

January 2021



Sustaining the Use of Telemedicine in Post-Pandemic Cancer Care

By Karen E. Knudsen, MBA, PhD; Cheryl L. Willman, MD; and Robert A. Winn, MD



Karen E. Knudsen, MBA, PhD, is executive vice president of oncology services at Jefferson Health; enterprise director of Sidney Kimmel Cancer Center at Jefferson Health; and AACI president

Cheryl L. Willman, MD, is director and CEO of the University of New Mexico Comprehensive Cancer Center

Robert A. Winn, MD, is director of VCU Massey Cancer Center

Commentary Overview

- The rapid shift to telemedicine during the COVID-19 pandemic has expanded the definition of patient-centered cancer care from “the right treatment, for the right patient, at the right time” to include “in the right place.”
- To sustain telemedicine programs post-pandemic, it is essential to understand its impact on cancer care access and delivery, health equity, reimbursement parity, and outcomes.
- It is also important to address barriers to out-of-state telemedicine delivery, including licensure and insurance coverage.

The rapid shift to telemedicine during the COVID-19 pandemic has had immediate benefits, including reduced risk of exposure to the virus in clinical settings and the removal of transportation barriers for patients and their caregivers.

Telemedicine encompasses telehealth visits conducted through phone or video, remote patient monitoring and engagement in cancer clinical interventions and clinical trials, and home-based care visits. Telehealth visits are among the most effective ways to facilitate cancer screening and care throughout the pandemic.

Since these tools will remain an integral component of cancer care in the future, understanding their impact on access, improved cancer care delivery, health equity, and outcomes is essential. It is equally important to address the impact of reimbursement issues on the viability of telemedicine.

In November 2020, we published a [manuscript](#) in *Clinical Cancer Research*, a journal of the American Association of Cancer Research (AACR), outlining the current state of telehealth

utilization at AAC member cancer centers and providing recommendations for enhancing cancer care through the use of telemedicine.

Before the pandemic, telehealth readiness and access varied widely within academic and community-based health systems across the United States. As of 2017, the [American Hospital Association](#) reported that up to 76 percent of hospitals had either partial or full implementation of computerized telehealth capabilities, with gaps in digital literacy and access preventing full utilization. Disruptions in cancer screening, diagnosis, and cancer care have the potential to significantly increase cancer mortality. For example, at the University of New Mexico Comprehensive Cancer Center, a 52 percent reduction in the reporting of newly diagnosed cancer cases to the NCI SEER/New Mexico Tumor Registry and a 43 percent reduction in Pap/HPV and mammographic screening has been observed since March 2020.

There is still a long way to go to achieve equitable implementation of telehealth. We have identified several immediate needs that must be addressed to close gaps in telemedicine delivery.

Digital Literacy Barriers

Pre-pandemic data show disparities in digital health literacy across numerous demographic indicators, including socioeconomic status, race and ethnicity, and age. Patients with lower health literacy are less likely to participate in shared decision-making in their medical care. These challenges can be exacerbated in [older adults](#), who have shown lower digital health literacy compared to younger patients, are less likely to have an email address or own a smartphone, and are less likely to use an online portal to communicate with their oncology care team. Other factors requiring further study include marital status, geographic location, and anxiety or depression.

Variances in Access

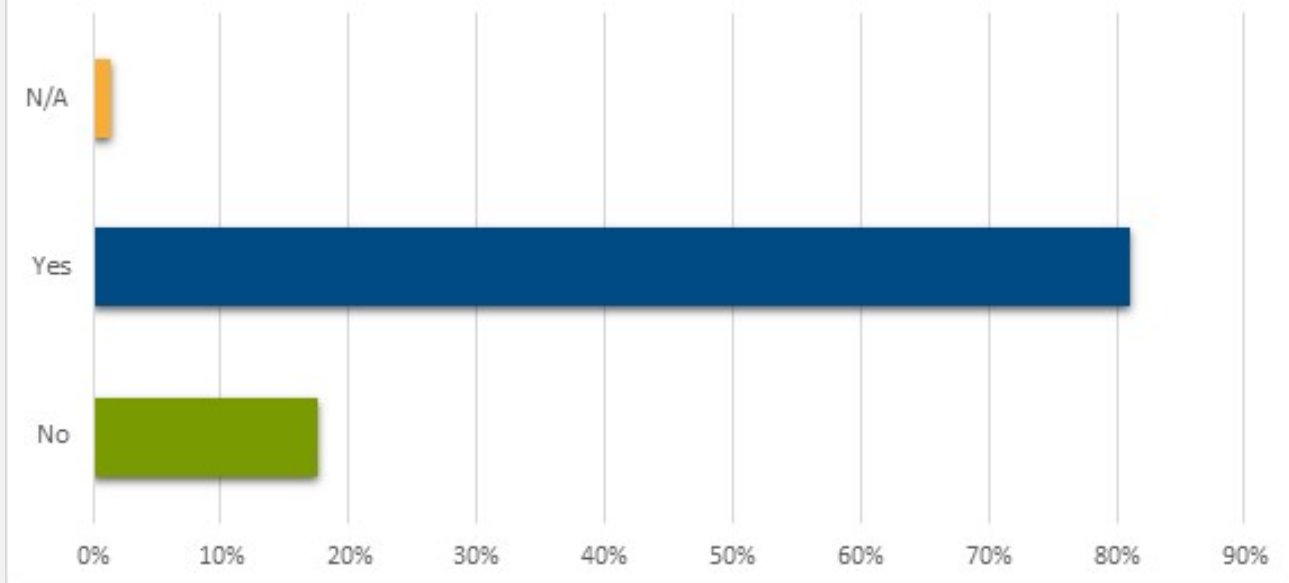
Studies also indicate significant variances in access across diverse and at-risk populations. For example, many patients with smartphones lack the ability to download applications required for a telehealth video visit. Overall, telehealth has been shown to be strongly desired by patients, particularly those for whom a lack of reliable transportation is a barrier to cancer care.

