

Impact of the Changing Public Health Environment on State Cancer Programs: COVID-19 and the Implications for Cancer Screening

Prepared by Leavitt Partners for The National Association of Chronic Disease Directors

How is COVID-19 affecting healthcare and public health?

Interconnections between Healthcare and Public Health

COVID-19 has dramatically impacted the landscape of both healthcare and public health, perhaps permanently adjusting how people understand the relationship between the two. State and local public health departments have been invested in community health long before COVID-19 reshaped our health, social, and economic landscapes. COVID-19, however, has accelerated alignment between public health, the overall healthcare system, and national political and social priorities. The crucial role of public health departments in the nation's COVID-19 response has enhanced public health's evolving role as not only a partner but a champion of community health.

COVID-19 is reminding us that healthcare is local, and it also is interconnected. Public health's mantra that an entire community is responsible for policies, infrastructure, and health practices to increase overall health is playing out in dramatic fashion. But this concept is not new. While there have been recent attempts to address social determinants and health equity, COVID-19 is highlighting that these factors are disproportionately affecting populations already at risk.

COVID-19 is unmasking the inequities and inefficiencies of our existing healthcare system, and the data likely will show that its impact was felt more acutely among at-risk populations already struggling to maintain health.

Chronic Diseases and Co-Morbidities

The evidence thus far indicates that COVID-19 is particularly severe among patients with certain cancers, type 2 diabetes, hypertension, and other chronic diseases that impair the body's ability to fight the virus. The severity of illness in these patients is straining our healthcare system, resulting in longer hospitalizations and more costly care. These chronic diseases already account for a significant portion of our healthcare costs and poorer health outcomes. COVID-19 has elevated the importance of chronic disease preventive efforts by shining a light on America's collective health status and the changes that are needed to the way we provide care to improve overall community health and resilience.

Telehealth

One of the most significant financial impacts of COVID-19 on the healthcare system to date has been the disruption in revenue as patients or providers cancel or postpone non-emergent care and postpone elective surgeries. The reduction of in-person interaction between patients and providers may be sustained as fears of the virus and general social distancing endure. Although technology has been arguably at the ready to increase telehealth services, regulatory and system resistance had previously slowed adoption of telehealth. As the government and providers reassess policy, look to capture lost revenue, and figure out how to safely provide care, they are reconsidering how much care must be delivered in healthcare settings and what can be done virtually. Recent changes to telehealth policies have accelerated adoption, and

some are advocating for these to be permanent. This will require new tools and payment structures to manage care coordination across healthcare providers as well as increased individual responsibility of patients to engage differently with their own health.

Value

The public health community and the value movement have long focused on disease prevention and management, and increasingly on addressing social determinants of health (SDOH) and health equity. COVID-19 has amplified the need for a stronger public health infrastructure and more advanced value-based payments so that providers aren't beholden to fee-for-service revenue in order to deliver those services (e.g., prevention, management, SDOH).

In a value-based model, practitioners focus on preventive care by proactively engaging specific patient segments based on their potential risk of “getting sick.” This focus on prevention and care management is enabled by payment models that provide the financial flexibility to move away from a reactive system to a proactive system of care. (See the [NACDD brief](#) on accountable care organizations [ACOs].) As chronic and underlying conditions draw attention during COVID-19, it's possible that cultural momentum will push the value movement forward.

If more healthcare is paid through advanced value-based payment (VBP) approaches, preventing diseases through screening efforts (e.g., breast, cervical, and colorectal cancer screenings), or managing chronic diseases through lifestyle change programs (e.g., diabetes and heart disease) would take on a larger role in the overall healthcare delivery system. Through such early and proactive screening efforts, providers would avoid the costs associated with the development of chronic diseases. With a larger presence of advanced VBP models, public health initiatives could take on a more prominent role in maintaining population health.

This pandemic has put increased strain on many healthcare providers, particularly those at financial risk for the cost and quality outcomes. However, provider organizations engaged in value-based payment models actually may have meaningful long-term advantages over those paid on a strictly fee-for-service basis (e.g., through their ability to identify high-risk patients, an established care management program, established telehealth platforms, and data sharing capabilities across the care continuum). While ACOs may see reductions in short-term revenue from COVID-19 (e.g., no elective procedures and reduced primary care and chronic disease management utilization), they could be eligible to receive shared savings bonuses at the end of the performance year, essentially rewarding them for these reductions in the total cost of care.

