Cancer Care Delivery During the COVID-19 Pandemic and the Impact on Patients With Cancer

COMMUNITY ONCOLOGY VOICE

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Presented by

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Ann B. Barshinger Cancer Institute at Lancaster General Health

► One of six hospitals in Penn Medicine - UPHS

- 2,700 new cancer cases per year
- One of two community hospitals
- ▶ 10 of 14 community medical oncologists



Community Oncology Public Health Priorities

- Preserve hospital capacity
- Create backup for smaller groups
- Create community standards
 - Community oncology collaborative
 - Medical Ethics
 - Principles of care
 - Vulnerable populations
 - Case discussion conferences

Community Oncology COVID-19 Collaborative

- Personal invitations to all oncology practices in town: doctors, nurses, and administrators
- Weekly conference call to share information, experiences, approaches
- ► Jointly test strategies, report back, informal PDSA

Patient-Centered Care Balanced with Equity: Risks and Benefits Across Society

- Openly communicate that moral distress may arise when resource constraints impact individual rights and preferences
- Explain the public health approach that supports front line delivery of care
- Plan ahead to meet ethical challenges with triage, processes, tools, education, and support
- Clearly transmit a framework for allocation and protection of staff, space, resources, and supplies

Penn Medicine Principles for Cancer Care in the Context of COVID-19

- When possible, the standard of care should be delivered.
- Priority should be given to patients with potentially curable disease.
- ► End of life patients should receive necessary care delivered at home via tele-visits.
- Age of the patient, as well as co-morbidities, should be taken into consideration.

Outreach to Community Partners Caring for Vulnerable People

Nursing homes, extended care facilities, shared living, and prisons

- Developed and communicated policies
- Communicated directly with medical directors, patients, families
- Provided home visits and drive-up injections in parking lot

COVID-19 Case Discussion Conference

Purpose

Provide safe and equitable care

Format

- Standardize and streamline case presentation
- ▶ Physician other than treating physician suggests—continue, modify, or stop therapy

Outcomes

- ▶ 10% of case discussions resulted in modification at the time
- ► 100% of physician presenters satisfied with process and outcome
- ▶ 95% of patients and families satisfied with process and outcome

The Association of Community Cancer Centers (ACCC) is the leading education and advocacy organization for the cancer care community.

ACCC is a multidisciplinary association of 30,000+ care team members—from clinicians to researchers, hospital executives, administrators, advanced practitioners, financial advocates, pharmacists, supportive care staff, and more.

ACCC represents 2,100 private practices, hospital-based cancer programs, large healthcare systems, and major academic medical centers across the country.

ACCC translates clinical findings into "how-to" action, designing quality and process improvement programs to help accelerate the integration of effective practices and guidelines, increase equity and access to clinical trials in the community setting, and elevate the delivery of patient-centered care.

ACCC Community Cancer Care Delivery Amid COVID-19 Educational Initiative

Total Reach*

Live Webcasts

Podcast Listeners

Peer Forum









26,900 care team members

N = 2,860 total (live & on-demand)

4,472 downloads

1,425 members24 discussion topics

^{*}Includes visitors to ACCC's COVID-19 Resource Center. Data from March through December 2020.

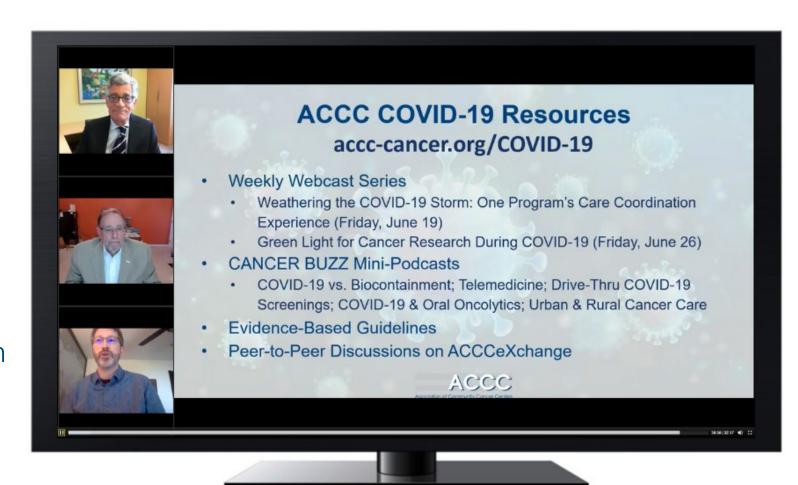
Ten Mini Podcasts

May through August 2020



Live Webcasts from May to July 2020 764 webcast attendees

- Infection Control Measures
- Risk Stratification for Cancer Patients During COVID-19
- Planning Your Testing Strategy
- Optimizing Staffing Strategies
- Weathering the Storm: One Program's Care Coordination Experience
- Green Light for Cancer Research During COVID-19
- Developing a Recovery Plan



ACCC
Webcast Positive Impact on Clinical Practice

| Webcast Title | N | Improved Knowledge/ Skills/Strategy* | Ability to Provide Better Treatment and/or Care** | Contributions to the Team and Patient Outcomes*** |
|---|-----|---|---|---|
| COVID-19 Infection Control Measures | 34 | 85% | 85% | 88% |
| Optimizing Staffing Strategies Amid COVID-19 | 17 | 88% | 94% | 88% |
| Planning Your COVID-19 Testing Strategy | 20 | 90% | 74% | 70% |
| Risk Stratification for Cancer Patients During COVID-19 | 2 | 100% | 50% | 100% |
| Weathering the COVID-19 Storm: One Program's Care Coordination Experience | 5 | 100% | 100% | 100% |
| Green Light for Cancer Research During COVID-19 | 3 | 33% | 33% | 100% |
| Developing a COVID-19 Recovery Plan | 38 | 79% | 79% | 81% |
| Total N / Average % | 119 | 82% | 74% | 90% |

^{*}The activity improved my current knowledge and/or skills/strategy.

^{**}The activity will help me provide better treatment and/or care practices, both individually as well as a part of my interprofessional healthcare team.

^{***}This educational activity will impact my contributions to the team and to patient outcomes.

ACCC Members' Practice Changes

- ► Apply most up-to-date COVID-19 guidelines
- Update communication and coordination of care
- ► Institute or revise infection control procedures
- Modify treatment and management approaches
- Focus on shared decision-making
- Support informational, emotional, psychosocial needs

SUMMARY Community Oncology "How Must We Do Our Part?"

- Continue to provide high-quality patient driven oncology care
- Care for the community with new partners, shared resources, shared information
- Learn new lessons, contribute to the data, eliminate disparities

THANK YOU!

Lancaster Community Oncology COVID-19 Collaborative

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