

# 2020 Trends in Cancer Care Delivery

# fast

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.



# facts



## 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.