



TELEMEDICINE IN ONCOLOGY: NATURAL FIT OR ARRANGED MARRIAGE?

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Los Angeles, CA & Cyberspace

March 31, 2023

Endorsed by



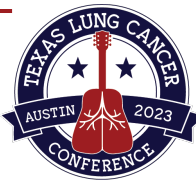
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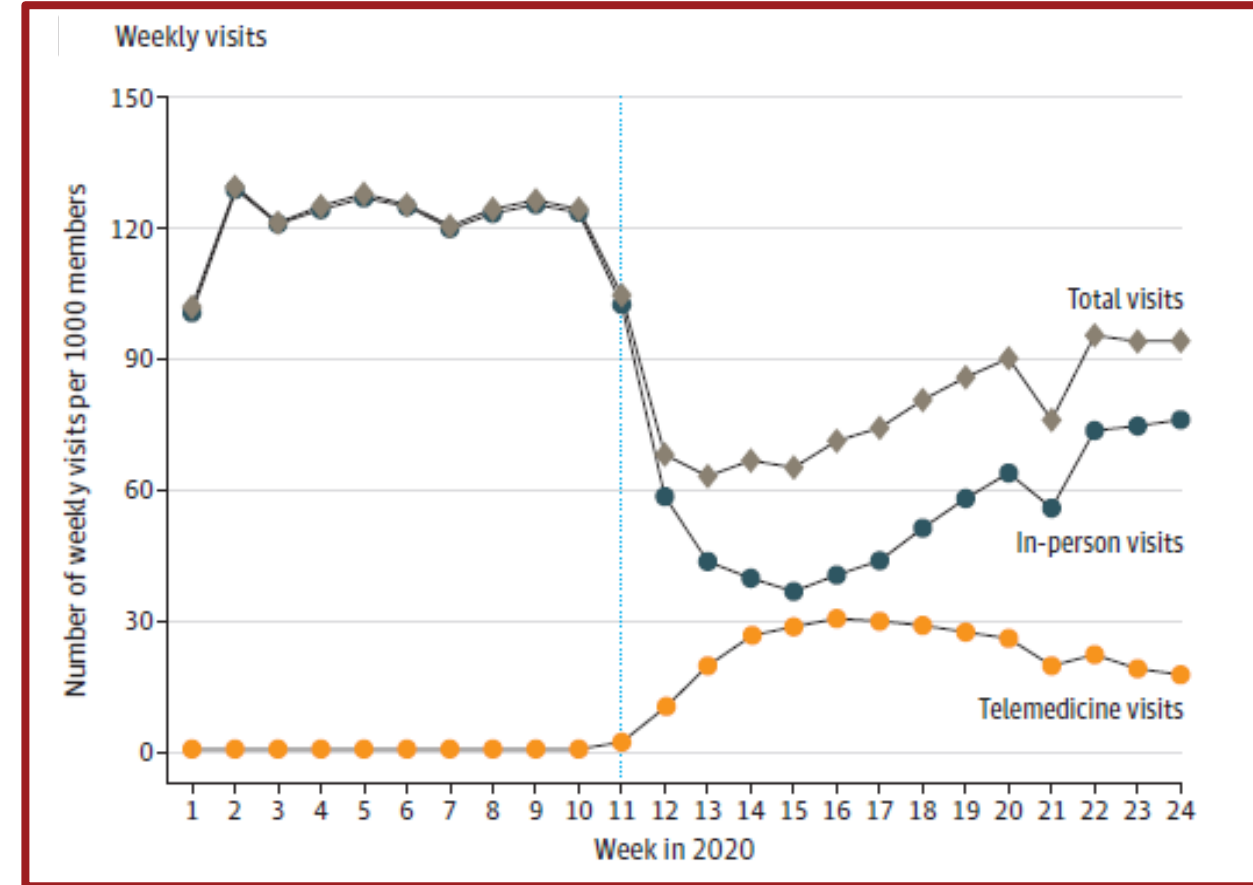
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Immediate Changes in Care Patterns Catalyzed by COVID-19 Pandemic

