Cancer Outcomes Research & Education

Using Telehealth to Expand the Reach of Palliative Care

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- I, Laura Petrillo, have no financial relationships to disclose

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REACH PC

Palliative care improves quality of life

Specialist palliative care integrated with oncology care for patients with advanced lung cancer

Table 2. Bivariate Analyses of Quality-of-Life Outcomes at 12 Weeks.*

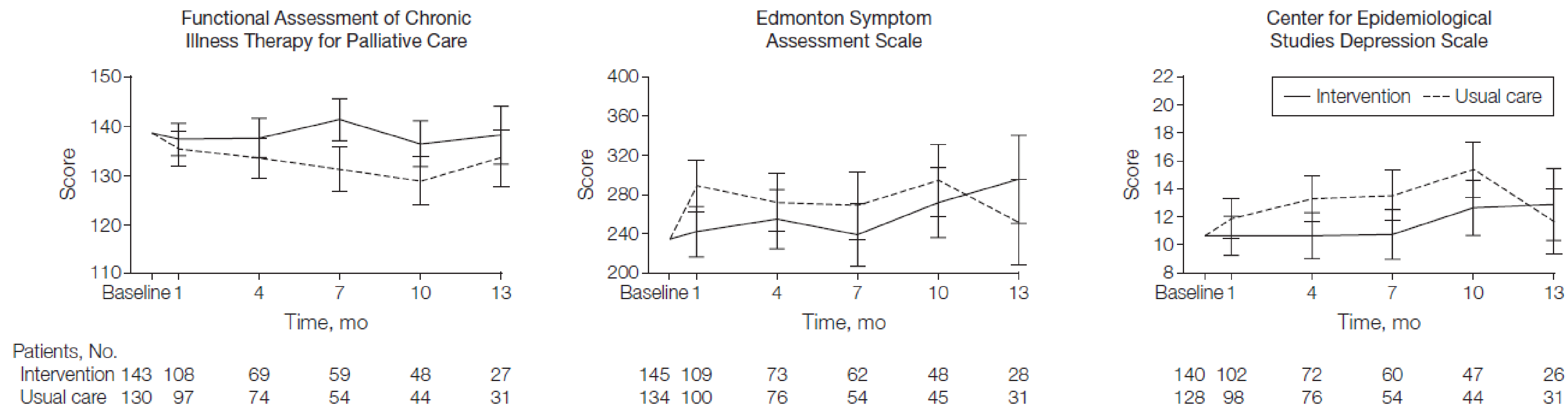
	Variable	Standard Care (N=47)	Early Palliative Care (N=60)	Difference between Early Care and Standard Care (95% CI)	P Value†	Effect Size‡
Quality of life ->	FACT-L score	91.5±15.8	98.0±15.1	6.5 (0.5–12.4)	0.03	0.42
Symptom burden ->	LCS score	19.3±4.2	21.0±3.9	1.7 (0.1–3.2)	0.04	0.41
Quality of life ->	TOI score	53.0±11.5	59.0±11.6	6.0 (1.5–10.4)	0.009	0.52

Temel JS et al. N Engl J Med 2010;363:733-742.