Rural centers reported additional challenges related to limited broadband availability. [Recent data](#) suggest that patients living in the northeast, west, or midwest of the U.S. showed up to a 34.1 percent increased likelihood of having a telehealth visit as compared to individuals living in the south. In addition, individuals living in urban areas were 54.3 percent more likely to have a telehealth encounter as compared to individuals in rural areas. According to the [Federal Communications Commission](#) (FCC), while 97 percent of Americans living in urban areas have access to high-speed internet, only 65 percent of those in rural areas and 60 percent of those living on tribal lands have similar access. Although emergency FCC funding was provided to increase broadband coverage as part of the [COVID-19 Telehealth Program](#), long-term solutions to the digital divide will be key post-pandemic.

Parity in Reimbursement

Sustained utilization of telehealth will require reimbursement parity with in-person visits and coverage of visits for both in-state and out-of-state patients. Pre-pandemic, [only one in five states required payment parity](#). The Centers for Medicare and Medicaid Services and select commercial payors have modified reimbursement policies in response to the pandemic, but it is unclear whether these policies will continue and whether other large commercial payors will follow suit. Prior to the pandemic, [telehealth visits were associated with high levels of patient and provider satisfaction](#) in multiple clinical settings.

Percentage of Cancer Centers Utilizing Telehealth for Out of State Patients



Source: Association of American Cancer Institutes Telehealth Survey, 2020

Current Status and Future Directions

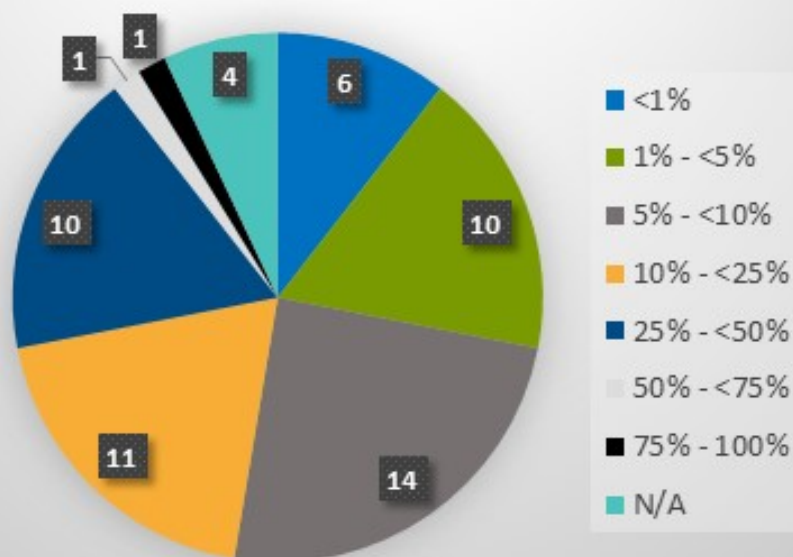
In late 2020, AACI surveyed cancer center leadership to better understand their experiences with telemedicine. More than 80 percent of the 68 respondents said that their institutions currently conduct telehealth visits out of state, with out-of-state telehealth visits accounting for 5 to 10 percent of total telehealth visits at the majority of centers. The primary reported obstacles to telehealth use were related to licensure and insurance coverage.

Through its [Physician Clinical Leadership Initiative](#) (PCLI), AACI plans to share the telehealth survey data in an upcoming webinar. The PCLI webinar will give cancer center leaders an opportunity to discuss challenges with telemedicine implementation and formulate plans for sustaining telehealth in cancer care delivery.

Patient-centered cancer care includes an element of decentralization, expanding “*the right treatment, for the right patient, at the right time*” to include “*in the right place.*” Recent changes to the conduct of clinical trials, including remote consent, video follow-up visits, symptom capture applications, and home drug delivery will greatly increase access to cancer clinical trials. Decentralizing clinical trials could increase enrollment and accelerate the translation of knowledge into clinical benefit.

Designing telemedicine services to meet the specialized needs of diverse populations is an urgent task. As described above, unacceptable disparities currently exist in telehealth access and utilization due to geography, age, race, socio-economic status and other factors. Improving patient knowledge of telehealth services is likely to be an essential function of oncology care teams in the near future.

Percentage of Telehealth Visits Conducted Out of State



Source: Association of American Cancer Institutes Telehealth Survey, 2020

Optimizing Technology to Transform Cancer Care

Opportunities exist for collaboration within the cancer center network and with external technology partners. For instance, disparities in access could be mitigated through the development of a simple portal that is highly compatible with multiple operating systems. Novel technologies will also play a major role in future virtual cancer care models.

It has been suggested that less human-to-human contact resulting from stay-at-home orders and other measures to mitigate the spread of COVID-19 may have negative long-term implications. Further study is needed to understand the impact of telehealth on cancer care, patient and provider satisfaction, stress levels, and preferences.

Telemedicine represents an innovative change to cancer care with the potential to improve patient access to treatments. It is critical that the cancer community optimize use of this technology to improve the lives of all cancer patients and their families while minimizing cancer health disparities.

Our Mission

The Association of American Cancer Institutes (AACI) comprises 102 premier academic and freestanding cancer centers in the United States and Canada. AACI is accelerating progress against cancer by empowering North America's leading cancer centers in their shared mission to alleviate suffering.

About AACI Commentary

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.