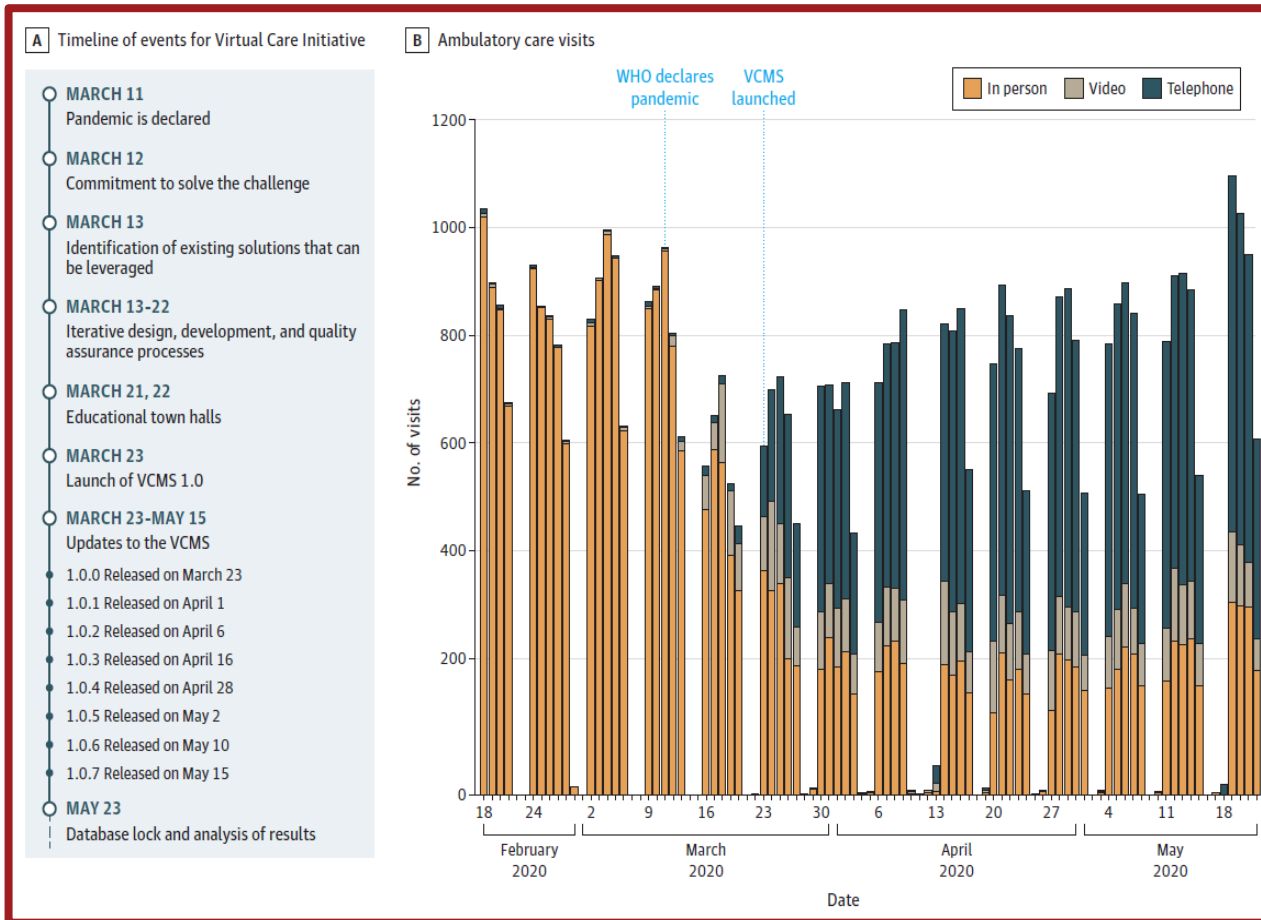
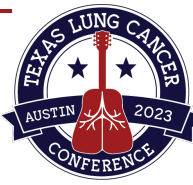


- Prior to COVID-19, <1% of oncology visits via telemedicine
- Immediate drop in in-person visits & jump in telemedicine visits
- Later settling with in-person visits picking up, telemedicine decreasing some, total visits still below initial baseline



Patel S, JAMA Internal Med 2021

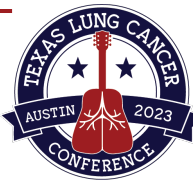
Rapid Transition to Telemedicine for Pandemic: Princess Margaret Cancer Center



- Virtual care launched 12 days after declaration of pandemic
- 22,085 visits conducted (mean 514/day)
 - 68.4% of daily visits
 - 0.8% prior to program
- Phone >> video
- Ambulatory visit volumes back one month after deployment
- No change in quality of care
- Satisfaction:
 - 82% for pts
 - 72% for practitioners

