Australian Medical Association (WA)

AMA (WA) Submission to WA Health Consultation on COVID-19 Cancer Patient Experience

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INTRODUCTION

The Australian Medical Association (WA) (**AMA (WA)**) is pleased to provide a submission to the WA Health Consultation on COVID-19 Cancer Patient Experience. The AMA (WA) is the State's peak medical representative body, and the only independent organisation acting on behalf of Western Australian doctors. We represent the medical profession to the government and to the community and advocate for the best interests of patients.

While this consultation has a specific focus on patient experience, consideration of the experiences of the medical professionals who deliver cancer care in Western Australia will enhance the Committee's understanding of the context surrounding how COVID-19 may have impacted the experience of patients.

As outlined in this document, the AMA (WA) recommends that WA Health:

- Establishes a short-term COVID-19 recovery plan that outlines strategies for increasing cancer screening.
- Runs a campaign to encourage members of the public to see their GP for cancer screening and preventative health care.
- Establishes a plan for delivering cancer care during future pandemics (or subsequent waves of COVID-19).
- Explores the impact of the change in cancer care delivery on:
    - patient experience; and
    - health care workers ability to facilitate a positive patient experience.
- Review options for maximising the use of the Medicare Benefits Schedule funding for cancer services via telehealth.
- Define the appropriate use of phone and online consultations.
- Ensures there is adequate personal protective equipment (PPE) stock at all WA Hospitals in the event of a future pandemic.
- Ensures patients and their families have access to appropriate pastoral care.
- Ensures health professionals have access to appropriate Employee Assistance Programs.
- Considers the sustainability of clinical trials.
- Supports clinicians and researchers so that patients receive the best possible treatment and care.
- Conducts ongoing engagement with medical professionals who provide cancer care and have first-hand experience of the impact COVID-19 has had on cancer patients in WA.

THE DELIVERY OF CANCER CARE IN WESTERN AUSTRALIA

The COVID-19 pandemic meant a transformation of every aspect of cancer care, irrespective of treatment, inpatient or outpatient, and radical or palliative intent[1]. The delivery of cancer care in WA was acutely affected by the pandemic because of emerging research indicating that cancer patients were at a greater risk of COVID-19 infection and suffered poorer outcomes[2]. Strict infection control measures were implemented at every health care facility in WA and all clinical staff and patients underwent a re-education in infection control. Initially, the changes were dramatic, but they eased significantly in WA within 6-8 weeks. Medical professionals involved in cancer care across WA rapidly adopted new ways of working to minimise risk to patients and staff at the same time as optimising cancer screening, treatment and care.

The rapid adoption of new ways of working came with significant challenges and undoubtedly had a direct impact on patient experience. However, AMA (WA) members believe that the strict infection control measures were necessary and contributed to the (relatively) low COVID-19 death toll in Australia.

CANCER SCREENING AND DIAGNOSIS

Some services, including cancer screening services, shut down during the peak of the pandemic in an effort to minimise transmission of the virus, mobilise the workforce and preserve personal protective equipment (PPE). Other diagnostic services including MRIs, CT scans and colonoscopies slowed down significantly. For BreastScreen WA, a temporary closure was also necessary because a large proportion of radiographers in WA are over 55 years old. This meant that for a period of time, there was limited capacity for diagnostic services.

"We didn't want asymptomatic women in the population to be diagnosed with cancer and then be told it couldn't be treated immediately."

- *WA Surgeon*

In addition to the closure of screening services, many people stayed away from their doctors during the COVID-19 pandemic for fear of contracting the virus or not wanting to waste their GPs time[3]. Cancer Australia has estimated that up to 7,000 cancer cases could go undiagnosed, or be diagnosed at a later stage in Australia this year[4].

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[1] Mayor, S 2020, 'COVID-19: impact on cancer workforce and delivery of care', *The Lancet*, vol.21, no. 5, pg. 633. Available online: https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(20)30240-0/fulltext.
[2] Liang, W, Guan, W and Chen, R 2020, 'Cancer patients in SARS-CoV2 infection: a nationwide analysis in China', Lancet Oncology. Available online: http://dx.doi.org/10.1016/S1470-2045(20)30096-6.
[3] Cancer Australia, 2020, *The Australian Government*, 8 May 2020. Available online: https://canceraustralia.gov.au/about-us/news/cancer-wont-wait-during-covid-19-pandemic.
[4] Ibid.

