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Advancing Cancer Prevention Practice Facilitation Work in Rural Primary Care During COVID-19

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ABSTRACT

COVID-19 and the response to slow the virus spread in West Virginia (WV), including a statewide stay-at-home order, presented challenges to rural primary care clinics on the frontlines. These challenges affected critical quality improvement work, including cancer screening services. In this commentary, the authors present the results of a survey of WV primary care practices that highlight potential long-term implications and identifies opportunities for practice facilitators to partner with rural primary care clinics to address them.

Keywords: Appalachia, COVID-19, cancer screening, practice facilitation, cancer, public health

COVID-19 Effect on Cancer Screening

West Virginia (WV) Primary Care Clinics - April 2020

Survey Population

On April 9, 2020, staff at 95 primary care clinics participating in the WV Breast and Cervical Cancer Screening Program and WV Program to Increase Colorectal Cancer Screening were sent an electronic survey to assess the affects of the COVID-19 pandemic and the statewide stay-at-home order on clinic operations, specifically cancer screenings and diagnostic services..

60

WV health clinics completed the survey, serving as the unit of analysis for this study

Changes to Clinic Operations

Staffing

As patient volume decreased during this time, staffing was reduced. Financial hardship was noted by many clinics as the reason for furloughs or layoffs.

"Staffing is more slim than before, but patient flow is reduced compared to before."

"Large economic impact. Employees laid off, unable to get supplies. Patient load down by 75%."

In addition, staff was redeployed to COVID-19 duties, reducing the workforce focused on other areas of the clinic.

"Our group of Quality [improvement] RNs [nurses] have been redeployed to work the [COVID-19] testing tent and triage line."

Hours

Clinics reported reduced hours of operation during this time, particularly affecting evening and weekend availability.

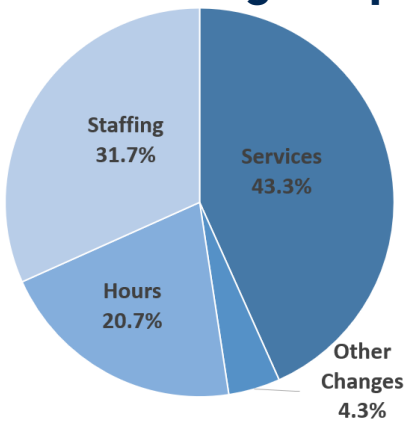
"We have decreased hours in order to limit exposure [to COVID-19] and maintain an ample supply of PPE [personal protective equipment]."

Services

Clinic service changes included postponing non-essential visits and closing sites not directly involved in COVID-19 testing. Some clinics only saw acute patients while others would only see well patients. Most clinics emphasized telehealth for routine services,

"We are no longer seeing patients in clinic unless urgent or emergent, We do telemedicine as much as we can, We have rescheduled all preventive medicine visits by 2-3 months at least."

Clinic Operation Changes Reported



Changes to Clinic Experience

Clinics that continued in-person visits during the stay-at-home order reported changes to operations, including a steep reduction in patient volume. While some respondents noted this change was largely due to patient fear of COVID-19, others described specific strategies taken to reduce traffic within the clinic. Some examples included patient triage in parking lots and temperature checks at front doors. Clinics also developed strategies to adapt regular clinic services to keep patients outside or at home. Several clinics indicated that they began 'carside services', delivering prescriptions and supplies to the parking lot or via mail. Many clinics emphasized telehealth visits to reduce in-person appointments unless necessary.

Adapted Service Examples

"Our pharmacy is filling medications and taking them out to the [porch] for patients to pick up or we can mail them."

"We are providing some care/preventive services via 'carside service.'"

"We triage in our parking lots or in outside tents for patients who have to be seen in person."

"We switched everyone to 90 day supplies of medicine."

"We are not seeing patients in office unless it is an absolute necessity. We are offering telemedicine by phone and by video."

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COVID-19 Effect on Cancer Screening

West Virginia (WV) Primary Care Clinics - April 2020

Changes to Quality Improvement (QI) Initiatives

Clinics noted that their QI initiatives had been negatively impacted due to the stay-at-home orders and the COVID-19 outbreak. Specific challenges noted included QI staff being reassigned to COVID-19 duties, a reduction in the overall workforce able to commit time to QI efforts, and a priority shift to the pandemic.

Reassigned Staff

"Right now, I am focused on working the outside COVID-19 screening clinic. My quality stuff has been greatly neglected for the last month."

Limited QI Staff Time

"We could mail out [stool-based colorectal cancer tests] to patients, but all of our time and effort is being used to deal with the COVID-19 outbreak right now."

Focus Shift

"Our main focus is on COVID-19. Until, the pandemic is over, this will be our main focus."

Changes to Cancer Screening Services

Many clinics did not offer cancer screening or provided limited services during the stay-at-home order. Most in-person cancer screenings, such as Pap tests, were postponed. Clinics described efforts to adapt some cancer screening services. An example given by several clinics was staff distributing stool-based colorectal cancer screening tests in novel ways, including through 'carside services' and via mail. Several clinics noted communication challenges conveying the importance of cancer screening through telemedicine platforms. Others noted cancer screening did not seem like a priority for their patients at that time.

Adapted Services

"If patients agree to [stool-based colorectal cancer tests], they can pick up the supplies in the parking lot."

Delayed Services

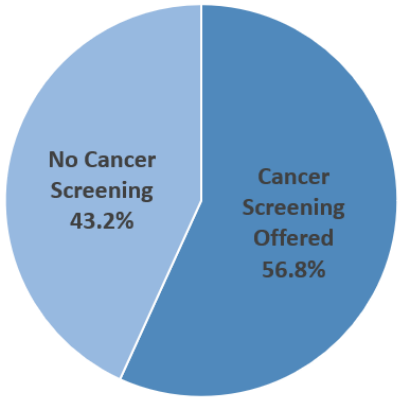
"We continue to send correspondence to our patients who are due breast, cervical and colorectal screenings, asking them to schedule [appointments] later, if possible."

