

NCCS ROUNDTABLE SETS THE TONE FOR 2021 CANCER POLICY

PANEL ONE:

POST-ELECTION RECAP: WHAT TO EXPECT FOR HEALTH POLICY IN 2021

Debra S. Curtis
DC Health Benefit Exchange Authority

Rodney Whitlock, PhD
McDermott+Consulting

Julie Rovner (moderator)
Kaiser Health News

The presidential election is still top of mind for most of us, and so we began our Fall Roundtable with a lively and informative discussion on what the results of the election mean for health policy in 2021. We were honored to have renowned health care correspondent, Ms. Julie Rovner, lead this conversation and share her own thoughts on topics like the Affordable Care Act (ACA) lawsuit and drug pricing. Ms. Rovner did not shy away from the tough questions and kicked off the panel by asking if Congressional leaders can put politics aside and come together on a desperately needed COVID relief package. Ms. Debbie Curtis replied candidly, “Who the heck knows?!”

Mr. Rodney Whitlock pointed out that we may not get anywhere with a relief package until the Georgia elections are over. Looking ahead to 2021, Ms. Curtis shared her optimism. “For cancer survivors and their families, you could not have a better person in the White House than President-elect Biden.” But not all panelists were as hopeful. Mr. Whitlock was unsure about the future of the ACA, even if the Supreme Court upholds the law. He was doubtful that any big changes will be made to the ACA in 2021 saying, “There might be a possibility for small stabilization fixes next year, but if you want to go big, go home,” he shared.

However, all panelists shared the same confidence that the Supreme Court will uphold the ACA in 2021. This frank and informative discussion came to a close after panelists contemplated the new Administration’s plan to address drug prices. Ms. Rovner suggested President-elect Biden might continue with some of the steps the Trump administration has taken on drug pricing, although how that will play out remains to be seen.



PANEL TWO: HEALTH EQUITY IN CANCER CARE

Nadine J. Barrett, PhD
Duke University

Katherine E. Reeder-Hayes, MD, MSc, MBA
UNC Lineberger Comprehensive Cancer Center

Arnethea L. Sutton, PhD
Virginia Commonwealth University School of Medicine

Otis Brawley, MD (moderator)
Johns Hopkins University

The cancer experience is not the same for all cancer survivors. Inequities in the health care system disproportionately hurt patients of color, and studies show that their outcomes are worse. This panel of experts shared research on barriers to quality care for patients of color and discussed potential solutions. Dr. Arnethea Sutton from the Virginia Commonwealth University shared her research on barriers to treatment for black women, which suggested that patient-provider communication is key to addressing barriers to care for Black patients. Dr. Sutton challenged providers to think about how they are interacting with patients and how patient-centered communication plays into a patient's initiation to treatment, adherence to treatment, and long-term outcomes.

Dr. Nadine Barrett from Duke University presented her research on factors affecting diverse participation in clinical trials. She shared that access to clinical trials is directly related to an individual's general access to care, so we have to consider access to care broadly when thinking about equity in research. Dr. Barrett debunked the misinformed narrative that people of color do not want to participate in clinical trials. She said we need to think about why patients of color are not approached and do not get the information they need to make an informed decision about clinical trials. She provided examples of studies that show most patients are interested in clinical trials and research when they learn more about them. Dr. Barrett provided recommendations for ensuring diversity in clinical research, including authentic community and stakeholder engagement, diverse patient advisory councils, and implicit bias and anti-racism trainings.

Dr. Katherine Reeder-Hayes shared a policy statement related to cancer disparities from the American Society of Clinical Oncology (ASCO) that focuses on four key areas: equitable access to high quality care, equitable research, addressing structural barriers and increasing awareness and action.

“We don't just need to make sure we get people to clinical trials. We need to make sure we're designing research that is relevant to communities that we are serving. People will participate in research that is relevant to them.”

Through the presentations and the discussion that followed, a few themes emerged. The medical community needs to gain the trust of patients of color to address inequities in care. Panelists agreed that an important way to achieve this trust is through implicit bias and anti-racism trainings, and through improved patient-provider communication. Dr. Otis Brawley concluded the panel discussion by saying equality is not just achieved by equitable treatment, although that's where our focus often lies. It is important to ensure everyone has access to prevention, screening, and diagnosis as well.



Clockwise from Top Left: Dr. Sutton, Dr. Barrett, Dr. Brawley, and Dr. Reeder-Hayes.

PANEL THREE: TELEHEALTH IN CANCER CARE

Laura Petrillo, MD
Massachusetts General Hospital

Cardinale B. Smith, MD, PhD
Icahn School of Medicine at Mount Sinai

Jennifer Malin, MD
UnitedHealthcare

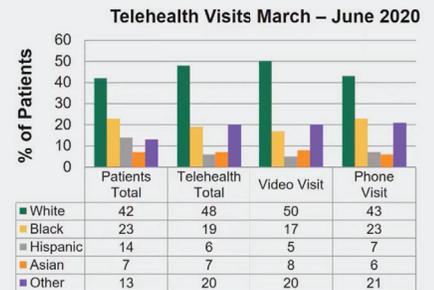
Kristen McNiff Landrum, MPH
KM Healthcare Consulting

Shelley Fuld Nasso, MPP
(moderator) National Coalition for Cancer Survivorship



Disparities in Use of Telehealth

- ▶ 7,681 total telehealth visits
- ▶ Mean age = 65
- ▶ 76% of telehealth visits were video visits
- ▶ Significantly less utilization by minority patients of telehealth total ($p=0.02$), video visits ($p=0.003$), phone visits ($p=0.02$)



Dr. Cardinale B. Smith presented research about disparities in telehealth.

When the COVID-19 pandemic disrupted the health care system and patient access to care, oncologists and their patients embraced the delivery of some cancer care services by telehealth. Dr. Cardinale Smith kicked off telehealth conversation with her presentation on disparities in telemedicine. During the Pandemic, the video visits grew exponentially at Mount Sinai Hospital.

Her research showed that minority patients were utilizing telehealth much less than white patients. Minority patients were also less likely to use video visits and more likely to use phone visits. Dr. Smith said that this may be due to the fact that access to technology is still a barrier for many patients. To address this barrier, Dr. Smith's institution is participating in a new grant project that provides patients seeking telehealth with tablets and remote monitoring devices that can monitor blood pressure, temperature, pulse, and oxygen for telehealth visits.

Dr. Laura Petrillo then discussed the use of telehealth to expand the reach of palliative care. She shared a moving story about a multidisciplinary telehealth meeting for a patient during the pandemic. Dr. Petrillo noted that the meeting was even better, in some ways, than it might have been in person. There were reduced burdens for the patient, who did not have to drive two hours to the hospital. She could have her family present, sitting on her couch comfortably during this emotional discussion, in which both her medical oncologist and radiation oncologist could jointly discuss her options. Dr. Petrillo then shared her research on challenges with video visits and said that there has been a rapid improvement with technology. Overall, she asserted that clinicians are able to address most of their patients' needs and concerns. The challenges included the lack of personal connection and technological issues. But overall, her research showed that palliative care providers have successfully pivoted to telehealth during the pandemic.

Kristen McNiff Landrum presented findings from a telehealth project undertaken by NCCS to gain insights from participants regarding telehealth experience in oncology. The project found that telehealth has filled a critical gap for cancer care services during the COVID-19 pandemic. 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. Focus group participants shared their advice as to the most and least appropriate types of visits for telehealth.

Using feedback from focus group participants, NCCS created a summary of the project findings and resources for both patients and clinicians to maximize effectiveness of telehealth visits at canceradvocacy.org/telehealth.