The Future of Telemedicine in Cancer Care

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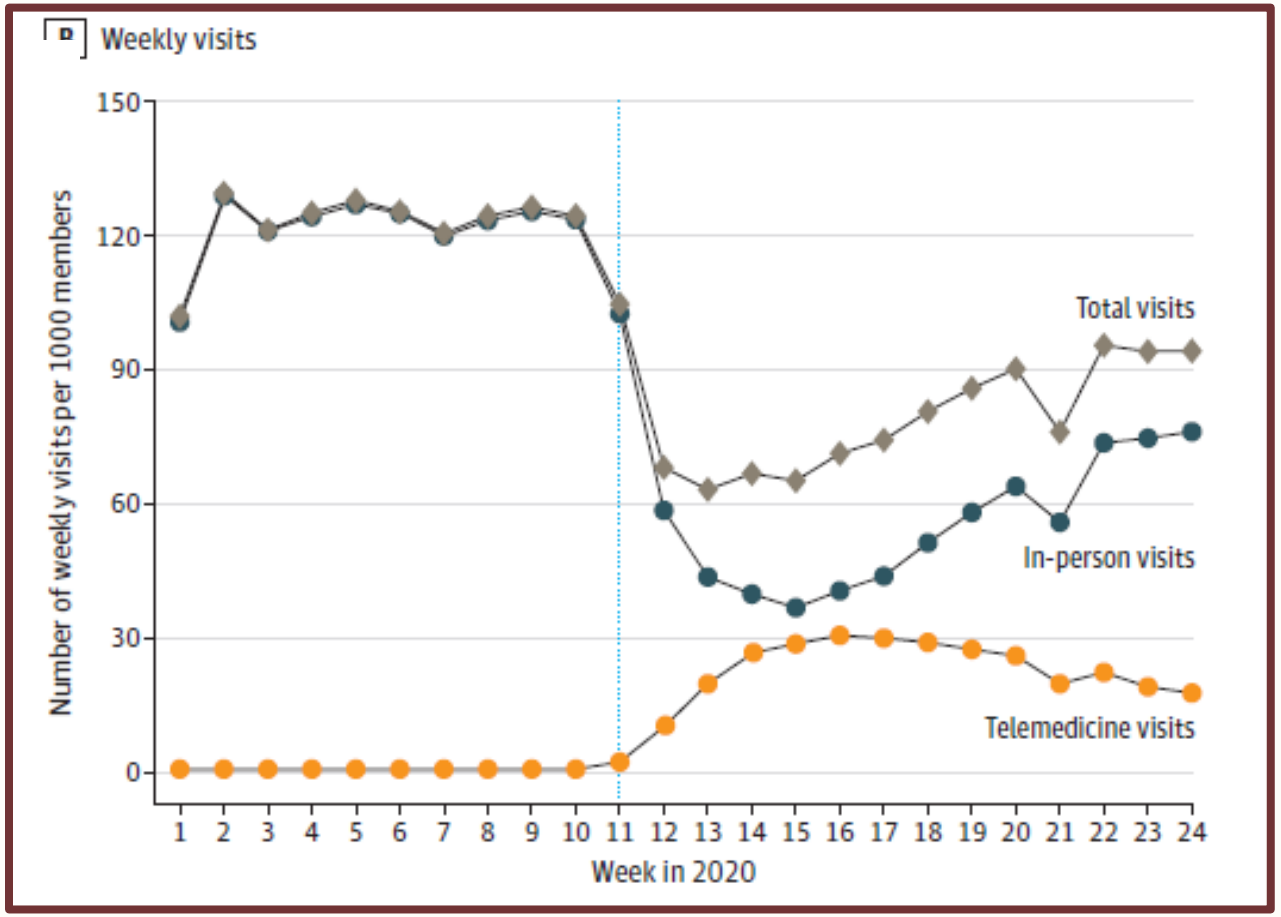
Disclosures/Conflict of Interest

Employment:

I work for City of Hope/AccessHope, which provides remote consult services (including telemedicine) to patients with cancer.

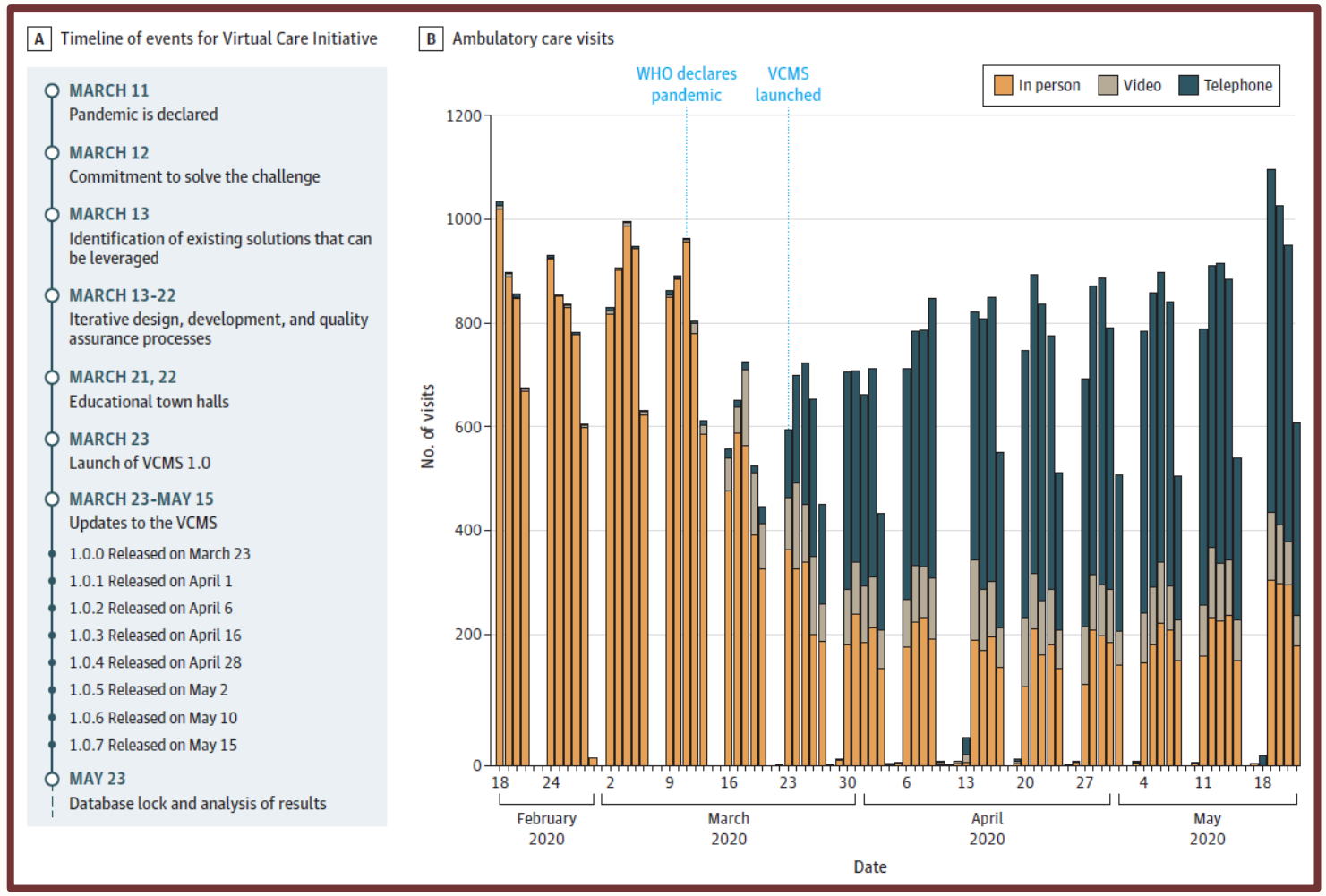
Immediate Changes in Care Patterns Catalyzed by COVID-19 Pandemic

- Prior to COVID-19, <1% of oncology visits via telemedicine
- Immediate drop in in-person visits & jump in telemedicine visits
- Later settling with in-person visits picking up, telemedicine decreasing some, total visits still below initial baseline



