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## Four Factors Affecting the Post-COVID Cancer Care Landscape

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**By Lijo Simpson, MD**

Like many healthcare providers, my practice at Atlanta Cancer Care has seen significant changes in most areas due to the COVID-19 pandemic. When the virus emerged earlier this year, we had to move fast to ensure our patients were protected from infection while delivering the best possible care. We started by tiering patients. We gave highest priority to those with ongoing cancer treatments or new cancer diagnoses and continued seeing them in the office, if needed. We quickly piloted telemedicine with our staff then rolled it out to our cancer patients. We were all learning on the go.

As the country prepares for a third wave of community spread, we are stepping back and taking stock. How will the pandemic and events of the past several months shape the future of cancer care? I see four factors that will continue to impact the delivery of cancer care in both the short and long term.

## 1. The Backlog Factor

Due to nationwide furloughing of staff as well as delayed and canceled treatments, the pandemic created an unprecedented and growing backlog of patient cases. Many cancer patients deferred seeking care due to fear of contracting the infection in a medical setting.

Dr. Scott Kurtzman, MD, a surgical oncologist and program director of the Waterbury Hospital General Surgery Residency Program in Connecticut, echoes this experience. "Because screening had come to a virtual halt, we have had fewer patients with abnormal mammograms, therefore, our overall patient volume was

down. Only time will tell how this affects overall outcomes,” Kurtzman says in an interview.

In the hospitals, we are seeing patients with advanced cancers presenting more frequently. As screening tests such as mammograms and colonoscopies pick up, there will be an uptick in new patients. Surgeons are trying to catch up on the backlog of cases pending and have tough schedules to maintain.

As a result of delayed treatments and prioritizing patients, Kurtzman predicts that neoadjuvant hormonal therapy treatments will be prescribed more often in the future for patients with appropriate cancers. These are given as a first step to shrink a tumor before the main treatment, which is often an operation. “If the review of this experience holds up, we will use these treatments with more assurance and a feeling of safety,” Kurtzman says.



## 2. The Mental Health Implications

Patients who had already been under a good deal of stress from their cancer battles were also affected by reports that they have a three-times higher mortality rate if they contract COVID-19. That stress was compounded by the fact that they had to self-isolate from many of their loved ones.

Anxiety was high during hospital closures when biopsies were not permitted, and routine surgeries cancelled. Due to changes to office-visiting procedures, job losses, remote work, and restrictive social distancing guidelines, several layers of support were ultimately removed for these patients at a critical time.

For Kurtzman’s practice, telemedicine has helped to mitigate some of the negative mental health effects. The ability to connect with patients electronically meant self-isolating patients were still able to communicate face to face with their care providers. As a pleasant surprise to everyone involved, providers and patients felt a shared sense of empathy during these appointments. At a time when in-person conversations were not possible, Kurtzman says, “Patients appreciated connecting with their hardworking physicians and nurses. Simply speaking with us made them feel better.”

Additionally, in offices where family members were no longer able to join appointments in person, telehealth enabled them to join remotely, provide support, and maintain involvement in their relative’s care. They could continue to participate in critical conversations, ask questions, and take notes.

## 3. The Telehealth Factor

Telemedicine has proven to be very valuable, but both patients, their caregivers, and providers had to adjust to this new technology. Some were technologically

unprepared, lacked camera hardware, or misunderstood the telemedicine process. Dropped calls took time to resolve and the first several minutes of calls were dedicated to technical support. Providers' office staff spent hours every day with patients explaining telemedicine processes.

Fortunately, today, the challenges have been largely surmounted and telehealth has proven to be an unexpected ally in the pandemic. It allows us to maintain care conveniently and safely for all patients, while reducing the risk of virus transmission for those who must visit our office.



## 4. The Virtual Element

Telehealth has its limitations. A critical component of telehealth includes integrating a virtual tumor board solution. As cancer care teams have found in the past few months, virtual tumor board platforms drive care team engagement and support the dire need of multidisciplinary discussions—both of which are critical factors in the new normal of healthcare. Whether in-person or remote, everyone from pathologists and radiologists to specialists can review multiple patient cases in real time in a HIPAA-secure environment with the right solution. A virtual solution can also help teams more efficiently address their patient backlogs while recovering lost revenue by increasing referrals, connecting patients to clinical trials, and managing accreditations.

For cancer tumor registrars, certain virtual solutions replace the manual and labor-intensive process of preparing for tumor board meetings. Significant reductions in preparation time save hospitals money and can help reduce the cost of care.

Kurtzman's team uses [OncoLens](#) as their virtual tumor board solution. "At Waterbury Hospital, we quickly load cases, get radiology and pathology prepared, and keep a record of who presents. It's really a great tool," he adds.

## The Future

The COVID-19 pandemic has permanently changed cancer care, just as it has permanently altered the healthcare industry in general. Ultimately, I believe these changes will benefit everyone—from our care team colleagues to patients and their caregivers. Through the efficiencies, clinical decision support, and convenience they enable, technologies such as telehealth and virtual multidisciplinary tumor boards will play an increasing role in care delivery to better interact with and care for our communities.

Despite the negative impacts of the pandemic, COVID-19 did force rapid and potentially positive changes in a healthcare system that is traditionally slow to change. We expect that as the pandemic recedes these innovations in healthcare will have changed care delivery for the better.

*Dr. Lijo Simpson is the chief medical officer and cofounder of OncoLens. He is a board-certified Hematologist and Medical Oncologist with Atlanta Cancer Care and practices at DeKalb Medical Center and Southern Regional Medical Center.*

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