

2020 Trends in Cancer Care Delivery

Source: 2020 Trending Now in Cancer Care Survey.

Acceleration of Telehealth

Cancer programs and practices ramped up telehealth efforts virtually overnight. In spring 2020, virtual visits accounted for about **40%** of patient volume, falling to about **10%** in the summer, and increasing to almost **50%** during the fall. Congress acted quickly to expand access to telemedicine services by increasing reimbursement for Medicare beneficiaries and changing regulatory requirements to ease adoption. If this flexibility remains in place, and connectivity inequities are addressed, telehealth may help improve patient access and remove transportation barriers, particularly in rural and underserved communities.



Top Telehealth Barriers

- Lack of IT staff to implement telehealth solutions
- Using off-the-shelf telehealth resources (like Zoom and Doxy) with little technical support or training
- Physician comfort levels with telehealth
- Lack of equipment (cameras, microphones, and speakers)
- Initial lack of codes for reimbursement; initial lag of parity for telehealth and in-person services
- Lack of access to technology, connectivity, and/or privacy.

Financial Navigation Goes Virtual

- Navigators were largely unable to have face-to-face conversations with patients onsite, instead relying on phone calls or virtual platforms.
- Many patients did not have access to the necessary technology, or even adequate Internet connection.
- Patients were hard to reach by phone. Unfamiliar with navigator cell phone numbers, many did not answer calls, adding to navigators' workload.



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Cancer Screening Drops Sharply

Cancer screening volumes (e.g., colonoscopy, PAP smear, mammogram) decreased either because screening sites closed, or primary care providers did not offer screening. Patients canceled regular exams and avoided the ER, reducing the potential for incidental findings. Cancer programs and practices combatted this with a focused effort to educate patients that it is safe to return to the clinic and not to postpone these critical preventative visits.



U.S. Healthcare System Took a Financial Hit

Some health systems stopped outpatient or scheduled appointments and suspended entire service lines. Reductions in overall patient volume and elective procedures adversely impacted revenue. Because patients with cancer in active treatment kept their clinic visits, oncology programs often shored up health system revenue. The drastic dip in screenings contributed to fewer new patient visits. Revenue-protecting strategies included:

- Furloughing and laying off staff.
- Flexing staff to patient volume.
- Freezing and/or eliminating merit increases.
- Implementing voluntary and involuntary salary cuts.
- Putting matching IRA contributions on hold.

Delayed Screenings Pose Risk to Patients

Many believe that the dramatic reductions in screening and preventative appointments may lead to cancers being diagnosed at later stages. While the overall impact on cancer diagnoses has yet to be calculated, focus group participants shared these insights:

- One program noted a **50%** reduction in new breast cancer diagnoses in the second quarter of 2020 and a **20%** reduction of new breast cancers in 2020 overall.
- A similar pattern is likely for other staging- or screening-detected cancers.
- Tumor registries will likely record more advanced cancers in 2021 and beyond.

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Staffing During the Pandemic

In spring 2020, staffing cuts and furloughs were widespread and staff were redeployed to support COVID-19 operations or cover the shortfall for other services. Over the summer, cancer programs and practices continued to experience staffing shortages when inpatient volumes rebounded, and new COVID-related clinical and administrative roles were created to screen patients prior to clinic visits. During the second surge in late 2020, short-staffing remained a significant problem as elective surgeries increased to offset severe revenue shortfalls. The pandemic increased staff workloads and reshaped roles and responsibilities. Staff juggled multiple roles and absorbed new responsibilities during furloughs and redeployments. Virtual patient visits increased expectations about patient volume.



A Heavy Toll on Cancer Care Staff and Providers

The impact on staff morale and health was severe.

- Many staff contracted COVID-19 or experienced financial hardship due to furloughs and layoffs.
- Those working reported burnout, exhaustion, fatigue, and stress.
- Institutional support for remote work varied and was mostly used for service line leadership and supportive care staff.
- In addition to increased workloads, staff contended with their own personal health concerns and additional home responsibilities.

Innovative Ways to Support Staff

As the pandemic evolved, cancer programs and practices developed a heightened awareness of staff burnout. To bolster resiliency, service line leaders employed solutions like:

- Repurposing conference rooms and other areas as designated staff spaces.
- Getting innovative with staff recognition or perks in times of financial hardship, such as hosting milkshake and ice cream bars.
- Implementing robust Buddy Systems.
- Sending daily supportive messaging.
- Sharing positive stories and accomplishments.
- Reinforcing a “speak up” culture, especially when issues and challenges arose.



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Moving the Needle on Health Equity

COVID-19 exacerbated existing disparities in oncology along socioeconomic, racial/ethnic, age, gender, and geographic lines. The very real digital divide meant that telehealth did not benefit all patients equally. Many patients in rural or impoverished areas lacked cell phone minutes, cell phone service, connectivity, and privacy. The pandemic stimulated a nationwide discussion to address health inequities. Cancer programs and practices responded by:

- Scheduling flexible clinic and treatment hours for working patients.
- Increasing transportation support for treatment visits, e.g., gas cards and public transportation and rideshare vouchers.
- Identifying areas of additional patient support, including addressing food insecurity and childcare needs.
- Understanding that patients with cancer and their families often want to give back in a meaningful way and engaging them to help develop strategies to improve health equity.
- Partnering with community organizations to reach at-risk people, offer tailored education and resources, and identify and reduce disparities.

Clinical Research Reimagined

Flexibilities emerged in 2020 that have long-term potential to reshape the design and conduct of clinical trials; increase patient access, enrollment, and retention; and improve health equity, including:

- Decentralizing care based on FDA guidance.
- Implementing remote consent and trial eligibility screening.
- Clarifying which tests are essential.
- Amending studies to eliminate lab test times or lengthen testing intervals.
- Using virtual visits for clinical assessment and patient-reported symptoms.
- Leveraging biometric devices to support patient evaluation (e.g., sleep, movement).
- Shipping oral drugs directly to patients and deploying pharmacists to counsel and monitor adherence by phone.