Patel S, JAMA Internal Med 2021

Quick Transition to Telemedicine for Pandemic: Princess Margaret Cancer Center



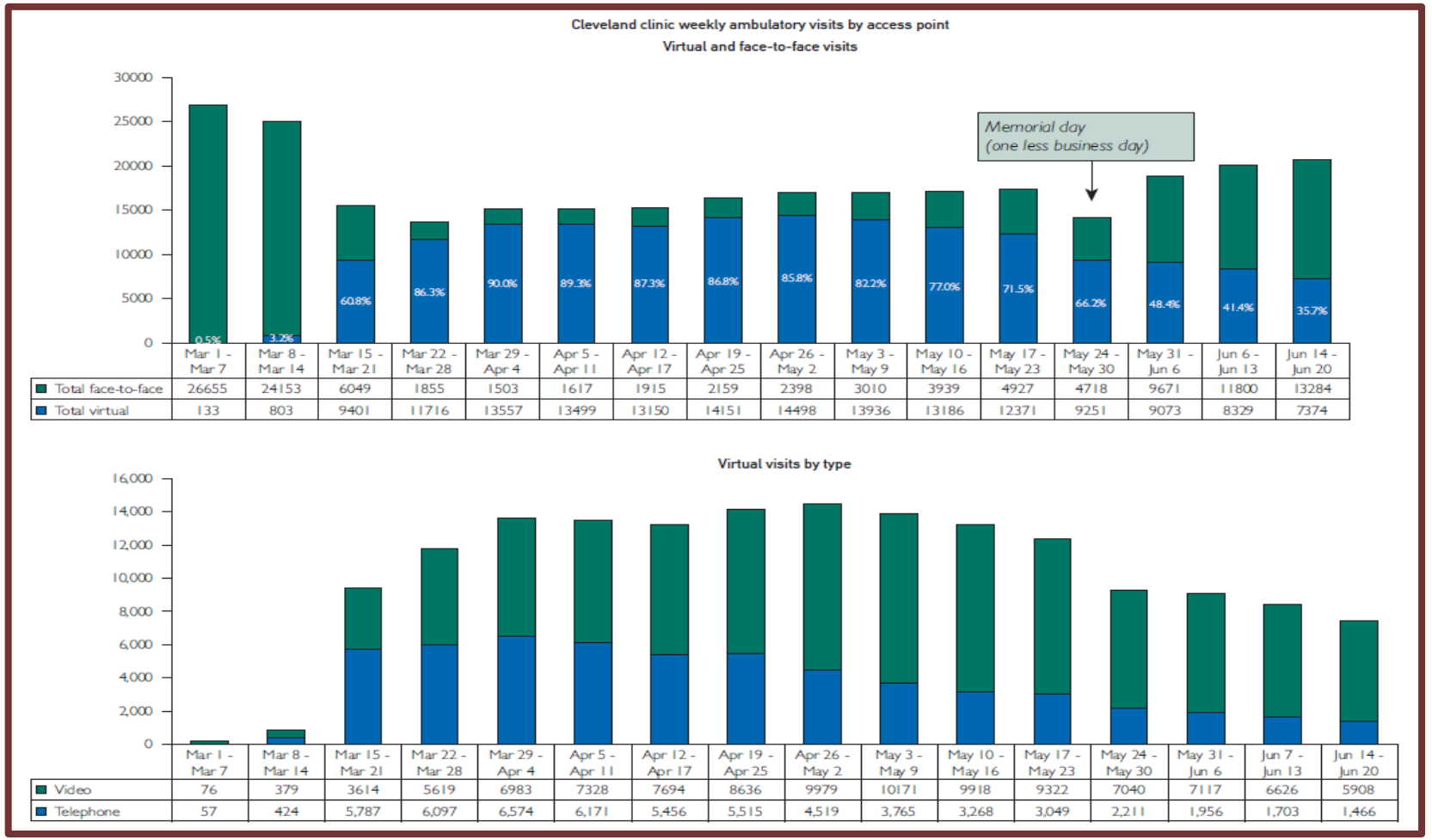
- Virtual care launched 12 days after declaration of pandemic
- 22,085 visits conducted (mean 514/day)
  - 68.4% of daily visits
  - 0.8% prior to program
- Phone >> video
- Ambulatory visit volumes back 1 month after deployment
- No change in quality of care
- Satisfaction:
  - 82% for pts
  - 72% for practitioners

Berlin, JAMA Oncol 2021

In Person vs. Telemedicine Visits, March-June, 2020: Cleveland Clinic

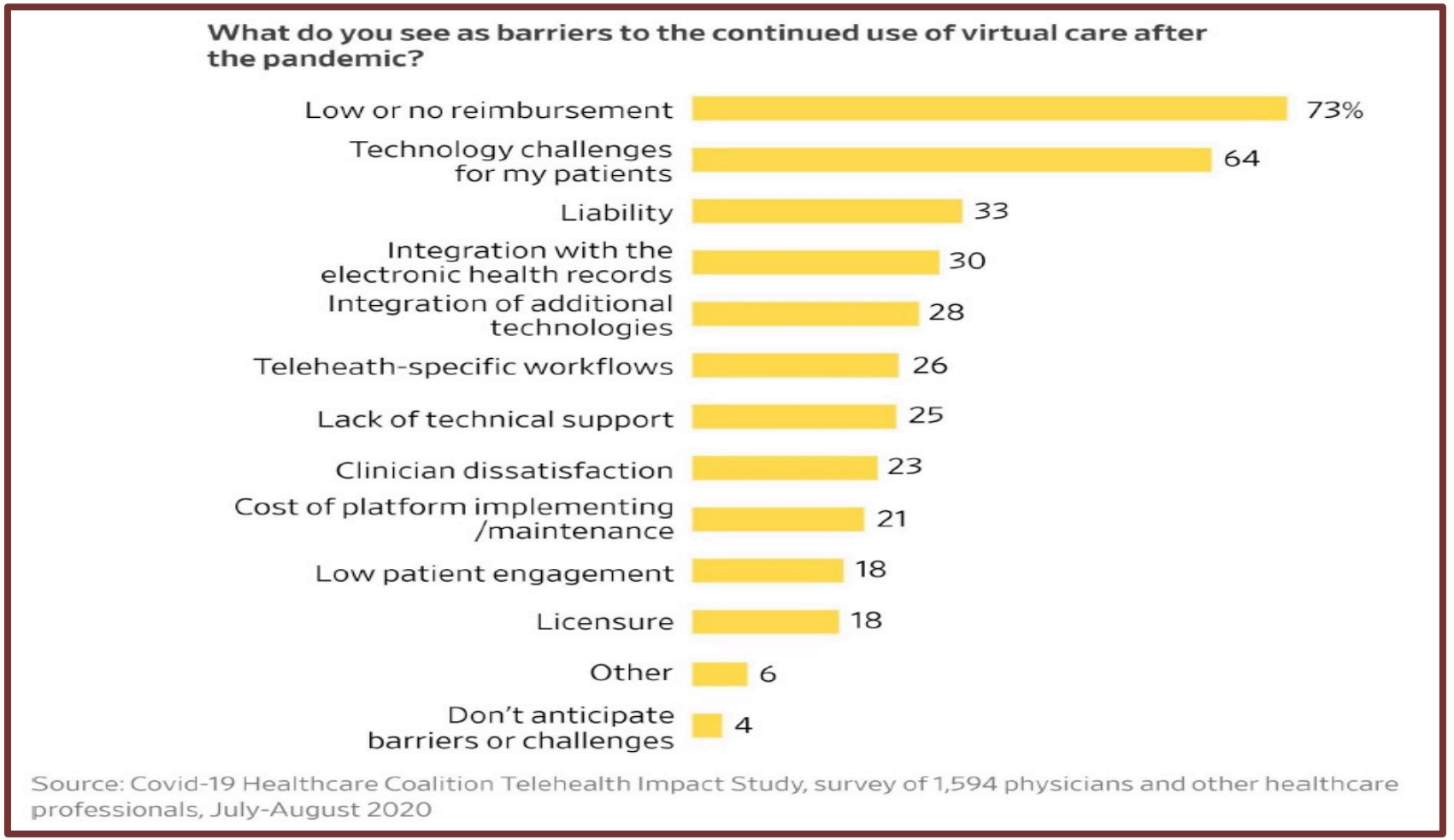
Live vs. virtual visit (up to 90% virtual)