"Many women would have missed their mammograms unless they chose to do it privately. Breast cancer screening clinics will have to catch up on missed appointments."

- *WA Medical Oncologist*

For most cancers, early detection and diagnosis is critical for the best outcome. To ensure the number of late stage or incurable disease diagnosis is minimised, it is essential that cancer screening services are supported to make up for lost time. This will require a short-term COVID-19 recovery plan that outlines strategies for increasing cancer screening to make up for lost time. The plan should identify and outline specific strategies to target cohorts that are most at risk. The AMA (WA) recommends that funding is allocated to a screening drive and to a campaign to encourage members of the public to see their GP for preventative health care as part of the COVID-19 recovery plan. The AMA (WA) wrote to the Minister for Health on this matter in April 2020.

The AMA (WA) also recommends that a plan is established to respond to a situation where a more prolonged pandemic may force the closure of cancer care services in the future.

The AMA (WA) recommends that WA Health:

Establishes a short-term COVID-19 recovery plan that outlines strategies for increasing cancer screening.

Runs a campaign to encourage members of the public to see their GP for cancer screening and preventative health care.

Establishes a plan for delivering cancer care during future pandemics (or subsequent waves of COVID-19).

CONSULTATIONS

Switching patient consultations and discussions with other health professionals to video or phone calls* rather than face-to-face was universally adopted by oncology services. This change was strongly recommended by health authorities across Australia, but it represented a huge change in how staff interacted with patients. In cancer care, face-to-face consultation are generally preferred over online or phone consultations. Therefore, the policies adopted were only acceptable in the context of a significantly increased risk of infection to vulnerable patients.

The AMA (WA) believes this may be an opportunity to review the impact of providing such services via video or phone calls, and determining whether the option of maximising the use of Medicare Benefits Schedule funding for these services via telehealth would be appropriate or effective.

At the peak of the pandemic, patients were concerned about leaving their homes, so video and phone consultations were a viable and somewhat practical alternative to face-to-face consultations. The

transition to predominantly phone based consultations came with some positives and many challenges. The overriding positive was that the risk of COVID-19 transmission was minimised.

Doctors have reported that the negatives associated with phone-based consultations included:

- the doctor-patient relationship was affected;
- doctors found it difficult to decipher if their patient understood information;
- there were ongoing IT issues;
- doctors had to invest in updating IT equipment (buying new computers, cameras, microphones);
- doctors could not conduct phone / video appointments from home because they needed the resources in their clinics (hence, they were still at risk of COVID-19 infection);
- doctors found delivering health care via phone / video gave them less professional satisfaction;
- conducting physical examinations via a video connection could promote laziness; and,
- organising phone / video appointments took more time and resources.

"Without face-to-face consultations, the patient-doctor relationship changes entirely. Without being able to see your patient's facial expressions and non-verbal cues, it is very difficult to decipher if they understand the information you're giving them… to judge their health literacy. I worry that this effects the relationship we have and my patient's faith in me. It is a subtle but important detail".

- *WA Haematologist*

"Young people who had never met their oncologist before were being told they had liver metastasis over the phone."

- *WA Surgeon*

At the peak of the COVID-19 crisis in WA, patients required a lot more consultation time. This was needed to address their fears and to discuss different treatment options.

"My consultation workload more than doubled during the pandemic."

- *WA Medical Oncologist*

The AMA (WA) recommends that WA Health:

Review the impact of the change in cancer care delivery on:

- **patient experience; and**
- **health care workers ability to facilitate a positive patient experience.**

Review options for maximising the use of the Medicare Benefits Schedule funding for cancer services via telehealth.

Define the appropriate use of phone and online consultations.

