

# COVID & Cancer Care:

*lessons learned in a large, academic health system*

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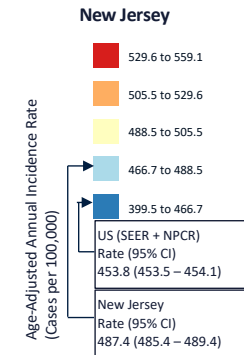
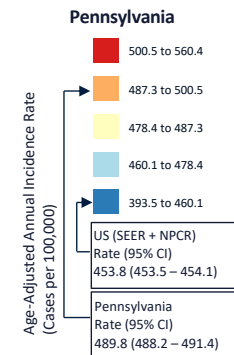
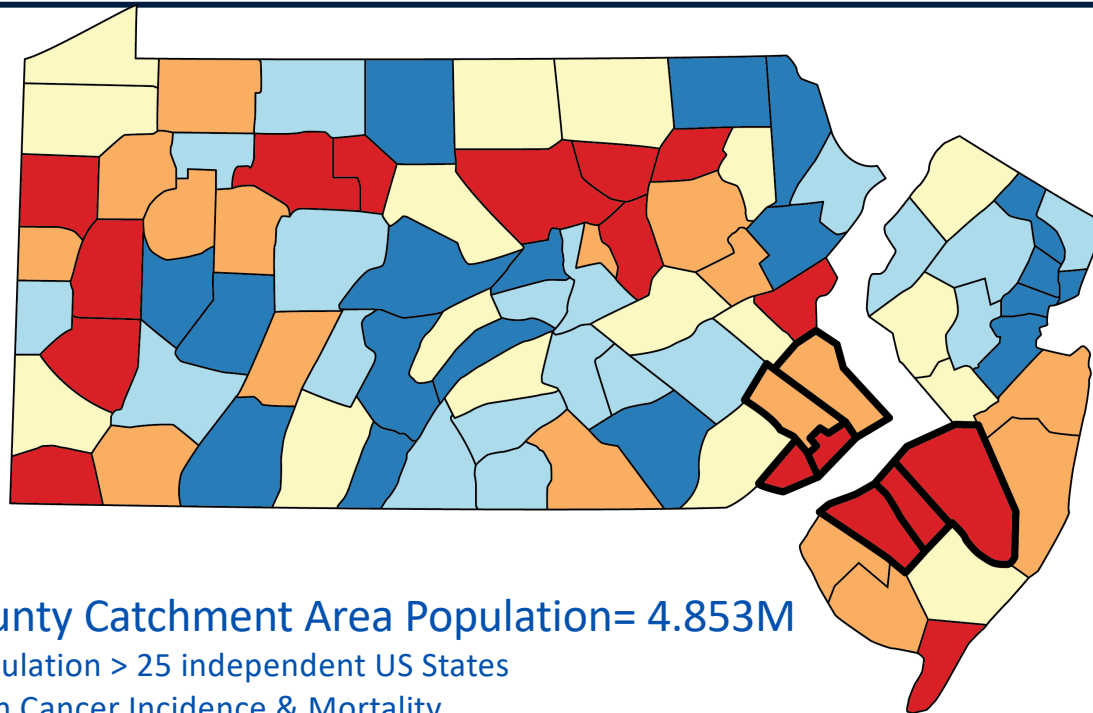
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# SKCC Catchment Area

