Meeting Report

Hospital Systems Capacity Building National Advisory Committee Virtual Meeting

April 28, 2020

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MEETING OVERVIEW

On April 28, 2020, the American Cancer Society (ACS) convened its members of the Hospital Systems Capacity Building (HSCB) National Advisory Committee (NAC) virtually to discuss the HSCB COP initiative and the impact of COVID-19 on this initiative. The NAC members engaged in a 2 hour discussion that included a welcome by the ACS Chief Medical and Scientific Officer, Dr. William G. Cance, a program update by the HSCB Initiative Director Meg Fischer and a facilitated discussion that centered around answering three key questions about moving the HSCB initiative forward. The questions included:

1. What will the largest COVID-19 impacts be on hospital systems and public health departments in the next 6-12 months?
2. What should be the focus over the next 3-6 months with our current COP sites? At what point would it be reasonable to bring on new sites- what should we be looking for in the healthcare landscape that would indicate is the right time?
3. How should we be advising the COP sites to plan for and manage the post-COVID-19 backlog of patient preventative care needs?

The meeting generated meaningful and insightful conversation around the role ACS can play in supporting the COP sites in the immediate future. Key themes, outlined in this report, emerged throughout the conversation around the ideas of Leadership, Engagement and Innovation.

L E A D

Cancer is a devastating disease and has far reaching impact that cannot be overlooked during the COVID-19 pandemic. ACS is in a position of leadership and can harness that leadership to provide guidance and direction to ensure quality cancer care continues during these uncertain times.

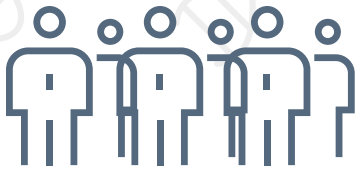
ENGAGE

Continuing to engage with NAC members and the COP sites will help generate the best guidance and direction for the project. We will continue to foster partnerships and engagement between hospital systems and public health as we navigate through the pandemic and beyond.

INNOVATE

Now is the time to think about doing things differently. We should encourage the COP sites to be creative and think about how they plan to reengage partners and patients in cancer prevention and screening, or how those conversations can continue during this time. The healthcare landscape is forever changed and we must change with it.

THE MEETING
ATTENDEES
INCLUDED



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DISCUSSION SUMMARY: Question 1

What will the largest COVID-19 impacts be on hospital systems and public health departments in the next 6-12 months?

This question was answered by members of the NAC via a Round Robin process. All attendees were able to hear the comments live. A summary of the discussion was provided by Dr. Durado Brooks.

Deprioritization of Cancer Screening

- Prevention has been de-prioritized. We need to move it back on the agenda (at least get organizations to start planning for resuming screening and preventive services)
- May have less capacity for prevention and contracture of primary care services due to closure of clinics and primary care practices. Will need to find new, innovative ways to deliver prevention:
    - preventive services delivered outside the clinic setting
    - lower resource solutions

Patient Challenges

- Patients are fearful of interacting with the healthcare system (even avoiding emergency care). Need to recognize and acknowledge these fears and work to rebuild patient trust in the safety of our institutions.
- Prepare for the coming wave of newly uninsured and underinsured, those who have lost employer-based healthcare. Many have no prior experience with not having insurance and will also be dealing with broader financial challenges.

New Normal & Innovation Opportunity

- Recognize that once COVID recedes we will not return to the way it used to be, but will be living and working with a "new normal" – and we have an opportunity to help shape this.
    - Try to design new systems/approaches to avoid replicating/exacerbating historical disparities
    - Take into account the unique needs of different populations and communities (including rural)
    - Re-engage community partners to help in this work
    - Re-open systems in ways that maintain health and safety of the healthcare workforce and patients (particular attention to those with cancer and other immunocompromised patients)

- The shift to telehealth is likely here to stay. Will require adjustments (i.e. new payment models). This could leave out some disadvantaged populations (those lacking reliable broadband; older individuals who may not be tech-savvy,…)

- Engage public health infrastructure (local, state and federal) to shift some resources back to cancer as soon as COVID rate changes allow
    - Design new systems/approaches to avoid replicating/exacerbating historical disparities

- Collect data on a range of issues (trends in cancer screening/dx/outcomes,…; who is at highest risk; uninsured rates and impact; changes in the marketplace, i.e. practice closures)
    - Use data to inform and drive advocacy efforts to improve the healthcare system
    - Use data to inform and drive advocacy efforts to improve the healthcare system
    - Work to ensure that the new system does not replicate or exacerbate inequities and disparities that are being highlighted by the pandemic

DISCUSSION SUMMARY: Question 2

What should be the focus over the next 3-6 months with our current COP sites? At what point would it be reasonable to bring on new sites- what should we be looking for in the healthcare landscape that would indicate is the right time?

