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Commentary

Telemedicine and Cancer Care

Lessons From the COVID-19 Pandemic

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Commentary Overview

- The COVID-19 pandemic has prompted a rapid shift toward telemedicine that underscores the ways that technology can improve cancer care.
- At Mays Cancer Center, telemedicine has enhanced interactions among patients and health care providers.
- We must address disparities in access to technology to ensure that telemedicine is widely adopted and continues to be available in the future.

Over the past five months, the global COVID-19 pandemic has significantly changed our lives, from our work and social lives to the ways we deliver and receive health care. Since March, telemedicine has become the norm at Mays Cancer Center at UT Health San Antonio MD Anderson. This rapid shift toward telemedicine has underscored the ways that technology can improve cancer care while reducing the risk of COVID-19 transmission among patients with cancer. It has also highlighted disparities in access to technology among certain demographic groups.

As a safety-net institution, we see large income gaps between patients. Some of our practitioners have perceived that lower-income patients are having more difficulty with video visits, which are almost always converted to telephone visits due to lack of equipment or internet access. Many institutions, including our own, require payment prior to video visits, which limits some patient access as a credit card must be entered to proceed to the visit. We also find that our older patients experience challenges with the video component of telemedicine; these challenges are accentuated among elderly patients from underserved populations.

At Mays Cancer Center, telemedicine is being used for survivorship visits, toxicity checks, adjustment of oral cancer drugs, and second opinion visits for new patients, with subsequent face-to-face visits for delivery of care, including radiotherapy, surgery, and infusion therapy. Telemedicine has been very helpful in screening potential patients for interventional clinical trials,

to be followed up with face-to-face visits for enrollment.

Improving Access to Quality Cancer Care

The Rio Grande Valley is a six-hour drive from the cancer center. By offering telemedicine, we have improved access to care for many patients in this region, which represents approximately 25 percent of our catchment area and about 20 percent of the population within it. We have also observed improvement in patient interaction through video visits as compared to telephone visits. We had previously launched a successful pilot program on virtual delivery of cancer genetic counseling services with patients in this region (the GRACIAS trial), so the ability to expand to other aspects of care was greatly welcomed.

For both patients and practitioners, being able to see facial expressions on screen provides a deeper level of understanding than only hearing words. Video visits also give us a much better sense of the performance status of our patients. Communication about cancer is complex as it is, so being able to virtually interact has greatly helped our patient population during these unprecedented times. Our colleagues in Physical Medicine & Rehabilitation (PM&R) have been bringing innovative techniques to offer cancer rehab assessments and care through these platforms. We envision telemedicine will further enrich the care of cancer patients by weaving in broad access to other medical specialties (dermatology, psychiatry, neurology, PM&R, and cardiology) in an efficient manner.

However, some underserved populations and older patients have limited access to—or understanding of—video technology and devices like smartphones and tablets. Our access teams call patients to establish a connection prior to the visit and work to troubleshoot any issues to make a video connection possible. If a device is not available or is not able to connect with the video, the team will nonetheless still connect with the patient to assess and answer any questions. In these cases, traditional telephone support has been a valuable component of treatment. Of course, if there is a need, an in-person visit will be scheduled. We are exploring future pilot programs where a medical professional could travel to a patient's home with a device, assist in conducting the televisit, and, if appropriate, draw blood for laboratory studies as ordered by the provider.

Transitioning to Telemedicine

To prepare for a move toward virtual care last spring, cancer center staff drew on past successful trials of telemedicine for cancer genetic counseling. In both instances, we used Epic across devices, including desktop and laptop computers, tablets, and smartphones. By using our institution's electronic health record (EHR) system for telemedicine, we are able to keep all the scheduling, patient access, authorizations, and clinical flows seamless within the EHR while maintaining operational efficiencies to serve our patients.

Five months in, about 40 percent of visits are being conducted through telemedicine. Prior to COVID-19, telemedicine visits were seldom used, although there were pilots being implemented for genetic counseling, telepsychiatry, and some virtual visits for the university. In addition to protecting patients with cancer and their caregivers from COVID-19, these measures allow us to keep clinics below capacity and promote effective physical distancing, reducing the risk of community spread. Anecdotal patient feedback has been largely positive. Many patients have expressed gratitude for being able to keep in touch with their care team while simultaneously minimizing any possible exposures by going out in public. We have also received generally positive feedback from groups who traditionally travel long distances—or even out of state—for their visits.

Reaping the Benefits of Telemedicine

Though the benefits of telemedicine have become especially salient during a global pandemic, it is clear that this resource should not be abandoned when life returns to "normal." Telemedicine augments our ability to meaningfully interact with patients and should remain a viable option in the future.

Having the infrastructure as an extension of the EHR is crucial in being able to provide and document continuity of care. Having this methodology as a cost-effective option increases communication with care teams while minimizing patient and family expense for travel, lodging, food, and supplies often associated with cancer care. Frequent virtual contact also has the

potential to reduce side effects of medication and toxicities at an earlier stage in treatment, ultimately bolstering positive outcomes.

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To promote the work of its members, AACI publishes *Commentary*, a monthly editorial series focusing on major issues of common interest to North American cancer centers, authored by cancer center leaders and subject matter experts.