

# COVID-19 AFFECTS COMPREHENSIVE CML CARE IN NORTHEAST COLOMBIA

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Colombia

Medical Session #1 Covid 19  
impact on CML & Patient groups  
#CMLHZ21

**Covid-19** has become a challenge for the comprehensive care of people diagnosed with CML in some areas of Colombia, in the northeast of the country the security measures adopted to minimize the risk of exposure to the coronavirus (covid-19) generated delay In the comprehensive care of CML, this work shows how covid-19 affected the comprehensive care of the CML community in northeastern Colombia during the period from April 1 to September 30, 2020.





## METHODOLOGY

- TARGET:** Patients diagnosed with chronic myeloid leukemia belonging to the Esperanza Viva Foundation and undergoing treatment in northeastern Colombia.
- TACTICS USED:** phone calls monitoring, video calls, whatsapp messages to a sample of 100 patients attended in cancer centers in the cities of Cúcuta and Bucaramanga
- RESOURCE PROVIDED:** Esperanza Viva Foundation
- PERIOD:** 6 months, From April 1 to September 30, 2020



One of the biggest challenges was the use of technology, in Colombia as of January 2020, **30% of the population had no internet connection** and medical care during the pandemic was virtualized, this situation represented a challenge for patients who didn't have internet access.

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HORIZONS<sup>20</sup>  
VIRTUAL MEETING

WITH CML

In our country the first three months of the pandemic were chaotic in terms of the management of all diseases besides COVID-19, the different health insurances companies were restructured as soon as they could with the existing resources and trying to implement virtual care, phone consultation, telemedicine, authorization and delivery of medicines, many medical procedures were suspended giving **priority to COVID-19.**



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CML ADVOCACY - LEARN, SHARE, GROW  
19TH INTERNATIONAL CONFERENCE FOR  
ORGANIZATIONS REPRESENTING PEOPLE  
WITH CML



## The world adapted and so did we !!

We thought of all the viable, fast and economical possibilities that could help us remain calm our patients and teach them a new way of navigating through health systems and accessing their services, adapting to the circumstances.

- We identify the barriers to access to a comprehensive treatment for chronic myeloid leukemia (CML), through periodic monitoring by phone calls, video calls, and whatsapp messages to a sample of **100 patients** who are treated in oncology centers in the cities of Cúcuta and Bucaramanga.
- We use those results to provide **education and support** in the elimination of access barriers to health services according to each particular need, a high percentage of patients had a face-to-face access with restrictions, the appointments had to be made through virtual forms and our patients organization guided all our cml patients to the correct route to follow.

- We serve as a bridge for the filing of medical orders in the virtual insurance platforms when the patient did not have access to the internet.
- We carry out **advocacy actions** against the legal courts and the government institutions that supervise the health sector, to guarantee the care of CML patients, in the northeast region of Colombia.





The first 6 months of the pandemic were very difficult to face, some of our CML patients had other comorbidities, additional to that, we had a period of quarantine, suspension of health services, giving priority to COVID-19, suspension of transport between cities and countries and the fear of the unknown future, was a stressful process to all of us.

However, **we kept calm** and took steps to reduce the impact on our community, **we got more patients empowered of their own health conditions, and to self-manage their well-being.**

## Of the sample of 100 patients interviewed, in a period of 6 months

- **54%** Attended the a face-to-face consultations, without affecting the periodicity of their medical controls.
- **44%** Had medical consultations through phone calls, affecting the periodicity of their health controls.
- **2% of** Patients had no health controls (they abandoned treatment, we processed their appointments, but only until July did they resume treatment, because of covid-19 contagion fear)

## Of patients who received consultations through phone calls

- **23%** had 1 phone call consultation in 6 months
- **10%** had 2 phone call consultation in 6 months
- **7%** had 3 phone call consultation in 6 months
- **4%** had 4 phone consultation in 6 months

**26%** of the patients received the ordered TKI at home, **33%** were claimed by caregivers at care centers, **39%** personally claimed the medications at their care centers and **2%** remained without health control.

**59%** of the patients had no delay in the delivery of their TKI's ordered by their treatment physicians, **15%** of the patients had a delay in the delivery between 1 to 10 days, **8%** between 11 to 20 days, **13%** between 21 to 30 days, **3%** more than 30 days of delay, **2%** remained without health control.

**57%** of the patients underwent QPCR for CML follow-ups every 6 months, **35%** every 3 months, **3%** every 2 months, **3%** monthly, **2%** without control.

**23%** of the patients underwent laboratory tests at home, **40%** performed them at a healthcare center, **35%** at the time of this survey were in process of their authorizations of their clinical labs and **2%** did not attend controls.

**4%** of the patients were suspected of covid-19, **2%** were confirmed, **2%** did not undergo the test, no patients required hospitalizations.





The impact generated by the pandemic is reflected in the difficulties of access to comprehensive care for CML patients, we identify problems in the health processes that make the healthcare system more complex, in a period of 6 months.

The world was not prepared, and neither were we, however, we searched among existing resources for the most immediate and effective way to educate our CML community to face the pandemic through self-care and advocacy activities.

COVID-19 taught us to enhance existing resources for learning and managing CML in times of crisis, it taught us new forms of self-management and simplification of the processes of access to health services through virtuality.

**Thank you very much to all of you for your attention !!**

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