Video- (green) vs. phone-based (blue) virtual visits



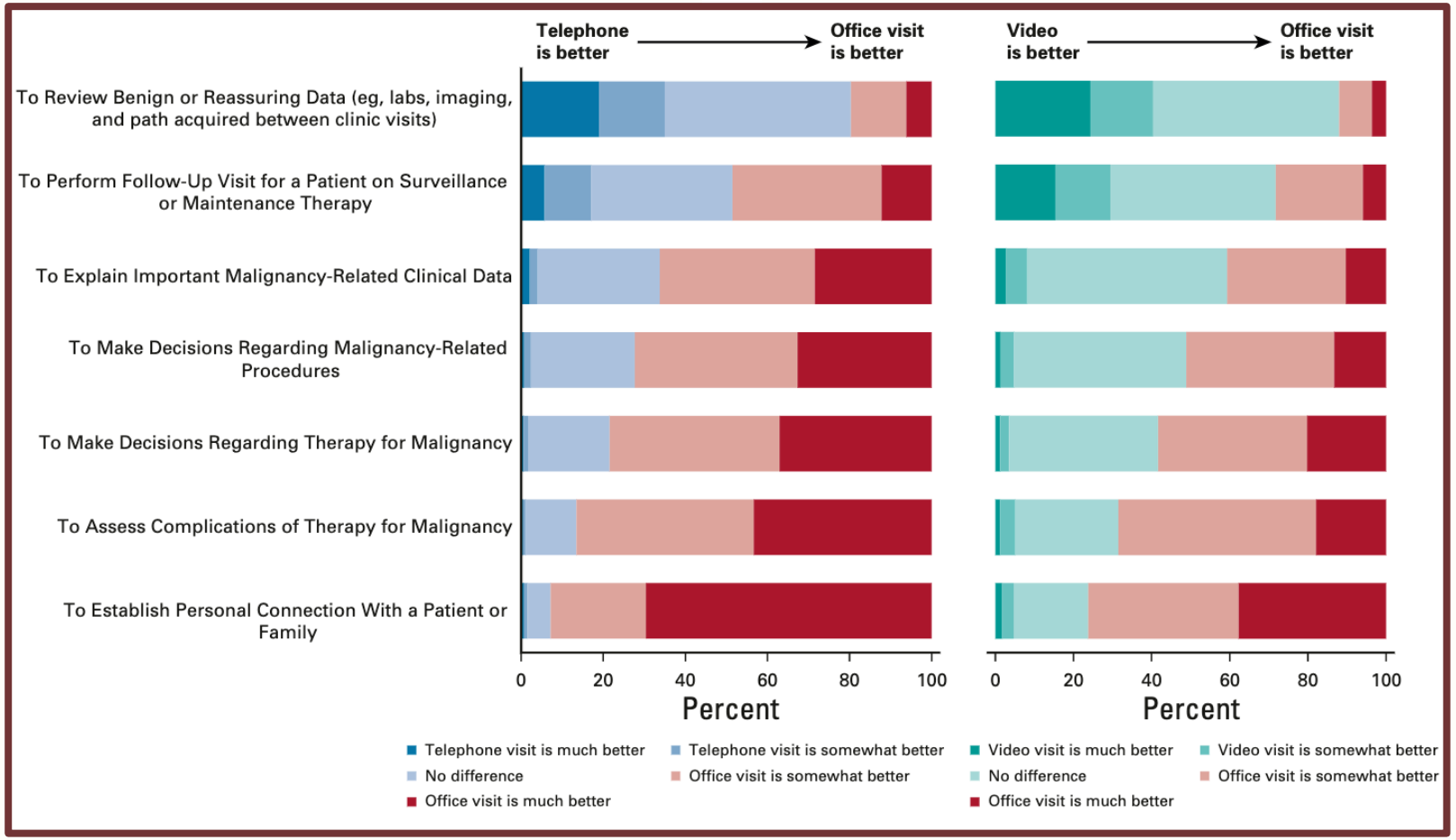
Sinsky, Mayo Clinic Proc 2021

Anticipated Barriers to Telemedicine (Not Specific to Oncology)



Telemedicine Felt to Be Best Suited for Less Complicated Clinical Scenarios

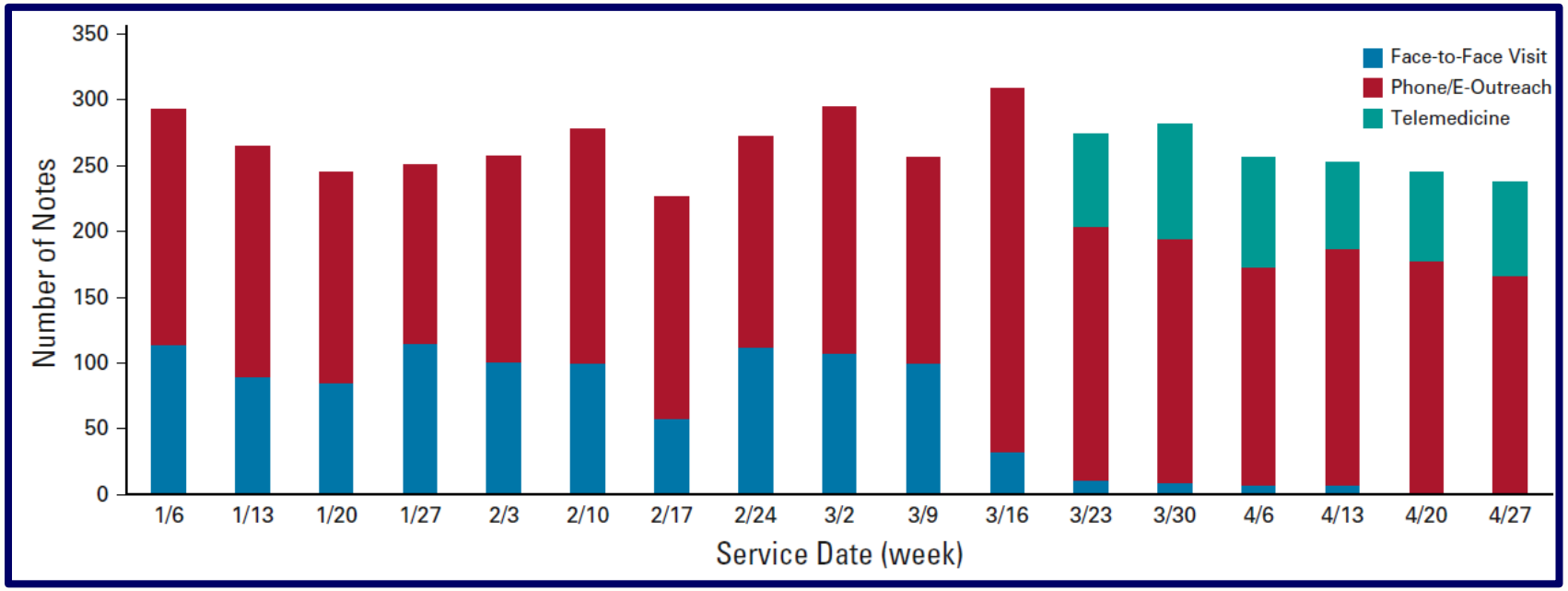
N=1038 oncologists from NCCN institutions



Tevaarwerk, JCO Oncology Practice 2021

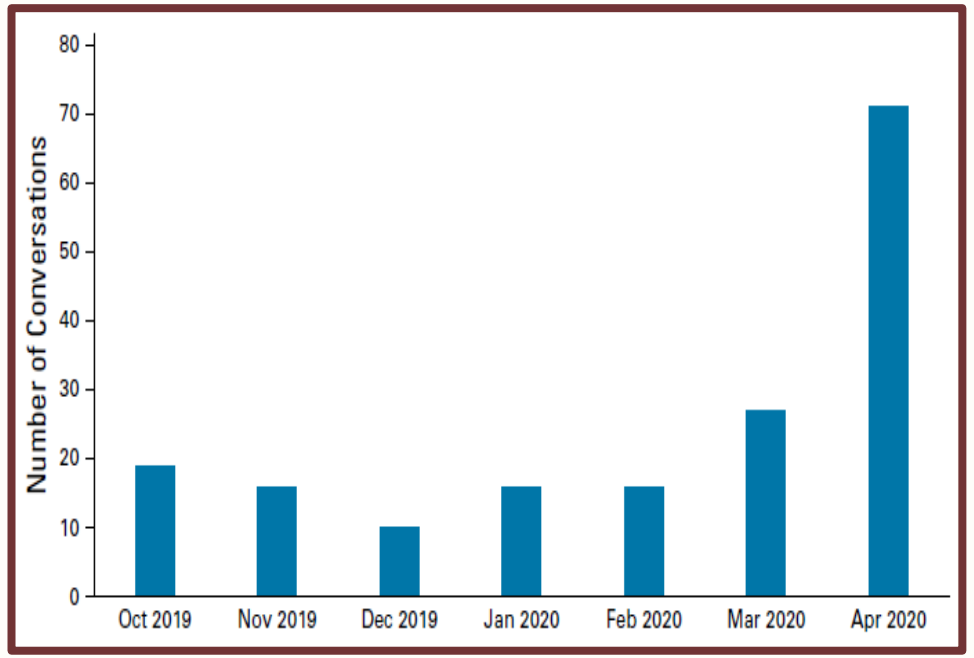
Transitioning Palliative Care to Telemedicine

