

# CancerControl Alberta's Cancer Treatment Prioritization Framework for Systemic Therapy, Radiation Therapy, and Supportive Care

For Contingency Service Delivery Planning during a Pandemic



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## Summary

The protection of all Albertans is the priority of Alberta Health Services' (AHS) pandemic response. AHS is working to reduce the risk for Albertans while continuing to deliver high quality care. During a pandemic, cancer patients will continue to have access to the best available treatments and care. If the number of providers who can deliver care is substantially reduced, treatments will need to be arranged in an order, often called prioritization, to continue to provide the best care possible. In this case, that means addressing the greatest needs of the highest number of cancer patients in Alberta.

CancerControl Alberta (CCA) delivers systemic therapy, radiation therapy and supportive care to Albertans living with cancer. Systemic therapy is a type of cancer treatment that uses medications that kill cancer cells including chemotherapy, hormone therapy, and immunotherapy. Radiation therapy is a type of cancer treatment that uses beams of energy to kill cancer cells. Supportive care services include psychosocial and rehabilitation oncology:

- Social work, drug access coordination, counselling and psychiatric services
- Specialized services for sexual health and navigation for Indigenous and Adolescent and Young Adult (AYA) patients
- Speech language therapy, physiotherapy and occupational therapy services for both inpatient and outpatient ambulatory care

This framework outlines the changes that would be made to cancer care delivery if available staff and resources are greatly impacted by a pandemic. The framework will guide providers to assess and prioritize the needs of patients and capacity of staff to ensure that the standard of care is maintained. It will highlight the steps that will be taken to minimize any risk of complications for patients during a pandemic.

During a pandemic, case-by-case reviews will be done to ensure each patient's situation is carefully considered and prioritized appropriately. Care providers will discuss options with patients and record the decision in their medical records. The team approach will: assist in assessing and prioritizing patient treatment plans; manage the workload on frontline care providers; and provide greater protection for the patient.

Frameworks have been developed for other areas of cancer, such as cancer screening and surgery, to outline any changes to how cancer care is provided during a pandemic. All of these frameworks work together.

In preparing for the COVID-19 pandemic, AHS has made every effort to reduce the disruption in services for Albertans going through cancer treatment and care. Having this framework in place will allow AHS to immediately activate it if there are significant staff shortages due to a pandemic.



## What is a pandemic plan?

A pandemic plan is a document that explains what an organization will do to prepare and how it will respond during a worldwide spread of a disease. This will help to ensure that patients whose treatment is identified as a priority will continue to receive it. The plan includes changing business operations for staff, monitoring and managing how many patients can safely be treated, and having solutions ready for a variety of scenarios.

Pandemic plans include ideas, or assumptions, about how a pandemic and its impacts will change over time. It also gives guidelines and standards for making decisions to minimize the amount of disruption to patient care and services. Pandemic plans are reviewed regularly and revised if there is new evidence-based research or to reflect changes in the national, provincial or global guidance.

## Why do we need pandemic plans?

It is important to create consistent approaches to how cancer treatments and care will be delivered and how to best support patients in the event that a pandemic changes how the healthcare system works. Systemic therapy, radiation therapy and supportive care are all delivered differently.

The differences include: how treatment is provided; the types of providers; the spaces and equipment needed; and the goals of treatment.

**Pandemic plans guide decision making based on the best available evidence.**

For the **public and patients**, pandemic plans provide transparency to ensure resources are used in a fair and equitable way, so those who can benefit the most from treatment or care receive it.

For **providers**, pandemic plans guide decision making based on the best available evidence.

For **healthcare organizations and their partners**, pandemic plans ensure they can continue to deliver excellent care across the cancer continuum.

## How was this pandemic plan created?

The CCA Pandemic Framework was created in a partnership of:

- Provincial Tumour Teams including surgical, medical and radiation oncology clinicians
- CCA Departments of: Medical Oncology, Hematology, Radiation Oncology, and Community Oncology
- CCA cancer centre teams: Systemic Therapy Clinic Operations, Radiation Therapy Clinic Operations, Psychosocial Oncology Clinicians and Operations, Rehabilitation Oncology Clinicians and Operations and CCA Executive Leadership
- AHS Clinical Ethics and Legal
- Cancer Strategic Clinical Network

Evidence, research and recommendations from other jurisdictions within and outside Canada were reviewed by these partners and built into the framework. Patient and family advisors reviewed the framework and provided valuable feedback. The framework was reviewed and approved by the AHS Emergency Command Centre on May 8<sup>th</sup>, 2020.

## What assumptions were made in this pandemic plan?

During a pandemic, the following may occur requiring actions recommended within the framework:

- A pandemic could hit in one or more waves, with each wave lasting several weeks or months.
- At the peak of a wave, a significant number of staff could be ill or not available to work due to family responsibilities, availability or self-isolation requirements.
- Hospitals could experience an overload of patients.
- Care providers with other skills and training could be moved to support other critical and essential areas.
- Care of cancer patients could be impacted at all cancer centres.
- Patients who get a pandemic-related infection, and also require cancer treatment, will be treated at cancer centres only if: they need urgent or emergent therapy; if they have recovered from the infection according to AHS guidelines.

## What are the values of cancer care during a pandemic?

**AHS is strongly committed to the following principles:**

### **Promotion of the greatest good**

- Prioritize treatments to provide the greatest benefit to the greatest number of people, and ensure there is enough staff in those areas to provide treatment.

