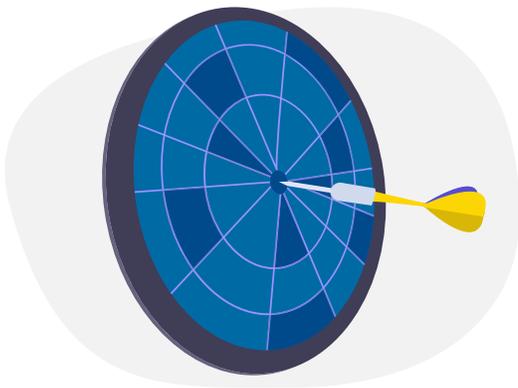


### Background

The National Coalition for Cancer Survivorship (NCCS) Telehealth Project, funded and supported by Pfizer Oncology, was developed to gain insights from participants regarding telehealth experience in oncology. A diverse group of 29 cancer patients and survivors participated in 6 focus groups. A total of 31 clinicians also participated by providing feedback regarding areas of agreement or disagreement with patient responses.



### Goals

- Obtain direction from patients about how to maximize the benefits of telehealth.
- Receive feedback from cancer clinicians about key patient themes to support information, suggest refinements, or offer counterpoints.
- Create two resources: one for oncology practices to help increase the effectiveness of telehealth visits and one for patients/families to better prepare for telehealth visits.
- Develop and disseminate policy recommendations from a patient perspective and engage in policy advocacy.

### Summary of Themes

## EXPERIENCE USING TELEHEALTH DURING THE PANDEMIC

### Telehealth has filled a critical gap for cancer care services during the COVID-19 pandemic.

Focus group participants reported mixed experiences with using telehealth during the pandemic, such as technical challenges associated with rapid launch and/or expansion of telehealth among their clinicians. However, given the strides made with telehealth during the pandemic and its many potential benefits, there was overwhelming support to maintain telehealth as an option for certain cancer-related visit types.

### Telehealth experiences described in the focus groups included:

- **Technology challenges for both patients and clinicians** include breakdowns in scheduling processes, long waits in virtual waiting rooms, video or connectivity difficulties, and patient willingness to answer unknown phone numbers.
- **Relationships with new clinicians initiated via telehealth** were not ideal and nerve-racking for some.
- **Telehealth allowed continuity to be maintained for some monitoring and follow-up visits.**
  - Existing relationships made it easier to transition to telehealth and offered continuity.
  - Telehealth enabled continuation of support groups and access to mental health clinicians.
  - A main concern of participants was the lack of a physical exam, instead relying on the patient's subjective reporting.
  - Patients had inconsistent experiences with the length of the telehealth visits, with some questioning whether clinician reimbursement was driving the visit length.

Focus group participants reported a variety of pros and cons to telehealth visits, some of which are contradictory and reflect divergence of viewpoints. These pros and cons can help plan for post-pandemic telehealth services.

## Pros

- Safety during the pandemic, especially for immunocompromised individuals
- Convenience and lower costs associated with travel, and time away from work and family
- Reduced barriers for patients with mobility limitations or cognitive deficits
- Ability to record visits and include family/caregivers
- Patients may be more comfortable and less anxious at home
- Clinicians seem to have more time, fewer distractions

## Cons

- Technology barriers and anxiety using technology
- Both patient and clinician learning curves
- Privacy concerns
- Reduced feelings of connection and emotional support and increased isolation
- Limited access to the cancer care team
- Anxiety about the lack of a physical exam
- Clinicians seem to have less time, more distractions

## BARRIERS TO TELEHEALTH

Focus group participants noted the following barriers to telehealth use that should be considered when planning for future use and expansion:



**Older patients/  
patients with  
hearing challenges**



**Those with less familiarity  
or lacking access to  
sufficient technology**



**People who do not  
have the desired  
privacy at home**



**People who do not  
speak English as  
their first language**

## Clinician Feedback

Responding clinicians reported feedback about their personal telehealth experiences, in which the majority suggested presenting patients the choice of telehealth visits or in-person visits. Of the responding clinicians, approximately 1/2 offered a few telehealth visits before the pandemic and all suggested to provide telehealth visits following the pandemic. They overwhelmingly noted that video-based telehealth visits are more effective than phone-based visits, despite technology challenges. Of all factors presented to continue telehealth visits, the most important enabling factors include maintaining reimbursement equivalent to in-person visits, interstate practice, and prescribing controlled substances.