- DFCI Palliative Care service moved immediately to very few live visits
- Offered deferred visits, calls, or virtual visits
  - Within 2 weeks, scheduled visits back near baseline total
  - Used support staff to orient patients



Lally, JCO Oncol Practice 2021

Able to Integrate Interdisciplinary Care & Discuss Goals of Care



- Able to bring in an interpreter, integrate social worker, nurse, pharmacist for med reconciliation & counseling
- Better documentation of goals of care ("easier than we anticipated", "often initiated by patients"), with potential threat of COVID-19, lack of ventilators, no family visitors
  - "Pandemic created a sense of urgency to discuss goals of care"
  - Patients seemed relatively comfortable to discuss by phone or over video

Lally, JCO Oncol Practice 2021

Limitations of (Early) Telemedicine: Clinical Team Often Doesn't Transfer into Virtual Space with Physician

- Most docs work with MA, nurse/APC, scheduling in clinic
- Too often transfer to virtual visits leave MD on their own
- Navigators work w/patient to get them into virtual waiting room
- Supporting staff coordinates later care
- Higher quality care, better documentation, better staff & physician satisfaction; marked increases in productivity

Sinsky, Mayo Clinic Proc 2021

What do PATIENTS Think of Telemedicine?

JCO OP 2021

CARE DELIVERY ReCAP

Medical Oncology Patient Perceptions of Telehealth Video Visits

Rachel E. Granberg, BA[1]; Arianna Heyer, BA[1]; Kristin L. Rising, MD, MSHP[2,3,4]; Nathan R. Handley, MD, MBA[3,5]; Alexzandra T. Gentsch, MSW[2,3]; and Adam F. Binder, MD[3,5]

"I just really liked the visit. I mean, the fact that I felt we had—she had my undivided attention, that she—I didn't feel like she was rushed. I thought that she was thorough and paid attention, listened to every word I was saying. And acted upon and responded in that way."

"I felt like … there was more time … because I've been to doctors a lot and I just felt that the time that was spent, that I spent with the doctor was longer than if I had been in the office and she had other patients waiting."

vs.

"Well, it's a little bit more shorter and brief like just to make sure everything's going okay. When you're in an office visit with the doctor, you're more specific and asking specific questions and you're there a little bit longer, I think, like you get more in detail."

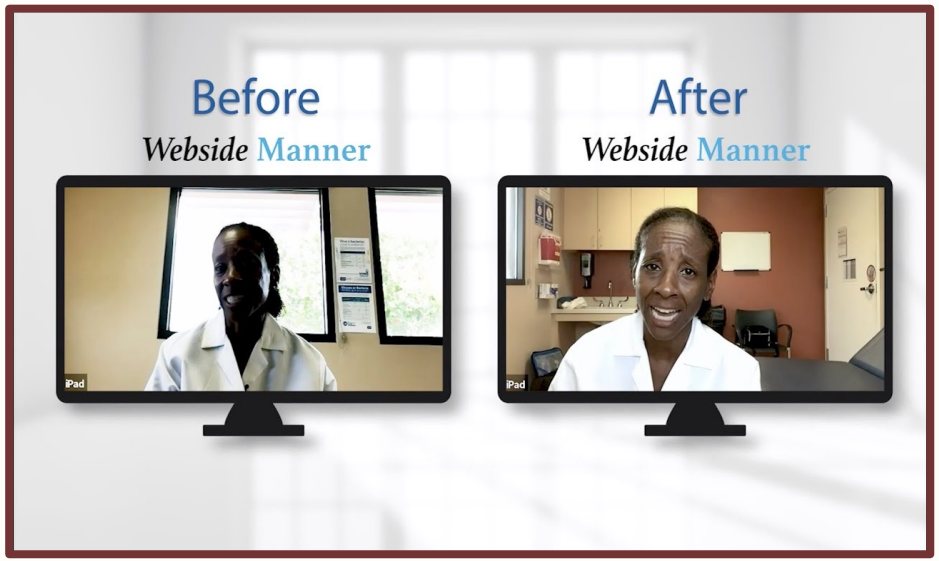
"I feel like the tele video visits sometimes you feel like you're next person in line, I gotta get out here. Whereas if I'm in the office, it's like okay. You feel more like you're right there, I can ask more questions, and I don't know. It just feels more like it's a little easier there."

Different patients perceive MORE time or LESS time with telemedicine visits

Very individualized perspectives on whether telemedicine is an advance or a poor substitute

Focusing on “Webside Manner”

- Patient stories shouldn’t be about tech challenges
- Bedside manner/live MD/patient interactions have been honed over decades to centuries
  - Webside manner has only just started
- Lighting, sound, camera should be good
- Setting and background should be appropriate – not cluttered, no extra people
- Make eye contact with the camera
- Acknowledge the new/odd nature of the televideo visit



From websidemanner.net

Telemedicine is Not Ideal for Everyone

- Patients coming in for infusions
- Unstable patients who need direct eval
- Language barriers
- Patients who don’t have access
  - To hardware
  - To bandwidth
  - To tech experience
    - Widening disparity for “haves” and “have-nots”
- Patients/physicians uncomfortable with emotionally charged discussions through a screen

“Telemedicine Unreadiness” Among US Older Adults

- Cross-sectional study of 4525 community-based adults (≥65)
- Assessed for problems with hearing, speaking, dementia, vision, lack of internet-enabled hardware, and lack of use of electronic communications in preceding months

Factor	Percentage unready (survey weighted)	Adjusted odds ratio (95% CI)
Age, y		
65-74	25	1 [Reference]
75-84	44	2.3 (1.8-3.0)
≥85	72	7.0 (5.3-9.1)
Sex		
Women	38	1 [Reference]
Men	39	1.7 (1.3-2.1)
Race/ethnicity		
White, non-Hispanic	32	1 [Reference]
Black, non-Hispanic	60	1.8 (1.4-2.3)
Other, non-Hispanic[a]	45	1.0 (0.6-1.5)
Hispanic	71	2.4 (1.6-3.6)
Rurality		
Metropolitan	38	1 [Reference]
Nonmetropolitan	42	1.2 (0.9-1.5)
Marital status		
Married	30	1 [Reference]
Separated or divorced	42	1.5 (1.1-2.0)
Widowed	52	1.7 (1.3-2.2)
Never married	58	2.7 (1.4-5.1)
Educational level		
>High school	24	1 [Reference]
High school	48	2.1 (1.7-2.5)
<High school	74	3.9 (2.9-5.3)
Income quintile[b]		
Highest	17	1 [Reference]
Higher	23	1.2 (0.9-1.7)
Middle	34	1.5 (1.0-2.1)
Lower	43	1.9 (1.3-2.9)
Lowest	67	3.2 (2.2-4.6)
Self-rated health		
Excellent	22	1 [Reference]
Very good	26	1.0 (0.7-1.4)
Good	40	1.4 (1.0-1.9)
Fair	60	2.5 (1.8-3.5)
Poor	77	4.5 (2.7-7.6)