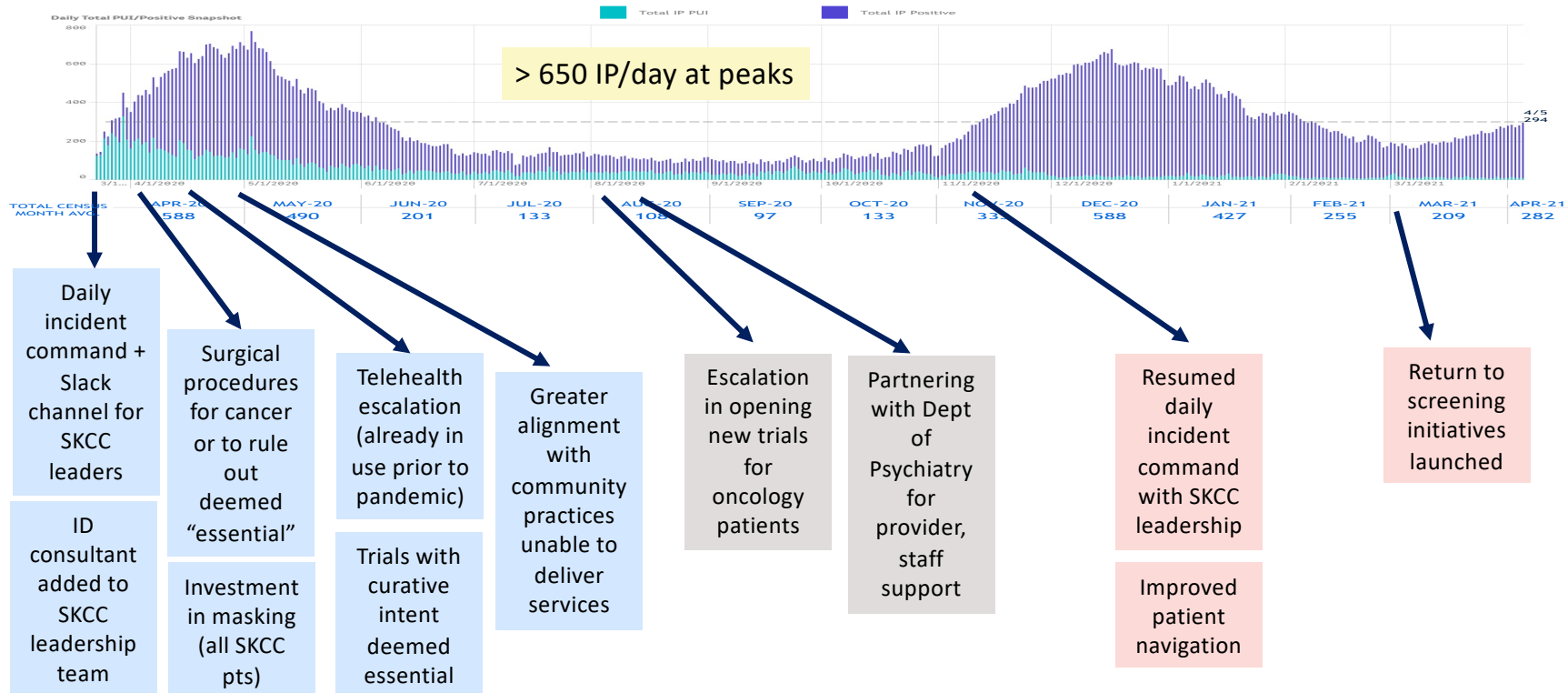


## 7 County Catchment Area Population= 4.853M

- Population > 25 independent US States
- High Cancer Incidence & Mortality
- Jefferson Health: ~10,000 cancer index cases/yr
- 14 hospital system
  - **4 SKCC Advanced Care Hubs across 2 states**

# Real time adjustment to COVID

Strategies for Cancer Care across SKCC Sites



**Peak 1:**  
 Rapid communication channels allowed for nimble, evidence based decision making

**Lull:**  
 Adjustments positioned SKCC for peak 2 preparation

**Peak 2:**  
 Improved navigation of SKCC patients based on lessons learned in peak 1

# Lessons learned

- 1 Prepare oncology teams by supporting competency in emergent technologies**
  - Experience with telehealth prior to the pandemic (telehealth) led to facile escalation
  - Social work teams critical in bridging the digital divide
- 2 Enrich use of rapid communication platforms for care teams across geographies**
  - Enabled rapid decision making and real-time updates during crisis
  - Served as mechanism to report & adjust to regional variances
- 3 Include key stakeholders in cancer policy decisions**
  - ID team member was essential
  - AACI Cancer Center Slack channel allowed major academic cancer centers to discuss varying strategies for care delivery during COVID
- 4 Develop emergency plans with community stakeholders**
  - Community oncology centers, practices
  - Community advocates