

To plan for a proactive approach to support patients traveling for their treatment during the COVID-19 pandemic, a network of oncology hospitals worked within existing collaborative agreements to define policies and procedures to transition care for patients living in communities in close proximity to a member institution. Nurse leaders were instrumental in collaborating with and leading interprofessional partners to achieve these outcomes. These efforts led to patients' abilities to continue treatment in their local community, ensuring continuity of cancer care.

AT A GLANCE

- Continuity of care for individuals with cancer during the COVID-19 pandemic requires a collaborative approach to treat individuals in their local communities.
- Leveraging collaborative networks across major healthcare systems and organizations can increase opportunities for patient care to be transferred closer to home, guided by the same policies and protocols as their primary treating institution.
- A network of cancer care organizations created policies and procedures to guide the transition of patients within and between these collaborating organizations to ensure that patients could continue prescribed oncology care despite travel restrictions.

KEYWORDS

collaboration; continuity of care; cancer networks; COVID-19; coronavirus

DIGITAL OBJECT

IDENTIFIER

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COVID-19 and Oncology

Operationalizing best practices across collaborative health systems

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Delivery of cancer care in the United States has been dramatically affected by the COVID-19 pandemic. Although data are continually emerging, early studies suggest that individuals with cancer may have a higher risk of COVID-19-related morbidity and mortality (Zhang et al., 2020). Beyond these risks are concerns related to access to care as increased demands are placed on healthcare systems related to care for individuals with COVID-19 and as infection considerations limit travel to and access within treatment facilities (Wang & Zhang, 2020). The American Society of Clinical Oncology (ASCO, 2020) has recommended postponing visits for individuals not on active treatment or in survivorship, as well as extending care to the home setting through telecommunication. In addition, delays in surgery and radiation therapy, as well as potential modification to chemotherapy and immunotherapies, are recommended, presuming that the risk of COVID-19 exposure or infection outweighs risk of disease progression with treatment delays (ASCO, 2020). Given these potential interruptions in access and treatment, the implications for continuity of care for individuals with cancer are significant for those newly diagnosed, those in active treatment or surveillance, and those receiving primarily palliative therapy.

With an estimated 1.8 million cancer cases in the United States in 2020 (Siegel et al., 2020), as many as 5,000 new cancer cases could be diagnosed daily even in the midst of the COVID-19 pandemic. As such, innovative solutions are required to extend care to improve access for as many individuals with cancer as possible during the present and any potential future pandemic scenarios. In this article, the authors present the role of a multisystem cancer network, through which a collaborative approach to management of policies and procedures to guide access to care has extended cancer services to individuals across a national network of partner institutions.

The Cancer Network

Cross-continuum collaboration emphasizes the need to overcome traditional boundaries across different healthcare entities to achieve collective impact, or the ability of diverse stakeholders from different sectors to solve a specific challenge (Loehrer et al., 2015). This has taken the form of diverse approaches, including alliances, joint ventures, and even mergers, to improve the organization and delivery of health care. One such example in the context of cancer care is the MD Anderson Cancer Network® (Cancer Network). The Cancer Network reflects strategic relationships with state, national, and global organizations, with a shared