Communication Challenges

"While staff can still discuss colon cancer screening, we have found it is harder to persuade and inform over the phone."

"We have had no patients that have agreed to be screened since the COVID-19 outbreak, Not a priority for them."

Cancer Screening Services Reported



Of the surveyed clinics who stopped cancer screening services, 60% discussed a plan to restart.

Changes to Diagnostic and Screening Referrals

Most clinics were able to make cancer diagnostic and screening referrals. That said, appointments with outside hospitals and private practices were often scheduled months later. Many clinics used their electronic health record (EHR) system to track and follow-up with patients regarding these referrals. Others developed workarounds, including paper logs, to ensure patients were not lost during this longer than usual referral process.

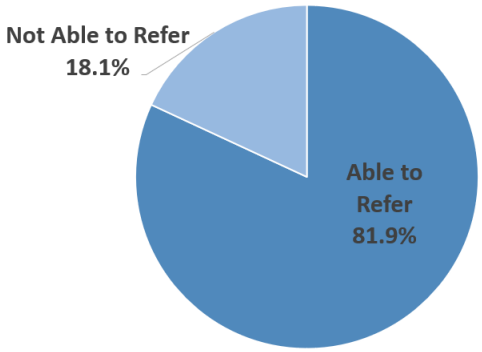
Difficulty Scheduling Referrals

"...diagnostic [referrals] are not currently being scheduled at the hospital so screening processes have declined."

Referrals Made

"We are still sending out referrals. Referral providers will make the call on when the procedure should be done."

Referral Changes Reported



INTRODUCTION

On March 24, 2020, West Virginia (WV) enacted a stay-at-home order[1] to contain the spread of the novel coronavirus SARS-CoV-2 (COVID-19). While non-essential businesses across the state closed, primary care clinics began to adjust to a new reality. For public health professionals who partner with primary care clinics on quality improvement initiatives, in our case cancer prevention, this marked the start of a dramatic change in practice facilitation work. To assess these changes, we surveyed our partner WV primary care clinics in early April to gauge the effect of the stay-at-home orders and COVID-19. While survey results highlighted challenges for quality improvement initiatives, opportunities to adapt were also identified. Primary themes identified from this survey are presented in this commentary and recommendations to advance cancer prevention practice facilitation in this evolving landscape are suggested.

CLINIC OPERATION CHANGES

Our team found that COVID-19 and the statewide stay-at-home order affected primary care clinic operations, leading to changes in service, staffing, and hours. Many clinics transitioned from in-person visits to telehealth and reported a learning curve for both patients and staff. Staffing changes emerged due to reassignment of duties and furloughs. Survey participants noted that patient volume diminished due to the stay-at-home order, service delivery changes, and patient fears of COVID-19. Additionally, clinic hours were cut to reduce the amount of personal protective equipment (PPE) used. Clinics reported difficulty sourcing PPE, in line with challenges experienced across the country.[2]

CANCER SCREENING CHANGES

Based on the survey results, we found that operational changes may have affected quality-improvement efforts, including cancer screening. Staff members charged with running these initiatives were often furloughed or reassigned to COVID-19 efforts. In addition, not all cancer screenings were offered. Referrals for diagnostic testing were difficult for some clinics to schedule. Most clinics indicated that they were able to make referrals, but the appointments were scheduled months later. Survey participants reported efforts to adapt their services, like distributing stool-based colorectal cancer screening test kits in parking lots. That said, several survey participants noted communication challenges, such as difficulty effectively encouraging cancer screening over the phone.

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PRACTICE IMPLICATIONS

The WV stay-at-home order ended on May 4, 2020.[3] Several clinic partners reported to our team an increase in patient volume at this time but indicted that challenges identified in early April remained.

Clinic partners noted that patient fear of COVID-19 has not diminished, particularly for those in at-risk categories. Survey participants noted that with this fear, it became more difficult to encourage patient compliance with cancer screening. This presents a challenge with patient engagement. It also offers an opportunity for those partnering with primary care clinics to work with them to adapt evidence-based interventions that can reach patients in new ways, like mailed stool-based colorectal cancer screening tests.[4] It also provides the opportunity to work with primary care clinics on messaging that emphasizes the importance of cancer screening and how it can be done safely in-clinic.

Survey respondents indicated that COVID-19 spurred many primary care clinics to offer telehealth services for the first time. While this makes accessing primary care providers easier for some patients, survey participants also suggested that it presented obstacles related to the communication and delivery of cancer prevention services. New strategies to engage patients on this service delivery platform are needed as the health care landscape shifts during COVID-19 and beyond.

Clinic partners indicated that staff furloughs and layoffs significantly affected primary care clinic operations. There is no indication when these numbers will return to pre-COVID-19 levels. To that end, the workforce may not be available to engage in quality improvement initiatives at the same rate as before the pandemic. Further, staff reassignment to COVID-19 efforts may continue and affect various quality improvement projects. Public health professionals working with primary care clinics should offer understanding to partners. Exhibiting flexibility and increasing innovation can strengthen relationships in the short-term, leading to successful long-term partnerships.

CONCLUSION

Professionals who work with primary care clinics on quality improvement initiatives, such as cancer prevention, need to remain cognizant of the challenges these partners are experiencing due to COVID-19. There are opportunities to continue to engage with primary care clinics in novel ways to overcome these trials and strengthen partnerships.

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