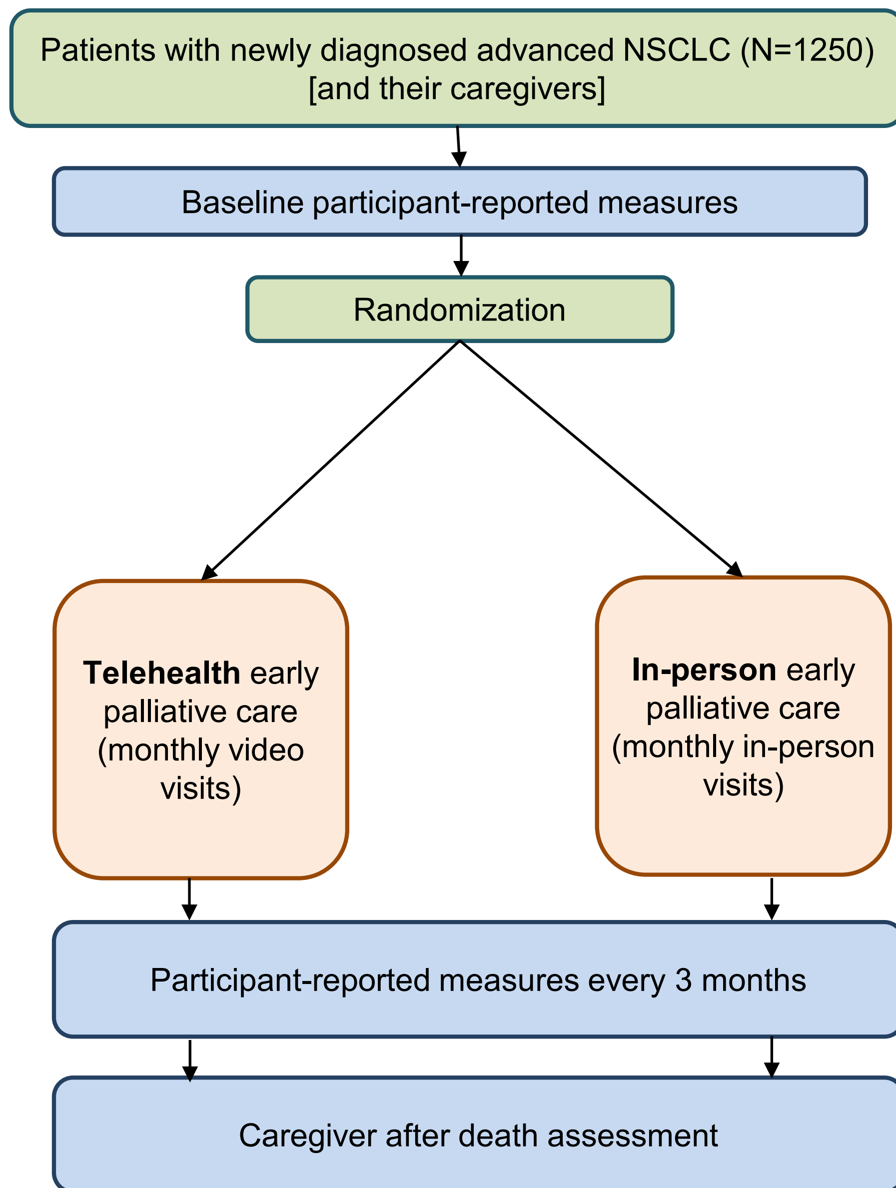
The NEW ENGLAND JOURNAL of MEDICINE

History of remote palliative care: ENABLE

Telephone based early palliative care intervention in the outpatient setting



Bakitas M et al. JAMA 2009; 302(7): 741-749



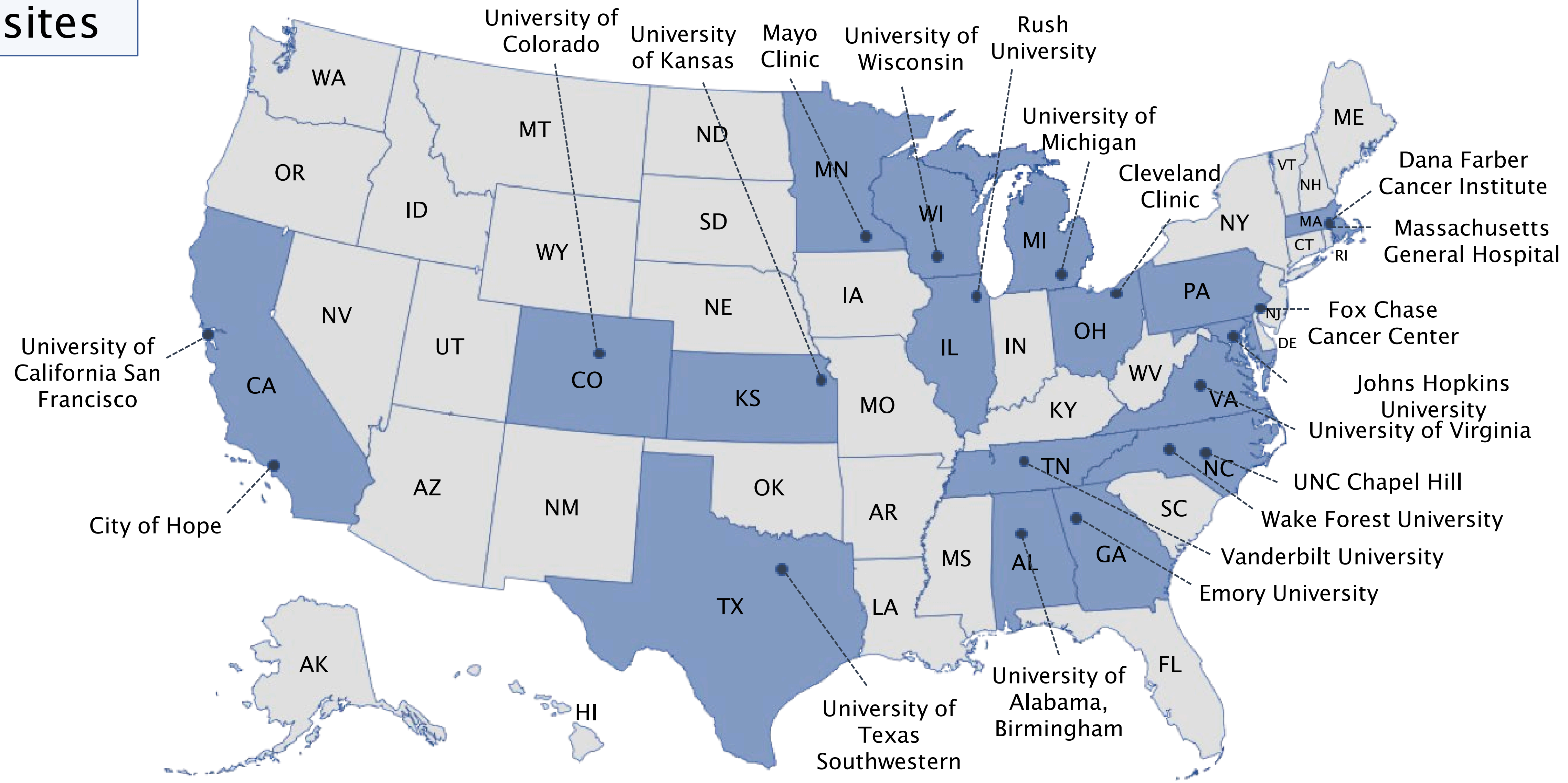
Primary Aim:

To determine whether telehealth palliative care is equivalent to in-person palliative care in improving patients' quality of life

Secondary Aims:

- Communication about EOL care
- Length of stay in hospice
- Mood symptoms
- Satisfaction with care
- Caregiver quality of life

REACH PC
17 states
20 sites



REACH PC Participant Recruitment and Retention

- REACH PC opened for study enrollment at most of the participating sites in Fall 2018
- Prior to COVID, REACH PC had enrolled 581 patients and 315 caregivers with 51.7% of approached patients agreeing to participate in the study.