## PLANNING FOR FUTURE TELEHEALTH USE FOR PEOPLE WITH CANCER

NOTE: This information is not intended to communicate medical or legal advice for the provision of medical services.

### Oncology clinicians need to plan the visit types/scenarios that they consider appropriate for telehealth.



#### **Most acceptable based on focus groups:**

- Follow-up visits, including post-surgery and “check-ins” for high-risk patients
- Monitoring, including oral therapy, side effects, and clinical trials
- Mental health visits
- Second/third opinions, including across state lines



#### **Least acceptable based on focus groups:**

- First visit with a new clinician or before a relationship is established
- Visits for symptomatic patients who are concerned that the cancer is worsening/recurring
- Treatment planning visits



#### **Mixed feedback:**

- May or may not be acceptable based on patient, clinician, or situation
  - Delivering bad news
  - Visits that require patients to provide clinical information, such as vital signs



#### **Clinician reaction:**

Clinicians had greater comfort with new patient visits via telehealth compared with patients, but they were not comfortable delivering bad news via telehealth. Clinicians felt certain groups, such as those who are highly symptomatic, may benefit from additional monitoring via telehealth.

### In-person visits need to be planned for relationship building and reassurance.



#### **Participants:**

Reinforced the importance of personal communication, touch, and relationship building.

#### **Clinician reaction:**

Noted the importance of maintaining physical exams, being able to “read the room” in terms of non-verbal communication among patients and caregivers (eg, related to distress and coping), and being best able to conduct cognitive and performance status assessments.

### Clear strategies and communication tools are needed to ensure successful telehealth visits that promote access rather than exacerbate disparities.



#### **Participants:**

Patients should not be limited in their ability to participate in telehealth due to cost/availability of technology. Providing appointment reminders, technical instructions, access to test/scan results, visit summaries, and communication tools should allow for follow-up questions or feedback.

#### **Clinician reaction:**

Policy and health system solutions are required. Also, clinicians are supportive of these communication themes, whether telehealth or in-person.

### Oncology clinicians need more training and familiarity with their telehealth platforms, preparing patients and caregivers for effective telehealth visits.



#### **Participants:**

Make experience as simple as possible for the patient and provide as much information upfront, both on the technology side and the actual visit side.

#### **Clinician reaction:**

Clinicians are supportive of this theme for any type of visit—telehealth or in-person.

## Patients need more transparency and predictability related to the out-of-pocket costs for telehealth.



### Participants:

Need to be able to consider costs of telehealth before making selections about visit types.

### Clinician reaction:

Transparency/predictability are important for clinicians and needed for all care services, not just telehealth.

## FUTURE OF TELEHEALTH FOR CANCER CARE

### Telehealth should be offered and covered to replace some cancer-related care in a way that:

- **Is based on patient preference** and provided as an option for certain types of cancer-related visits
- **Provides access to care team members**, not only oncologists/APPs
- **Reflects carefully planned timing and availability of services (eg, tests and scans) related to telehealth** so that test results/lab work are available in advance
- **Results in a more timely review of access to tests and results** with telehealth



### Clinician reaction:

Supportive of themes, given adequate reimbursement to support these services. Services via telehealth do not change the clinician time required. Telehealth can enable care built around the needs and preferences of the patient.

### Telehealth might be a mechanism to remove barriers and catalyze innovation in cancer care.

- Telehealth can provide access to the following services that are not consistently available and/or are underutilized:
  - **Care team/supportive care services**, to support other needs, such as mental health issues
  - **Care planning and coordination**, as all focus groups discussed the benefits of multiple clinicians communicating and coordinating via telehealth
  - **Palliative care and advance care planning**, utilizing telehealth to integrate these services for those who need advanced care
  - **Second/third opinions**, including those that cross state lines
  - **Clinical trial screening to increase participation**, to facilitate process and remove/reduce need for travel for some
  - **Education sessions**, such as what to expect during treatment
  - **Expanded/enhanced support groups**, where telehealth might encourage participation
  - **Integrating remote monitoring/wearable technology**, including strategies to increase comfort with remote monitoring
  - **Reduce health disparities**, with the health care system (including cancer care clinicians) determining how to provide access to technology to support telehealth for **all** patients



### Clinician reaction:

Strongly support the use of telehealth technology for innovation but have real concerns regarding the potential to exacerbate instead of improve health disparities. For innovation to be realized, key stakeholders (eg, health systems, physicians, payers) have to be aligned with the patient perspective. Patient advocacy will be key to pressure policy changes.