

Delayed Oncology Care Related to the COVID-19 Pandemic: Case Studies

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Unfortunate outcomes of COVID-19 pandemic healthcare policies—implemented to limit exposure to the coronavirus—were delays in clinical oncology care delivery. These delays and interruptions disrupted standard models of clinical oncology care delivery, affecting prevention, diagnosis, and treatment. The reason for these delays in care were multifactorial. Among them were patients avoiding medical care facilities because of their concern about contracting the virus; reduced patient schedules so patient care could be spread out over time, expanding clinical spaces; and a reduced number of clinical staff members available to work because of contracting the virus and limited personal protective equipment for providers and patients.

Prompted by the COVID-19 pandemic, the four case studies in this article illustrate how oncology nurses and their colleagues used novel clinical strategies to limit delays affecting patient care delivery.

KEYWORDS

COVID-19; oncology care; prevention; diagnosis; treatment

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THE COVID-19 PANDEMIC AND ITS ACCOMPANYING POLICIES to limit exposure to the coronavirus in healthcare settings prompted significant adjustments to clinical care for patients with cancer. An unfortunate outcome from those policies was the reality that clinical oncology care—prevention, diagnostics, and treatment—was, in many cases, delayed (Englum et al., 2022; Gribkova et al., 2022; Patt et al., 2020).

According to a survey of U.S. adults published in mid-2020, an estimated 40% of respondents avoided medical care during the pandemic because of concerns about COVID-19, including 12% who avoided urgent or emergency care and almost 32% who avoided routine care (Czeisler et al., 2020). In a study by Patt et al. (2020) based on Medicare fee-for-service claims for patients with cancer comparing the same five months in 2019 to 2020, cancer screenings, visits, therapy, and surgeries were substantially lower. Screenings for the cancers with the highest incidence rates (breast, colon, prostate, and lung) were lower than the previous year (56%–85%). Comparing April 2019 to April 2020, outpatient new visits were 70% lower and follow-up visits were 60%–74% lower (Patt et al., 2020). In addition, the pandemic's strict personal protective equipment policies affected the psychosocial status of patients and jeopardized the delivery of high-quality, patient-focused clinical care for patients with cancer (Treiman et al., 2022).

Acknowledging that oncology nurses revised their clinical practices to limit delays affecting patient care, the following four case studies are examples of clinical workarounds, timely and innovative adjustments to oncology care, and the establishment of new models of comprehensive clinical oncology care. Two case studies review how oncology nurses revised schedules and care plans to provide timely, standard-of-care treatment for their patients. Then, another case study describes a virtual support group, which provided psychosocial support to patients who had undergone—or had completed—allogeneic bone marrow transplantation. The final case study describes a colorectal cancer screening outreach program to primary care practices, which reduced screening scheduling barriers caused by the pandemic.

Prompted by the COVID-19 pandemic, these clinical oncology case studies serve as exemplars, illustrating how oncology nurses and their colleagues addressed delays in oncology care delivery using novel and pivotal clinical strategies.