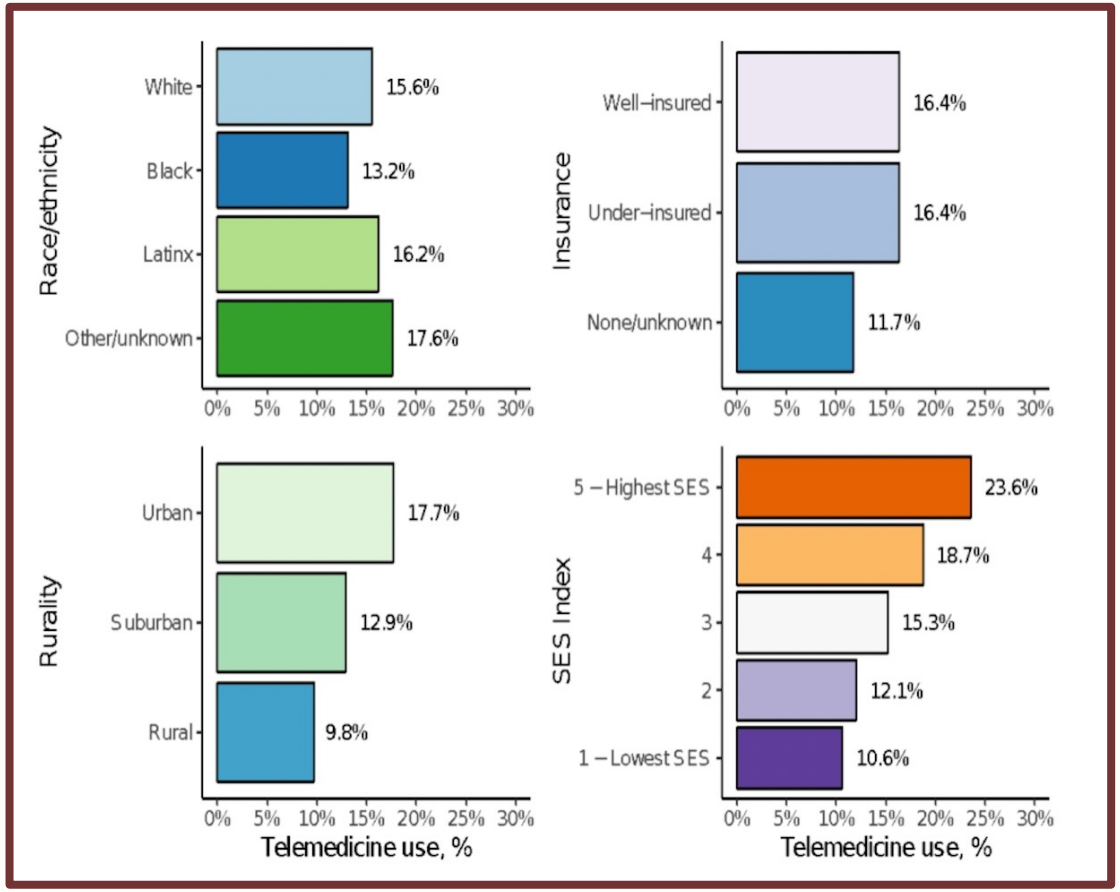
Less feasible in older patients, minorities, unmarried, less educated, lower income, & less healthy patients with fewer advantages least able to avail themselves of potential benefits of telemedicine)

Lam, JAMA Int Med 2020

Disparities in Who is Using Telemedicine for Oncology

- Flatiron Data on 26,788 people treated for cancer between 3/2020 and 11/2021 (f/u through 3/2022)

- Significantly lower rates of telemedicine use
  - Black vs. White pts
  - those without documented insurance
  - those in rural or suburban areas vs. urban ones
  - strong association w/SES

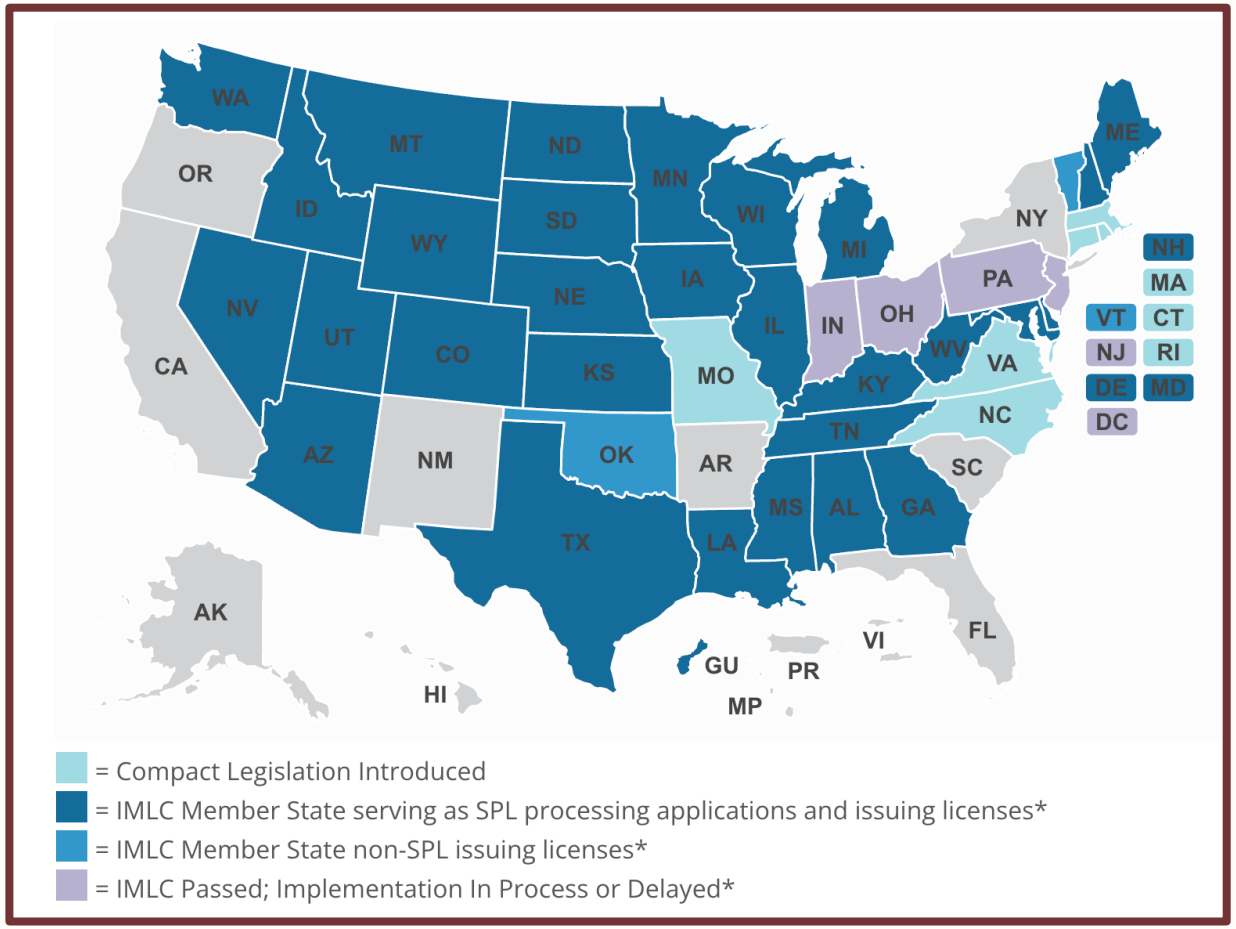


Telemedicine addresses some disparities but introduces others

Guadamuz, ASCO 2022, A#6511

Interstate Medical Licensure Compact

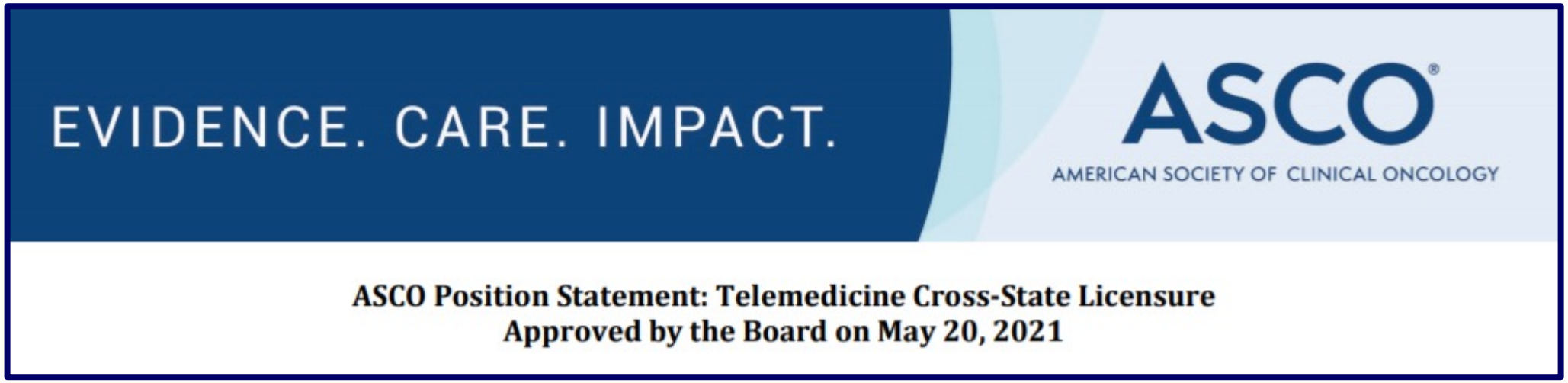
Current Interstate Medical Licensure Compact Member States



