



REVITALIZING CANCER SCREENING IN THE COVID-19 ERA

Provider planning guide to encourage patients to seek urgent and elective screening

Screening volumes declined 80–90 percent¹ through March and April 2020, with many providers wholly shutting down their programs for all but urgent cases. While many initially predicted a surge in screening demand when facilities reopened, the reality is that most programs are struggling to bring back demand and resume pre-COVID-19 screening volumes. Patients, especially those without symptoms or additional risk factors, are opting to avoid healthcare settings, fearful of exposure to COVID-19. Unfortunately, the 45 percent decline in new cancer diagnoses² does not equate to a decline in new cancer cases, just a drop in timely diagnosis. It is well documented that later detection results in inferior prognosis and, often times, a narrowing of treatment options available versus cases diagnosed at an earlier stage. It is vital that healthcare providers refine processes to optimize access and double down on communication plans to resume screening services in line with national guidelines.

Process Redesign to Optimize Access

REDUCE EXPOSURE

Implement ways to reduce patient exposure to COVID-19, including pre-appointment screening, PPE equipment usage, directional patient flow through the building and avoiding multiple touches of pens, ID cards, etc. Revisit visitor policy, balancing increased foot traffic with patient likeliness to attend if a support person is permitted.

INCREASE ACCESS

Extend hours and deploy mobile screening services, particularly in areas with public transport restrictions or for populations more likely to face childcare or other similar constraints.

SOURCE FUNDING TO COVER COSTS

Unemployment and furloughs impact ability to pay for wellness services. Seek collaborations with payors, foundations and not-for-profits. Apply for grants and lobby to repurpose funds to cover screening services and support patient access to new available funding, e.g. the Community Oncology Alliance/CancerCare Patient Financial Assistance Fund.

MANAGE THROUGHPUT

Carefully manage volume and throughput, streamlining processes to reduce the average time per visit, e.g. virtual waiting rooms, ensuring processes are intuitive and understood from the patient perspective. Maintain a flexible staffing model to appropriately match staff to screening volumes.

COLLATE SERVICES

Collate screenings (e.g., breast, skin), diagnostic tests and other appointments into one visit, potentially with the support of a navigator, to reduce the number of times a patient needs to come into a healthcare setting, increasing the value — and hence perceived risk balance — of screening. Consider a “one-stop shop” for patients to instantly receive results and to schedule any necessary follow-up testing.

Double-Down on Communication

SEGMENT THE POPULATION

Segment patients by risk/urgency to prioritize efforts and by demographics to build targeted messaging campaigns. Identify particularly impacted patient groups and actively work to address demographic disparities in cancer care exacerbated by COVID-19.

HOST PRE-VISIT CALLS

Be deliberate about describing what the patient will see and do when they arrive. Walk the path of the patient to identify sources of confusion and be sure to address those issues on pre-visit calls to build confidence and reduce cancellations and no shows.

PREPARE EDUCATION AND MESSAGING

Develop thoughtful messaging to share screening facility/service safety initiatives and educate patients regarding the relative risks of cancelling or delaying screenings. Actively create opportunities for patients to self identify as higher risk, either due to noticing potential symptoms or family history.

LEVERAGE ALL COMMUNICATION CHANNELS

Optimize across platforms — online and offline — to reiterate key messages across several channels. Utilize patient segmentation to inform marketing strategy and invest in direct calls to high-risk patients to build trust and schedule.

COORDINATE WITH PEERS AND PAYORS

Leverage primary care physicians to reinforce the benefit and low relative risk of attending screenings. Collaborate with payors to reiterate messages, provide incentives to attend screening and identify the highest-risk patients for targeted multi-pronged communication.

LISTEN, LEARN AND ITERATE

Actively solicit patient feedback through call surveys covering each patient segment. Understand visitor experience, listen to concerns and use these insights to improve processes and messaging. Share successful patient stories.

¹ STAT. “Routine cancer screenings have plummeted during the pandemic, medical records data show”; Rebecca Robbins, May 4, 2020. <https://www.statnews.com/2020/05/04/cancer-screenings-drop-coronavirus-pandemic-epic/>
² How Many More Will Die From Fear of the Coronavirus, Tomislav Mihaljevic and Gianrico Farrugiam, New York Times, June 9, 2020. <https://www.nytimes.com/2020/06/09/opinion/coronavirus-hospitals-deaths.html>