



INSIGHTS FROM THE BDO CENTER FOR HEALTHCARE EXCELLENCE & INNOVATION

# CANCER CARE IN 2022



In February 2020, before the World Health Organization declared COVID-19 a pandemic, **BDO identified several ways** that cancer programs could be successful in a new era of care delivery. Those insights proved prescient, as research published in the Journal of the American Medical Association (JAMA) shows some of the **damaging effects the pandemic has had on cancer care**. That's why it's important to assess the current situation and develop a roadmap that can potentially improve outcomes, save lives and get cancer care and prevention back on track. Below, we examine where cancer care stands today and what providers can do to help make progress.

## SCREENINGS AND DIAGNOSIS

COVID-19 forced patients and health providers to change the way they interact, and the result was a significant deterioration in the relationship people had with their primary care physician (PCP). With many doctors limiting or eliminating in-person appointments for a period of time, patients were forced to reschedule or indefinitely postpone routine preventive-care appointments — including cancer screenings.

The substantial impact the pandemic had on the labor force, including widespread layoffs and people moving away from expensive metro areas, further compounded these issues. Because so many people rely on their employer to provide health insurance, they lost coverage from having been laid off. Given the high cost of preventive care for the uninsured and many people facing financial hardship, patients were foregoing regular screenings and PCP visits for financial reasons.

The combined result has been a notable uptick in late-stage cancer diagnoses as pandemic restrictions eased and patients resumed regular screenings. A [February 2021 study](#) in the journal Gastroenterology predicted a 33% increase in the odds of a late-stage colorectal cancer diagnosis when screenings are delayed 16-18 months.

Moving forward, it's critical to address cancer care and plan for the future to save lives. The first step is to reestablish regular screenings and patient relationships with PCPs. Health providers should proactively contact patients, particularly those who have been out of touch for extended periods. Remind those patients about the importance of regular cancer screenings, explain the current COVID-19 protocols you're taking, and offer a reduced rate for the screenings, if possible. For patients who are still uneasy about in-office appointments, mobile cancer screening options are increasingly available and can cater to a growing number of patients.

# 9.4 million

estimated number of missed screenings for breast, colorectal and prostate cancers in the U.S. from Jan.-Jul. 2020

(Source: JAMA)

The resulting drop in screenings resulted in a temporary decrease in cancer diagnoses, but that decrease pointed to missed diagnoses rather than a drop in the number of cancer instances. Unfortunately, the decline in screenings during the early months of the pandemic appears to correlate with a subsequent rise in the number of patients diagnosed with advanced cancers.



# 30% decline

**in the combined monthly average of new diagnoses of breast, cervical, colorectal, lung, prostate, esophageal, gastric and pancreatic cancers in the U.S. for March-May 2020 compared to Jan. 2019-Feb. 2020** (Source: JAMA)

## HUMAN RESOURCE CHALLENGES

The strain on the global healthcare labor force as a result of COVID-19 is well documented. The improvement of pandemic conditions in recent months has done little to relieve the stress on healthcare workers. With a rise in advanced cancer diagnoses, more is being asked of oncology staff and providers, both physically and emotionally.

Treating end-stage cancer patients requires significantly more resources than patients receiving initial-stage cancer treatments. Often these patients require 24-hour inpatient care rather than outpatient chemotherapy and routine monitoring — which requires additional oncology-trained staff at all times.

Caring for end-stage cancer patients can be mentally exhausting and emotionally draining for medical professionals. Delivering unwelcome news more often to patients and family members compounds the already high physical strain on oncology staff. Additionally, the care provided less often leads to survival, and dealing with a high volume of patients passing under your care can take a devastating toll on the mental health of healthcare workers.

Handling these human resource challenges can be difficult and costly. Adding auxiliary staff can be an effective way to mitigate issues in the short term, but the increase in cancer diagnoses will continue for years to come. To avoid paying high rates for travel nurses and staff, consider developing an internal pipeline to cultivate the nurses and staff you already have. Provide them with training and resources to develop into the oncology staff your organization needs. Organizations may consider developing an oncology nurse residency program to train less experienced nurses in the high-acuity field of cancer care.

Additional staff is not the only solution, but it should be used in conjunction with added mental health resources for your oncology teams, as well as more flexible working arrangements to ensure your hard-working staff gets time to recharge.

## SUPPLY CHAIN STRAINS

As the global medical supply shortage endures, the increase in late-stage cancers has only exacerbated it. Along with increased staff attention, these patients require significantly more medical supplies than early-stage patients. With healthcare providers struggling to secure basic necessities like saline bags and IVs, cancer care is getting more challenging as diagnoses increase.

Gone are the days of contracted single-source suppliers for medical necessities. Cancer care centers should look to create a network of resource suppliers they can tap when purchasing medical supplies. As a backup, look to foster relationships with other care centers around the country that are willing to consider trading medical supplies, when allowable, if traditional suppliers are out of stock.

## EMOTIONAL TOLL ON PATIENTS

Oncology professionals know all too well the emotional toll that cancer and treatments can have on patients. In pre-pandemic times, family and friends were lifelines for patients undergoing treatments and grappling with a life-changing disease.

When protocols were instated to reduce COVID-19 transmission at the beginning of the pandemic, it left many vulnerable cancer patients isolated in treatment centers or at home without friends and family to offer emotional support. Further, many cancer survivor groups put physical meetings on hold, stagnating a community where people rely on one another for ongoing emotional support after beating cancer.

As COVID-19 protocols are relaxed, cancer treatment centers should reach out to survivor groups and encourage them to reinstate meetings — safely, of course. Survivors can and should be notified by providers of these reinstated groups and encouraged to participate once more.

# Looking Ahead

While the pandemic's impact on cancer diagnoses and care is irreversible, healthcare providers can still make a difference in the lives of new and existing cancer patients. To do that, it is essential that providers take a forward-looking approach. For example, improving the patient experience can encourage people to get regular cancer screenings, and undertaking digital transformation can help bridge care gaps. Providers should consider new ways to not only mitigate the damage that has been done, but also find ways to anticipate and address similar challenges in the future.

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