- 35 states (+ DC, Guam) and growing
  - 5 states currently pending
- Membership process for MDs living and/or working in a member state

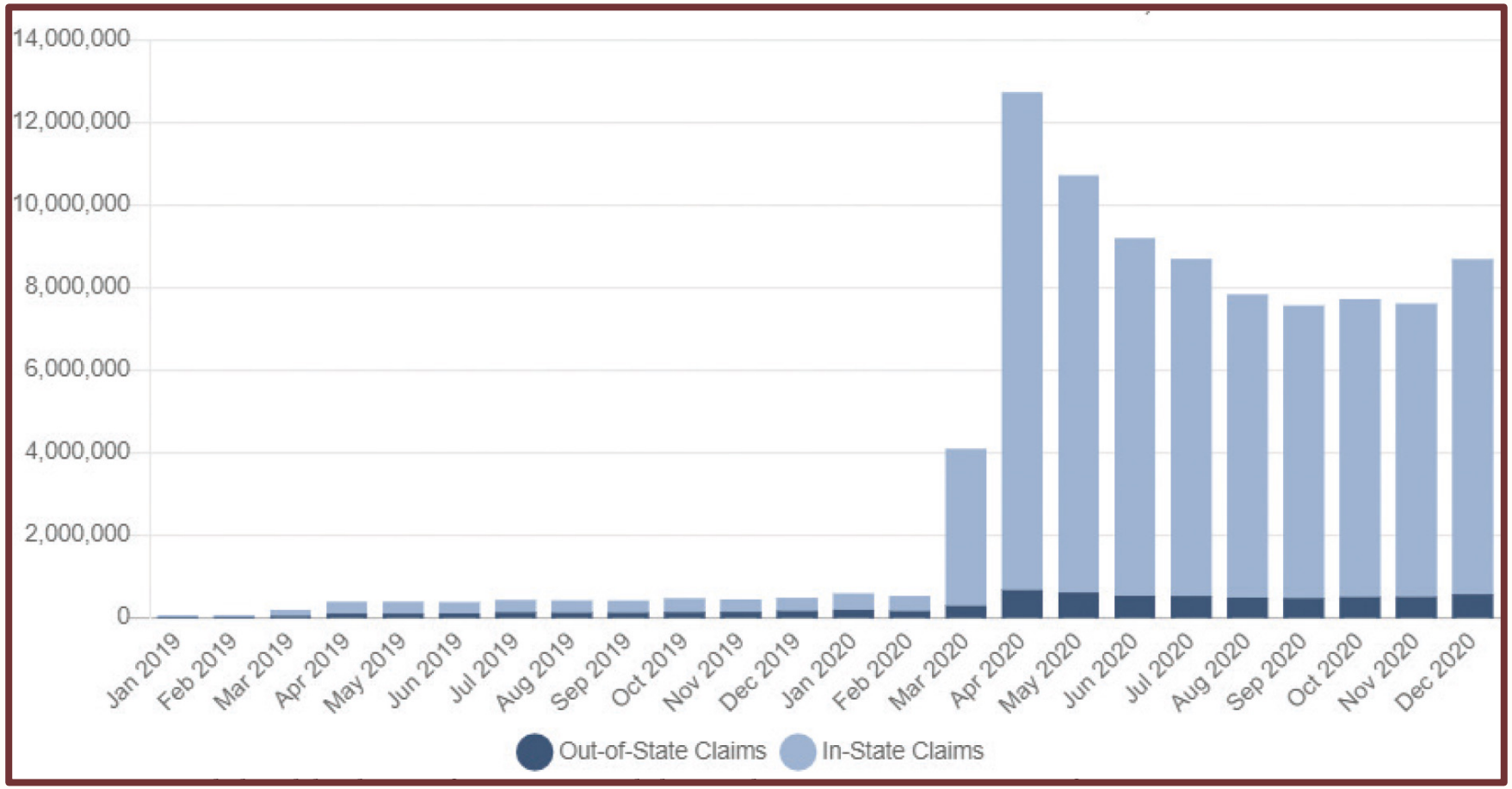
  (though *not* trivially easy or quick)
- Far easier to obtain other state licenses
  - Just pay a few, license granted in days

ASCO's Position Statement on Telemedicine in Cancer Care (May, 2021)



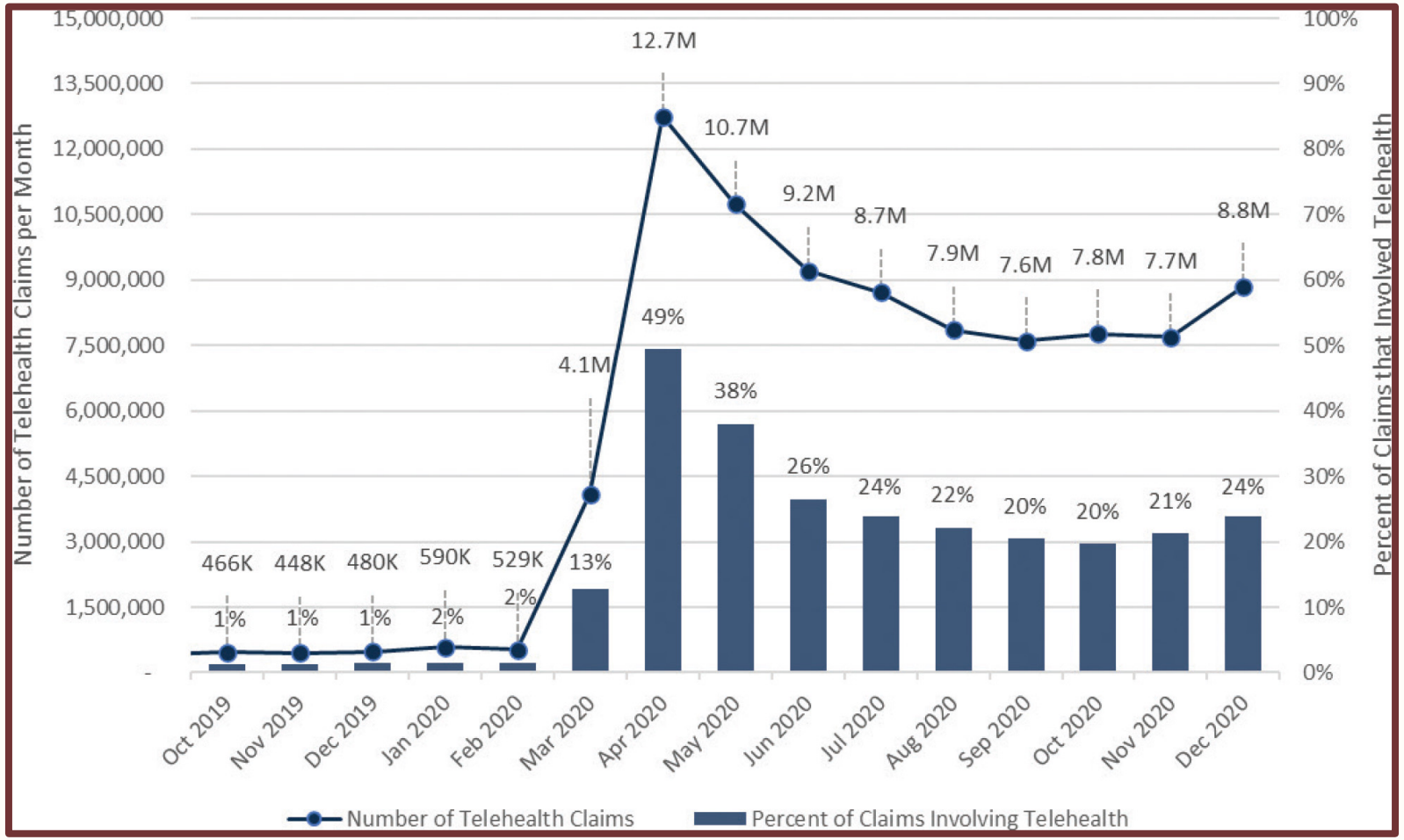
- Supports continuing CMS provisions for cancer care telemedicine beyond pandemic
- Favors participation of all states in Interstate Medical Licensure Compact (IMLC)
- Recommends doctor-patient relationship be initiated by live visit first
  - This is not meant to restrict telemedicine option for second opinion support
- Medical liability insurance should cover telemedicine interactions
- FTC should monitor telehealth practice patterns to prevent unfair practices/fraud