### **Minimize harm: services help patients have access to treatment**

- Provide essential services to help patients most at risk and most in need, access the right treatment in a timely manner.

### **Change practice using a clearly-defined process**

- Change how care is provided, if needed, using a clear process with clinical oversight

### **Clear communication: patients and caregivers understand the need for change**

- Communication with patients and families is very important if treatments will be changed, delayed or stopped in a pandemic. Conversations with patients and families will be recorded in the medical record and include the following:
  - Rationale for patients who have a need for treatment but will not be seen at the cancer centre
  - Rationale for changing, delaying or stopping treatment
  - Criteria for making prioritization choices

### **Informed decision-making: clinicians will explain pandemic-related risks**

- Care providers will discuss with their patients whether the risk of beginning or continuing their treatment could outweigh the risk of becoming seriously sick or ill if the patient gets the pandemic infection. In the event of disruption to cancer services, care providers may also need to prioritize treatment for those most in need.

## How will this pandemic plan be coordinated with other services?

### **Collaboration and coordination: clinical teams will work together with a clear process**

- Ongoing communication and collaboration between oncologists, primary care and community home care services to ensure that patients receive appropriate care and follow-up
- There will be ongoing communication and collaboration between oncologists, primary care and community palliative home care services to ensure that patients with terminal cancer receive appropriate and effective palliative and end-of-life care if treatments are stopped earlier.
- If cancer surgeries are delayed, a new treatment and care plan will be created which may include providing systemic therapy and chemo or radiation therapy until surgeries begin again.

### **Care promotes benefits over harms: services help those most at risk or most in need**

- While some non-essential services may be stopped or delayed, any patient who requires urgent or emergency CT or MRI will receive those services. In addition, patients who are

at a higher risk for complications and require essential lab services will continue to receive them.

## How will decisions be made?

During a pandemic, CCA will evaluate anticipated staff shortages and will do what it can to avoid the need to activate this framework. If staff shortages are significant, each cancer centre will determine the status of their programs using a **colour-coded approach**.

<b>Green</b>	Usual or close to usual staff level. Minor if any changes required to maintain service.
<b>Yellow</b>	Some staff shortage. Moderate changes required to maintain services.
<b>Orange</b>	Significant staff shortage. Substantial changes required to maintain services.
<b>Red</b>	Critical staff shortage. Inability to maintain all but high priority services.

With each status level, systemic therapy, radiation therapy and supportive care treatments have been prioritized across different types of cancer and for different types of treatment based on available space. The framework will be used to inform which treatments will need to be delayed or stopped for patients depending on program status at each cancer centre. Decisions to prioritize treatments will be made with leaders from each of the cancer centres.

**When providers recommend a treatment go forward that is not prioritized to continue**, there will be an opportunity to review that case at a multidisciplinary tumour board. A review will be conducted by the relevant Department Heads, and reviewed by the CCA Senior Medical Director. All decisions- will be communicated to the patient and provider and recorded in the medical record.

**When there is patient concern if a specific treatment is not prioritized to continue during a pandemic**, patients can discuss their concern with their oncologist, either during their appointment or through [Putting Patients First](#) tool to discuss concerns with their cancer care team, or contact the [AHS Patient Relations](#) department. Patient Relations will receive and respond to the concern and then lead a review of the patient's case with operational and medical leaders.

## What are the treatment priorities?

Patients receiving treatments that are working will continue to receive them despite the activation of the framework.

**Systemic therapy** treatment priorities were determined based on evidence of survival and quality of life benefits.

Program Status	Staffing Assessment	Systemic Therapy Priorities
Green	Minimal staff shortage	Access to all best available treatments.
Yellow	Some staff shortage	Decreased access if only benefit is quality of life.
Orange	Significant staff shortage	Longer waits and decreased access for treatments.
Red	Critical staff shortage	Only access to treatments that improve five-year survival rate.

**Radiation therapy** treatment priorities were determined based on evidence of survival, control of cancer cells at the original site of the tumour, and quality of life benefits, and the availability of potential alternatives during a pandemic.

Program Status	Staffing Assessment	Radiation Therapy Priorities
Green	Usual levels	Access to all best available treatments.
Yellow	Limited on-site support	Decreased access for low risk treatments.
Orange	Significant staff shortage	Decreased access for low risk and routine treatments.
Red	Critical staff shortage	Only access to urgent and emergent treatments.

**Supportive care** psychosocial and rehabilitation oncology priorities were based on urgency, risks associated with lack of support and avoiding hospitalizations.

Program Status	Staffing Assessment	Psychosocial Oncology Priorities
Green	Minimal staff shortage	Access to all available supportive care.
Yellow	Some staff shortages	Decreased access for patients who have no risk to their health and safety.
Orange	Significant staff shortage	Decreased access for routine, non-urgent and urgent referrals where the risk to their health and safety is minimal.
Red	Critical staff shortage	Access for patients who have immediate and urgent needs where there is a risk to their health and safety.





## Proactive Measures

When there is chance of reduced staff to provide patient care during a pandemic, measures will be put in place to reduce the need to prioritize treatment, care and any disruption to services. For each type of cancer, changes to treatments have proactively been identified to achieve this. The changes take into account different patient populations, the availability of services or support services and the differences in each geographic area.