This question was answered by members of the NAC in 3 separate virtual Breakout Rooms facilitated by Dr. Durado Brooks, Sarah Shafir and Meg Fischer. . A summary of the discussion was provided to the larger group by each respective facilitator.

Thinking Differently & Catalyst Moments

- With the reallocation of resources it's going to require the health systems to think differently. If we pause for too long on preventative care this could potentially put us back 3-5 years.
    - Going to be very overwhelmed for the foreseeable future, however cancer is still really important and having devastating impact
    - Reframe the conversation to be work they are already doing, not something new
    - This work has a financial/operational benefit for the system
- COVID catalyst moments- have an opportunity to do things that were not previously an option. Challenge them to think of new ways of doing things with the resources they currently have as opposed to what they had previously, reminding them of the overall goal
    - Explore virtual prevention opportunities
    - Inspiring new and innovative ways of possibly doing things differently
    - Possibly shift the project action plan and the project leads
    - Look at the epidemiology- where is the wave, can we target there? Things may feel different in different places

Leadership and Direction

- Leaders in these systems need more direction during this time-
    - ACS can provide guidance and clear direction on how to address the backlog of patients who have delayed screening
    - Provide tools to support them in as they are building these dual systems of care
    - Think about the inclusion of the ECHO model and best practice sharing as different ways of addressing current issues
- Do a basic needs assessment to help figure out ways to help move them forward in some way
    - who are the stakeholders that are/can be involved
    - who is engaged
    - what resources do you have
    - what screening options do you currently have
    - what community sites are a part of your group

Health Disparities & Social Determinants of Health

- Health disparities are going to be quite significant post COVID-19
    - prioritize what we can do within the scope of this project and help guide them based on where they are given their possibly new priorities and limited resources.
    - Encourage the sites focus in on addressing some of the health disparities that are occurring in the health systems and come up with ideas that are very focused on addressing them

DISCUSSION SUMMARY: Question 3

How should we be advising the COP sites to plan for and manage the post-COVID-19 backlog of patient preventative care needs?

This question was answered by select members of the NAC in a Fishbowl exercise allowing all attendees to observe the discussion among 6 preselected participants. A summary of the discussion was provided by Dr. Durado Brooks.

New Normal

- Explore less resource intensive approaches/options
  - example- ECHO and learning collaborations
- People are used to "old normal", we need to ask them to consider alternatives to that normal. We need to come up with some solutions for what we need to do, being creative as possible.
- Consider alternative sites of care (laboratories, pharmacies) for some types of preventative care (i.e. immunizations, FIT)

Leadership and Direction

- Looking to ACS for leadership. Want to know how & what ACS is doing to address cancer screening moving forward.
- Need to give others concrete ways/ideas of how to integrate these new processes into their system, breaking down workflows for people who are otherwise inundated/overwhelmed with current workflow and don't necessarily have the means/resources/time to create
  - how to up testing
  - how to implement a certain screening/vaccination process
  - how to increase mammo screenings
- Help with registries:
  - tracking screenings, who's due, missed screening's, follow-ups, etc.
  - Implement new ideas/verbiage around messaging – Your mammogram was due XX, because of COVID we were not able to perform this procedure and we would like to schedule an appointment in the near future. Get the messaging out there in some way, to get health systems and patients thinking about it, having health systems able to track, new dates, new messaging, follow-up, etc.

Gather Data

- Do a "needs assessment" to understand where each of the health systems are now
  - what their priorities are now
  - who has/is remaining engaged with them around this work
  - whether or not they have the resources they need
- Bring focus to the issue of disparities
  - Are there ways within the context of what they're doing that they can start looking at/addressing disparities?
  - What are some examples of this and how could they be implemented/carried out?

NEXT STEPS

The HSCB NAC has expressed interest in continuing to engage with ACS on the importance of supporting the HSCB COP sites in their response to the pandemic and planning for returning to prevention and early detection efforts. It was clear in the conversation that we should be thoughtful about our engagement, but not slow in our response. ACS is currently conducting internal conversations on how we will streamline direction and guidance in response to addressing the changes in our healthcare landscape.

We plan to:

- Survey the sites to gain additional information about their needs and better understand their current capabilities
- Create a plan for how to best support the COP sites
- Reconvene the NAC in the next 4 weeks
- Adjust the Y2/Y3 workplan to meet the needs of the current environment