REACH PC Recruitment

Reason for Declining Participation (N=606)	N (%)
Feeling ill/unwell	17 (2.8%)
Not interested in research	213 (35.1%)
Not interested in palliative care	139 (22.9%)
Concerns about co-payment/insurance	22 (3.6%)
Discomfort with technology	46 (7.6%)

REACH PC Retention

Withdrawal by Study Group	N (%)
Telehealth (N=295)	40 (13.6%)
In Person (N=286)	26 (9.1%)

REACH PC

REACH PC Patient Demographics

	N (%)
Female	289 (49.7%)
Age	
<50	48 (8.3%)
50-60	136 (23.4%)
60-70	196 (33.7%)
70-80	162 (27.9%)
>80	39 (6.7%)
Race	
White	475 (81.8%)
Black	68 (11.7%)
Asian	22 (3.8%)
American Indian	2 (0.3%)
Other/unknown	14 (2.4%)
Hispanic/Latino	22 (3.8%)

	N (%)
How long does it take for you to commute to the cancer center?	
Less than one hour	304 (50.9%)
1-2 hours	218 (36.5%)
2-3 hours	57 (9.5%)
3-4 hours	5 (0.8%)
More than 4 hours	7 (1.2%)
What mode of transportation do you use to travel to cancer center?	
Car	565 (94.6%)
Bus/subway	15 (2.5%)
Commuter rail	3 (0.5%)
Taxi/uber/lyft	9 (1.5%)
How often do you use a computer, tablet, or smartphone?	
Never	53 (8.9%)
Once a week	44 (7.4%)
Several times a week	78 (13.1%)
Daily	413 (69.2%)

REACH PC

REACH PC Clinician-Reported Challenges

Did you experience any of the following challenges?

Clinician Responses	Video (N=1424) N (%)	In-Person (N=1643) N (%)
None	934 (64.3%)	1159 (65.5%)
Visit delayed	87 (6.0%)	275 (15.5%)
Unable to perform exam necessary to provide optimum care (video) | Lack of privacy (in-person)	53 (3.6%)	86 (4.9%)
Patient/family seemed distracted (video) | Patient tired and difficult to engage (in-person)	26 (1.8%)	57 (3.2%)
Difficulty addressing topics that felt uncomfortable over video	20 (1.4%)	n/a
Notable technical difficulties with visit	277 (19.1%)	n/a
Difficulty establishing rapport over video	22 (1.5%)	n/a

MASSACHUSETTS GENERAL HOSPITAL CANCER CENTER

CORE

Comparison of Modalities for Palliative Care Delivery

Did these challenges hinder your ability to accomplish your goals for this visit?

450
400
350
300
250
200
150
100
50
0

Video Visits (N=494)
In person Visits (N=496)

Yes No

Special Issues in Palliative Care Delivery by Telehealth

Lack of ability to use touch to establish rapport and support; inability to perform physical exam

Patient became teary during the visit. My instinct was to lean in, reach out, and to provide a Kleenex…

Difficulty controlling environment

Patient had construction going on at home

Challenges with prescribing opioid analgesics

Patient became sick during the visit, and I couldn't do anything to help.

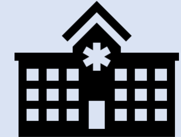
Intimate communication about difficult topics, such as prognosis

Challenges with Delivering In-Person Palliative Care ***that telehealth can overcome***

- Financial burden of transportation, parking
- Care delivered in a medical environment, ⇧infection risk to immunocompromised patients, impersonal
- Additional time in cancer center with multiple appointments
- Inconsistent timing of visits relative to scan reviews

- Need to miss work/ family to attend visits
- Engaging family via phone during visits not widely practiced (pre-COVID-19)

- Complex coordination to schedule linked palliative care and oncology visits
- Clinicians spend significant time providing care outside of visits that is not reimbursed
- Need to be in multiple places to provide patient-centered care



- Limited space and resources
- High no-show rate
- Clinic reach limited by patient ability to travel

Summary

- Telehealth is a valuable tool for delivering supportive oncology care, such as palliative care, especially for those most vulnerable due to serious medical illness.
- While the use of telehealth for delivering palliative care poses unique challenges, these concerns are not significant barriers to achieving care goals.
- Telehealth overcomes many barriers to palliative care delivery and increases access and patient-centeredness