now being told to seek evaluation and treatment in urgent care clinics or are being deferred to their primary care providers. At my practice in Washington, on any given day, several staff are testing positive for COVID-19. Most report only mild to moderate symptoms, but they are still taken out of the workforce, resulting in severe operational challenges that jeopardize patients' access to care.

I believe that we will make it through the Omicron tsunami, but the extremely disheartening absence of a unified response among our fellow citizens regarding vaccinations, coupled with the likely emergence of future variants, means that COVID-19 will remain a part of our lives for a long time to come.

What is also becoming clear is that we need a long-term plan for the health of our hospitals and practices, with a specific focus on the well-being of our staff and physicians.

My practice fared well in the beginning of the COVID-19 pandemic due to a genuine collaborative effort to care for our patients. But staff morale dipped to very low levels this past summer, threatening our ability to care for our patients. In response, practice leadership took several weeks to gain perspective beyond the thousands of daily tasks required to care for patients and listened closely to staff feedback. They shared that staff were overworked and underpaid and experiencing hardships from wearing masks, working in isolation rooms, and caring for ill patients.

Today our practice is more resilient, with systems and processes in place to take into account the opinions of every single staff member, as well as the ability to make changes rapidly to improve staff morale and retention.

Two facts are certain. First, oncology care cannot be provided without physicians, nurses, and other staff. Second, the oncology community has reached critical mass; in other words, a crisis large enough to produce a specific need. And that need is a long-term, congressional-driven strategy that provides additional resources and innovative solutions to a wide range of challenges, including reimbursement cuts, electronic health record issues, burdensome reporting requirements, the abrupt discontinuation of the Oncology Care Model and a lack of clarity on how to move value-based care forward, and critical health equity issues around lack of technology for telehealth, access to care in rural areas, and access to care for diverse patient populations.

Our patients with cancer deserve the best care, and our oncology professionals need to be able to provide it. OI