Telemedicine, Intra-State vs. Inter-State Claims



Campion, Telehealth & Medicine Today 2021

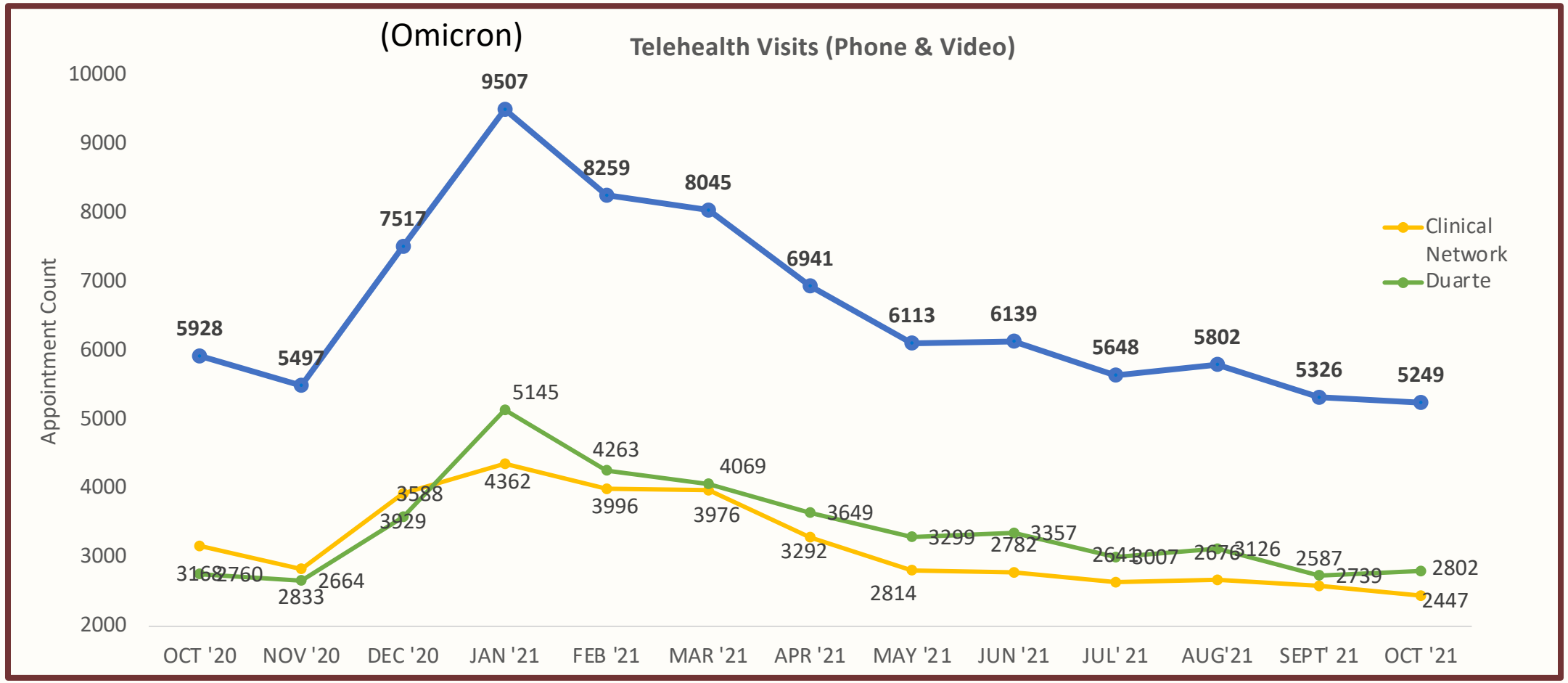
Telemedicine Over Time, by Claims Data



Campion, Telehealth & Medicine Today 2021

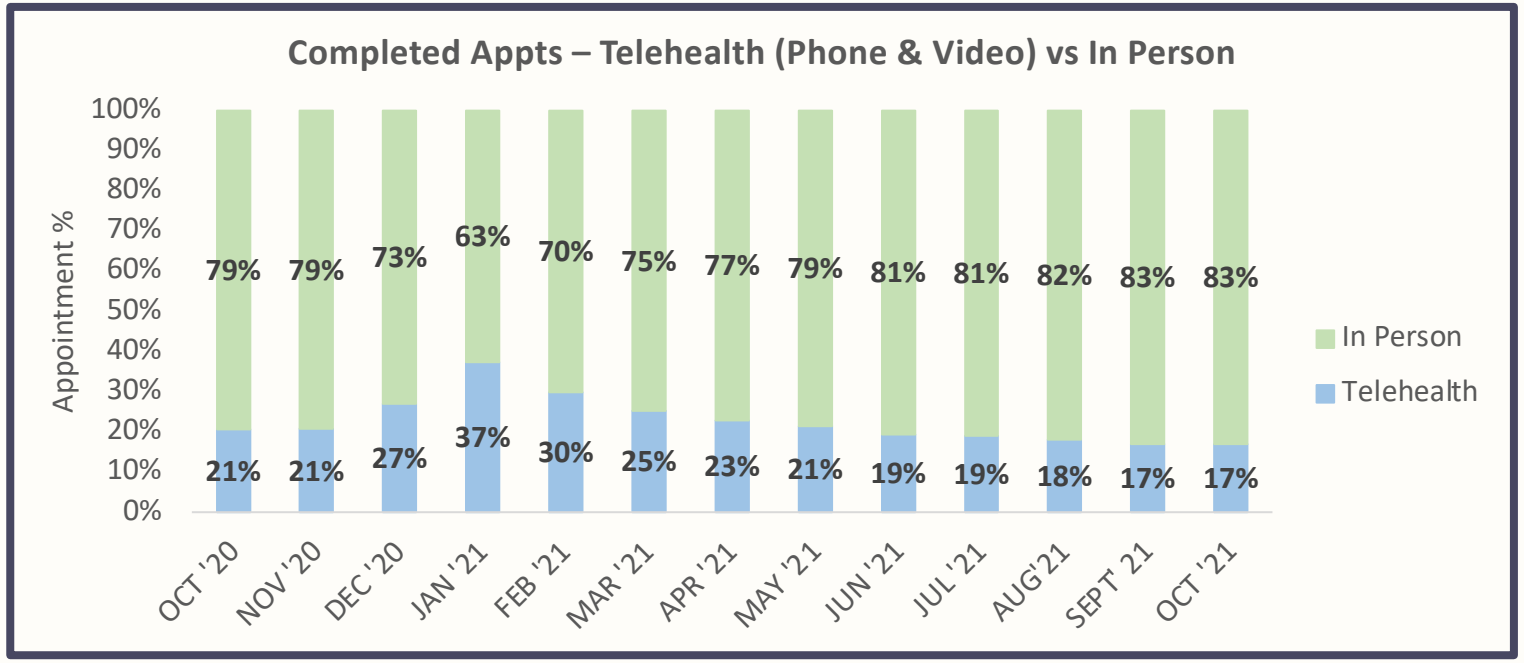
Telemedicine for Cancer Care, More Recent History