What are some potential positive and negative effects that COVID-19 could have on the role of public health?

Negative

- Stokes fears among those that mistrust community initiatives (e.g., vaccines, contact tracing, social distancing, disinformation/misinformation).
- Diverts attention and resources away from other priority areas of public health (e.g. cancer screenings, chronic disease management, opioids, mental health).
- Creates a backlog of non-COVID public health and health system work (e.g., cancer screenings).
- Makes it difficult for patients to access healthcare (e.g., temporary unavailability of prevention and wellness care, potential health insurance coverage disruption, social distancing barriers), compounding health problems.
- Individuals with chronic and underlying health conditions are at an increased risk of contracting COVID-19.

Positive

- Elevates the value of public health and its importance in community health.
- Builds up depleted staff that could perhaps be deployed elsewhere in public health after the crisis.
- Prioritizes funding from public and private entities for public health.
- Spotlights the need to address chronic conditions more directly.
- Emphasizes the importance of prevention (and not just the treatment) of chronic and underlying conditions.
- Accelerates important changes/investments in improving public health IT infrastructure and data sharing between State Health Departments and federal surveillance.

What is the potential impact on cancer screenings?

Public health departments are focusing attention in the short term on advising state leaders, developing and communicating messages, deploying testing and contact tracing teams, and other initiatives related to COVID-19. Although cancer prevention and control remains important to community health, it is receiving less attention during the acute phases of the pandemic. In fact, health officials strongly recommend individuals maintain social distancing and stay at home to reduce the risk of exposure to COVID-19, which makes it inadvisable to schedule in-person routine cancer screenings. As a result, individuals will need to reschedule cancelled or postponed screenings once it is determined safe to seek these clinical services. In particular, public health and primary care clinics need to give high priority to following up with patients who have had abnormal screening tests and are in need of subsequent diagnostic tests. The cost and availability of at-home screening tests for colorectal cancer (CRC) may help to maintain a focus on preventive screening (e.g. FIT and FIT-DNA tests). However, before promoting the use of stool-based CRC tests, it is important to first assure that there is laboratory capacity to process the stool samples and colonoscopy capacity to provide diagnostic colonoscopies for those who need it.

What can state cancer programs do?

- Stay apprised of COVID-19 efforts and identify opportunities to shape public health guidelines to support appropriate cancer screening.
- Position your program as a partner. Offer help to colleagues that are dealing with COVID-19 efforts.
- Help policymakers understand the connection between chronic conditions and COVID-19.
- Emphasize the value of **preventing** (and not just treating) chronic and underlying conditions to increase overall community health, including cancer screenings.
- Brainstorm ways you can continue the momentum public health is gaining.
- With the disruption of in-person screening options, continue public education efforts regarding the signs and symptoms of specific cancers. Assure that follow-up services for mailed FIT programs for CRC screening tests are available.
- Prepare now for how to re-engage with health stakeholders.
- Better understand alternative payment models and how they can influence the way that care is provided to allow for more preventive efforts.

Resources

NACDD Resources

- NACDD Resources to Support States Response to COVID-19
<https://www.chronicdisease.org/news/496967/NACDD-Resources-to-Support-States-Response-to-COVID-19.htm>

Role and Investment in Public Health

- A Deficit of More than 250,000 Public Health Workers is No Way to Fight Covid-19
<https://www.statnews.com/2020/04/05/deficit-public-health-workers-no-way-to-fight-covid-19/>
- CDC to Fund 650 Health Experts to Help States Trace, Stop COVID-19
<https://www.npr.org/sections/health-shots/2020/04/21/840539685/cdc-to-fund-650-health-experts-to-help-states-trace-stop-covid-19>
- Public Health Interventions for COVID-19: Emerging Evidence and Implications for an Evolving Public Health Crisis
<https://jamanetwork.com/journals/jama/fullarticle/2764656>
- COVID-19: State and Federal Public Health Responses
<https://www.ncsl.org/research/health/covid-19-state-and-federal-public-health-responses.aspx>