CANCER TREATMENT AND THERAPY

Throughout the COVID-19 pandemic, anyone who needed urgent cancer treatment received it. The impact of the scaling back of Category 2 and 3 elective surgery on cancer surgery was limited. However, for a short period of time, pathways of cancer care altered significantly. Where surgery was elective, urgency was evaluated at a multidisciplinary team meeting and timeframes were discussed with the patient. Where possible, and if it did not affect response rates, some cancers (eg. multiple myelomas) were treated with less immunosuppressive treatments. Treatment regimes with less intensive treatments and fewer hospital visits were all considered to optimise patient safety. Clinical decisions were always robust and based on the best available evidence at the time.

Australian clinicians were in a privileged position in which they were able to observe the development of the COVID-19 pandemic in the Northern Hemisphere and base clinical decisions in WA on the successes, failures and emerging evidence from countries including the UK and USA. Neoadjuvant chemotherapy and radiation oncology protocols were altered significantly in the UK. India ceased chemotherapy altogether. When compared to countries in the Northern Hemisphere, cancer care in Australia remained relatively consistent.

Some smaller surgeries (eg. lesion removals) were delayed but larger, time sensitive surgeries all went ahead. Some services including breast cancer surgery at Fiona Stanley Hospital relocated away from hospital areas where COVID-19 patients were being tested or treated. This was to address public fear but was also confusing for patients and clinicians alike.

"One patient with breast cancer who was too scared to go back to a public hospital after having chemotherapy chose to pay for private radiotherapy."

- *WA Surgeon*

WA doctors observed a high level of commitment to infection control from their patients and strong community buy-in to the combined effort to 'stop the spread' of COVID-19. Infection control nurses were fundamental to infection control. Infection control procedures were adhered to across the board and doctors could assure their patients they would be safe while receiving cancer care in WA hospitals.

PPE in some hospitals were stolen, which contributed to increased anxiety about infection control and disease transmission. Despite concerns about availability across the state, PPE stock remained at an adequate level for cancer care to continue throughout the pandemic.

The AMA (WA) recommends that WA Health:

Ensures there is adequate PPE stock at all WA Hospitals in the event of a future pandemic.

POST TREATMENT / PALLIATIVE CARE

As COVID-19 spread throughout Australia, many hospitals introduced strict visitor policies. This presented one of the most difficult and heartbreaking aspects of COVID-19 restrictions to health care workers caring for cancer patients post treatment or in palliative care. Clinical staff found it very difficult to support patients and families recovering from cancer treatment on the ward. In normal circumstances, visits from loved ones can help reduce patients' anxiety and stress and may help them recover faster. Without the normal visitors, clinical staff watched their patients suffer more than usual. This took a toll on doctors who dedicate their lives improving the health and well-being of their patients.

The AMA (WA) recommends that WA Health:

Ensures patients and their families have access to appropriate pastoral care.

Ensures health professionals have access to appropriate Employee Assistance Programs.

CLINICAL TRIALS

Clinical cancer trials in WA were interrupted by the COVID-19 pandemic or stopped altogether. Trials collecting data on patients were curtailed, the lung cancer screening trial stopped, and at some sites, clinical trial nurses were told to stop coming to work. The interruption to clinical trials would have altered how some patients received cancer care during the COVID-19 pandemic in WA.

The AMA (WA) recommends that WA Health:

Considers the sustainability of clinical trials.

Supports clinicians and researchers so that patients receive the best possible treatment and care.

CONCLUSION

The AMA (WA) encourages WA Health to engage with and consider the views of medical professionals who provide cancer care and have first-hand experience of the impact COVID-19 has had on cancer patients in WA. The AMA (WA) is able to facilitate such engagement if required.

The AMA (WA) anticipates that further consultation and engagement with appropriate stakeholders, such as the medical profession, consumer groups, medical colleges and medical researchers, will provide an opportunity to more-effectively evaluate the impact COVID-19 had on cancer care and

drive improvements in cancer care, outcomes and experiences into the future. Initially, we encourage WA Health to adopt the recommendations made in this submission.

The AMA (WA) recommends that WA Health:

Conducts ongoing engagement with medical professionals who provide cancer care and have first-hand experience of the impact COVID-19 has had on cancer patients in WA.