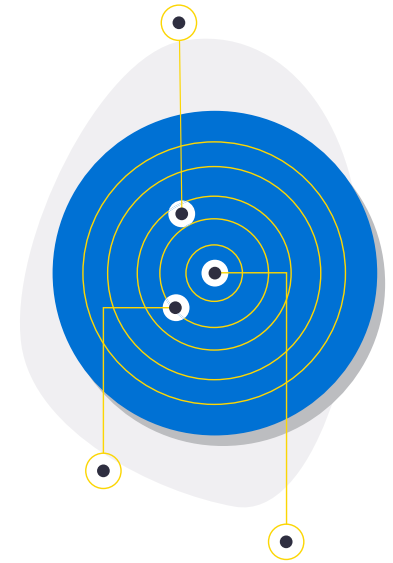


The COVID-19 pandemic caused oncology practices to shift and begin to routinely offer telehealth services.¹ The National Coalition for Cancer Survivorship (NCCS), with funding and support from Pfizer Oncology, engaged patients/survivors and clinicians to articulate patient needs for effective use of telehealth in cancer care. NCCS recruited a diverse group of 29 patients and survivors to participate in 6 focus groups. Additionally, NCCS engaged 31 clinicians to provide feedback regarding areas of agreement or disagreement with patient responses and their personal telehealth experiences.

Top-Line Insights

- Oncology clinicians need to plan the visit types and scenarios that they consider appropriate for telehealth.
- In-person visits need to be planned for relationship building and reassurance.
- Clear strategies and communication tools are needed to ensure successful telehealth visits that promote access to quality healthcare rather than exacerbate disparities.
- Oncology clinicians need more training and familiarity with their telehealth platforms and better processes to prepare patients and caregivers for these appointments.
- Patients need more transparency and predictability related to the out-of-pocket costs for telehealth.
- Telehealth should be offered and covered to replace some cancer-related care in a way that is based on patient preference, provides access to care team members, reflects carefully planned timing and availability of services related to telehealth, and presents test results in a more timely manner.
- Telehealth might be a mechanism to remove barriers and catalyze innovation in cancer care.



Types of Visits Acceptable 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

Patient Feedback

“

For initial visits, patients seem to be less comfortable with telehealth

- “It just made me nervous, and I was like ‘There’s a brand-new doctor on my phone screen.’”

Anxiety is prevalent and patients want to ensure they are getting the best care possible

- “I want to make sure that I’m getting all the information that I’m needing and getting the right amount of time spent with me, like everyone’s just rushing to get through the next call.”

Privacy can be a concern even when patients are at home

- “It’s hard to find a private area to speak, especially to my mental health provider.”

There is no “one-size-fits-all” approach to telehealth

- “For myself, if it were not going to be not such great news, I’d rather have that discussion face-to-face, if at all possible.”
- “I think that being in the comfort of your own home can sometimes be helpful, especially when you get bad news or something and then walk out of the office crying or being upset.”

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Recommendations for Oncology Clinicians

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

- **Ensure patient agreement that a telehealth visit is acceptable, balancing safety concerns with patient needs, recognizing that some patients prefer in-person visits**
- **Send a telehealth visit reminder by text, email, or phone call and ensure receipt of reminder**
 - For a video visit, explain the procedure for sending the visit link at the time of the visit
 - Include a link for a technology check for a video visit
 - Include instructions for a phone call fallback option, if there are unexpected technical problems during a video visit
 - If an audio-only visit, confirm phone number for visit
 - If tests are to be completed before a telehealth visit, provide directions to the patient about completing those tests in a timely manner
- **Strengthen your video bedside manner**
 - Be sure that you are in the center of the screen
 - Check lighting and eliminate glare
 - Inform patient of anyone else in the room with you during the visit
 - Give the patient advice about body position and camera angle so that you can perform the exam and communicate well
 - Confirm whether family members or caregivers are with the patient, if not visible in screen
- **Complete follow-up by providing a visit summary and scheduling next appointment, if appropriate**
- **Consider costs of telehealth for patients before making selections about visit types, and provide transparency and predictability for costs, if known**
- **Share with your patient the phone number from which to expect the call to ensure the patient answers**

About the National Coalition for Cancer Survivorship (NCCS)

Founded by and for cancer survivors in 1986, the National Coalition for Cancer Survivorship (NCCS) is the voice for cancer survivorship issues in Washington, DC. NCCS advocates for cancer care system reforms that prioritize the needs of all those touched by cancer at every phase of cancer care. NCCS empowers cancer survivors and advocates to ensure cancer care is the best possible for survivors, from the time of their diagnosis onward.

For more information, go to www.canceradvocacy.org/telehealth.