COVID-19 and Underlying Conditions

- Population-Based Estimates of Chronic Conditions Affecting Risk for Complications from Coronavirus Disease, United States
https://wwwnc.cdc.gov/eid/article/26/8/20-0679_article?utm_campaign=phpartners
- Presenting Characteristics, Comorbidities, and Outcomes Among 5700 Patients Hospitalized With COVID-19 in the New York City Area
<https://jamanetwork.com/journals/jama/fullarticle/2765184>
- Oncology Practice During the COVID-19 Pandemic
<https://jamanetwork.com/journals/jama/fullarticle/2764728>

Disparate Populations

- Opinion: U.S. Must Avoid Building Racial Bias into COVID-19 Emergency Guidance
<https://www.npr.org/sections/health-shots/2020/04/21/838763690/opinion-u-s-must-avoid-building-racial-bias-into-covid-19-emergency-guidance>
- How Health Disparities are Shaping the Impact of COVID-19
<https://www.jhsph.edu/covid-19/articles/how-health-disparities-are-shaping-the-impact-of-covid-19.html>
- Coronavirus Batters the Navajo Nation, and it's About to Get Worse
<https://www.today.com/health/coronavirus-batters-navajo-nation-it-s-about-get-worse-t179219>

Social Determinants of Health

- How the Coronavirus Affects Social Determinants of Health
<https://patientengagementhit.com/news/how-the-coronavirus-affects-social-determinants-of-health>
- Coronavirus World News: Economic Chaos Fuels Hunger and Strongmen
<https://www.nytimes.com/2020/04/22/world/coronavirus-cases-world.html>

- Inequality and Poverty Were Destroying America Well Before Covid-19
<https://www.thenation.com/article/society/inequality-and-poverty-were-destroying-america-well-before-covid-19/>
- US Must Improve COVID-19 Strategy to Keep Tens of Millions from Falling into Poverty, Urges Rights Expert
<https://news.un.org/en/story/2020/04/1061982>
- Coronavirus May Disproportionately Hurt the Poor—And That's Bad for Everyone
<https://time.com/5800930/how-coronavirus-will-hurt-the-poor/>
- In the Coronavirus Age, Loneliness and Social Isolation are Pressing Concerns for Healthcare
<https://www.healthcarefinancenews.com/node/139929>
- What Will COVID-19 Mean for Housing Development in NYC?
<https://citylimits.org/2020/04/23/what-will-covid-19-mean-for-housing-development-in-nyc/>
- The Implications of COVID-19 for Mental Health and Substance Use
<https://www.kff.org/health-reform/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

Technology

- Using Technology to Make Medicine Human Again Through COVID-19
<https://www.beckershospitalreview.com/care-coordination/using-technology-to-make-medicine-human-again-through-covid-19.html>

Value-based Care

- Medicare May Lose Majority of Risk-Bearing ACOs from Shared Savings Program
<https://www.modernhealthcare.com/accountable-care/medicare-may-lose-majority-risk-bearing-acos-shared-savings-program>
- HHS Announces Additional Allocations of CARES Act Provider Relief Fund
<https://www.hhs.gov/about/news/2020/04/22/hhs-announces-additional-allocations-of-cares-act-provider-relief-fund.html>
- The Pandemic Exposes Clear Opportunities for Population Health in the United States
<https://www.liebertpub.com/doi/pdf/10.1089/pop.2020.0071>
- After COVID-19—Thinking Differently About Running the Health Care System
<https://jamanetwork.com/channels/health-forum/fullarticle/2765238>
- Value-based Care in Oncology During a Pandemic
<https://www.ajmc.com/conferences/coa2020/covid19-adds-new-wrinkle-in-shift-to-2sided-risk-in-oncology-care>

This publication was supported by the Cooperative Agreement Number 6 NU38OT000286-01-01, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Center for Disease Control and Prevention or the Department of Health and Human Services.

About The National Association of Chronic Disease Directors

The National Association of Chronic Disease Directors (NACDD) and its more than 7,000 Members seek to strengthen state-based leadership and expertise for chronic disease prevention and control in states and nationally. Established in 1988, in partnership with the U.S. Centers for Disease Control and Prevention, NACDD is the only membership association of its kind to serve and represent every chronic disease division in all states and U.S. territories. For more information, visit chronicdisease.org.