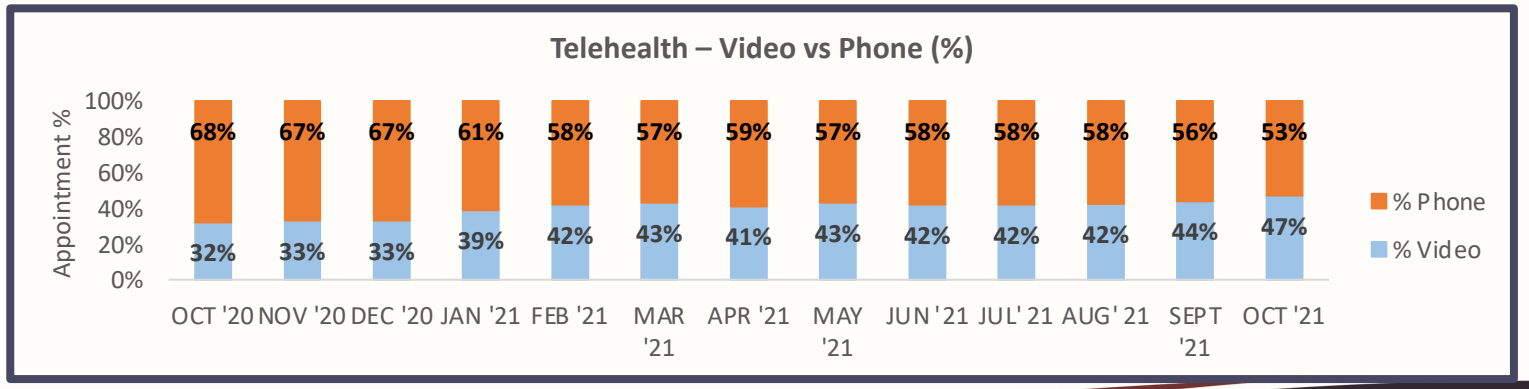
City of Hope Network



Telemedicine for Cancer Care, More Recent History, Audio/Video

City of Hope Network

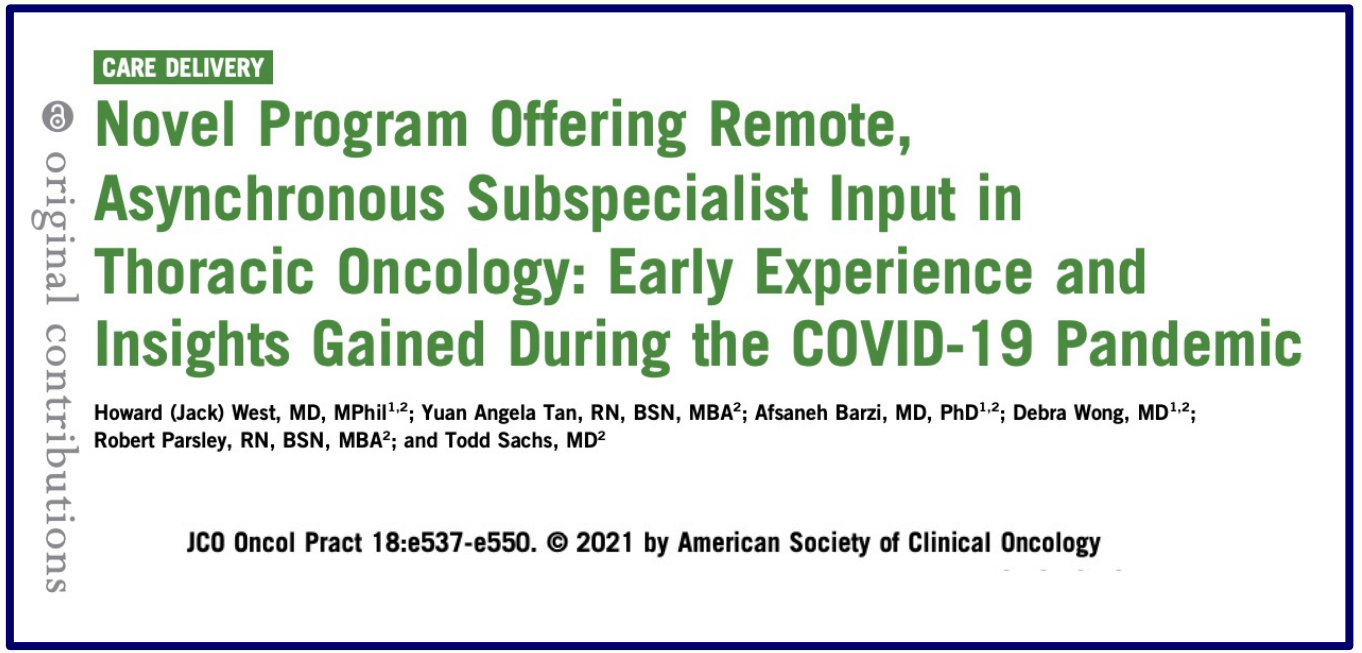




AccessHope Network: Asynchronous Case Reviews for Subspecialist Input

- Dozens of large employers offering expert review as an employee benefit
  - Over 4 million covered lives

- Multiple NCI centers in network
  - City of Hope
  - Northwestern Medicine
  - Dana-Farber Cancer Institute
  - Emory Winship Cancer Institute
  - More to be announced soon



CARE DELIVERY

original contributions

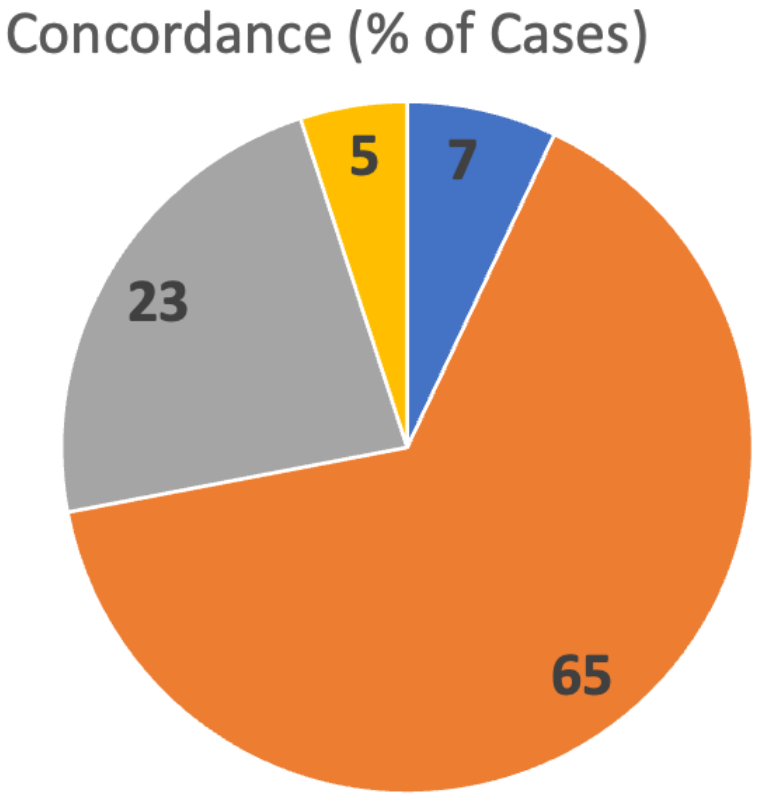
Novel Program Offering Remote, Asynchronous Subspecialist Input in Thoracic Oncology: Early Experience and Insights Gained During the COVID-19 Pandemic

Howard (Jack) West, MD, MPhil[1,2]; Yuan Angela Tan, RN, BSN, MBA[2]; Afsaneh Barzi, MD, PhD[1,2]; Debra Wong, MD[1,2]; Robert Parsley, RN, BSN, MBA[2]; and Todd Sachs, MD[2]

JCO Oncol Pract 18:e537-e550. © 2021 by American Society of Clinical Oncology

Summary of experience with initial 110 thoracic oncology cases over 19 months

Concordance with Local Recommendations and Cost Savings



- Agree
- Agree, with minor recs
- Disagree, with moderate recs
- Disagree, with significant recs

- Cost savings identified in 14 cases for total projected savings of $2M
- Average of $19K/patient for entire cohort

West, JCO Oncol Practice, 2022

A Successful Model of Integrating Subspecialist Input, Delivered Close to Home

- Clinical Innovation of the Year

Telemedicine Isn’t a Replacement, but an Additional Tool (“both/and”)

- Introduction of smart phones didn’t replace computers
- Each is very well suited to different tasks
- They coexist side by side

Conclusions: What is the Future of Telemedicine in Cancer Care?

- Will we revert to reimbursement restrictions?
- Will we tighten state licensing requirements?
- We've now shown the feasibility
  - Ideal for many patients and settings
- Should remain alongside live clinic
- Need to address disparities, overcome barriers
- Much depends on regulations in next 1-2 yrs.
- Take cues from patients on what they want

"Never let a crisis go to waste."

-- Winston Churchill

What do you think?