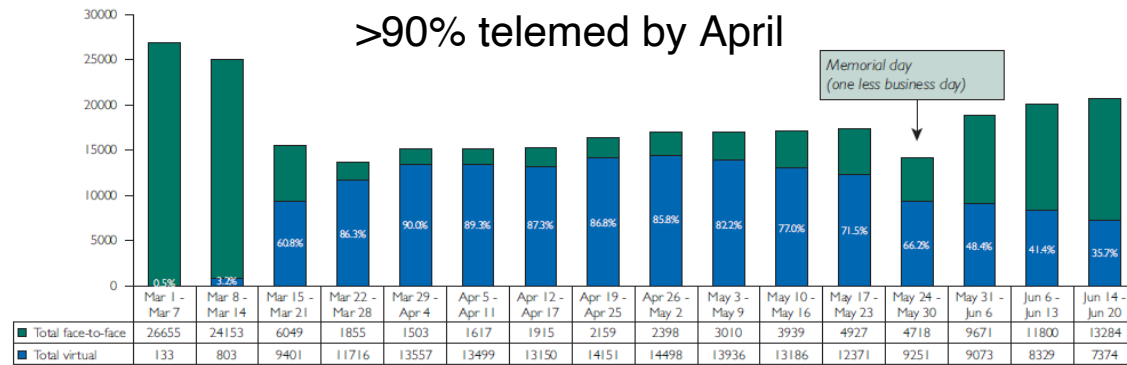
Berlin, JAMA Oncol 2021

Patterns of Telemedicine Vary Greatly by Institution & Population Served

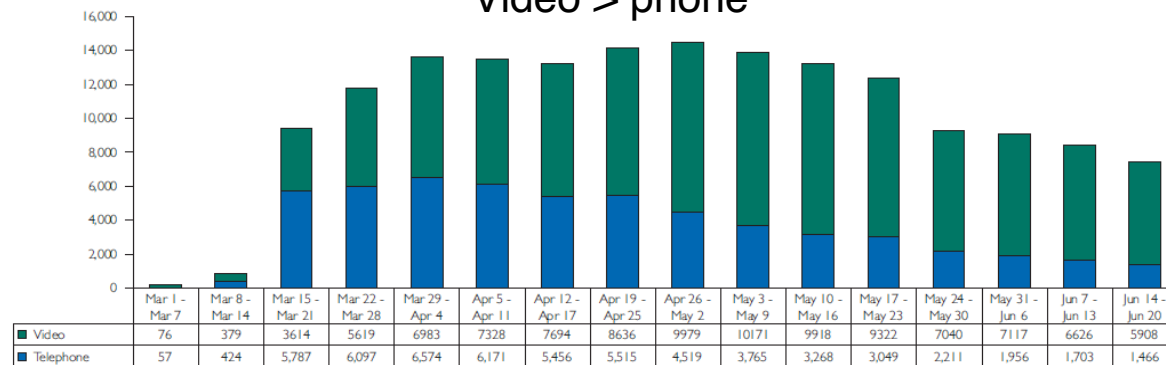


March – June, 2020

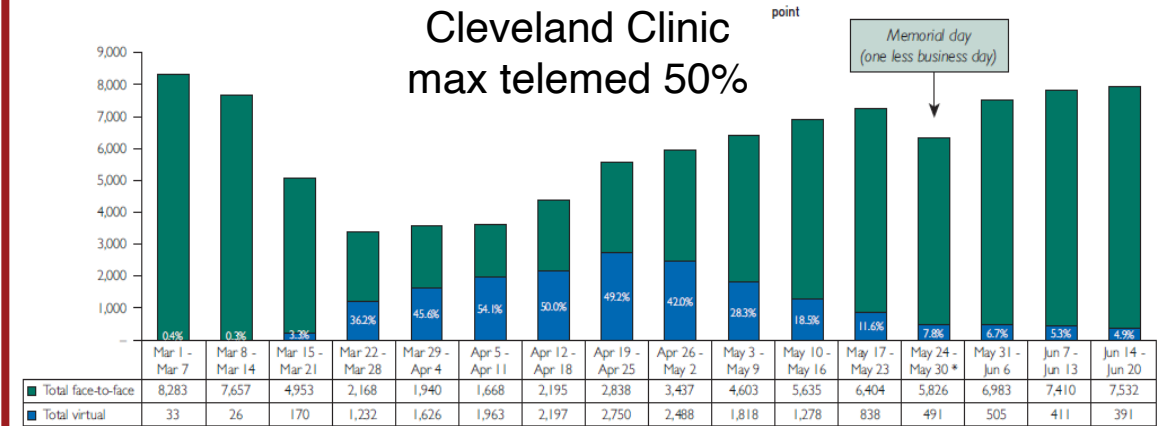
Cleveland Clinic >90% telemed by April



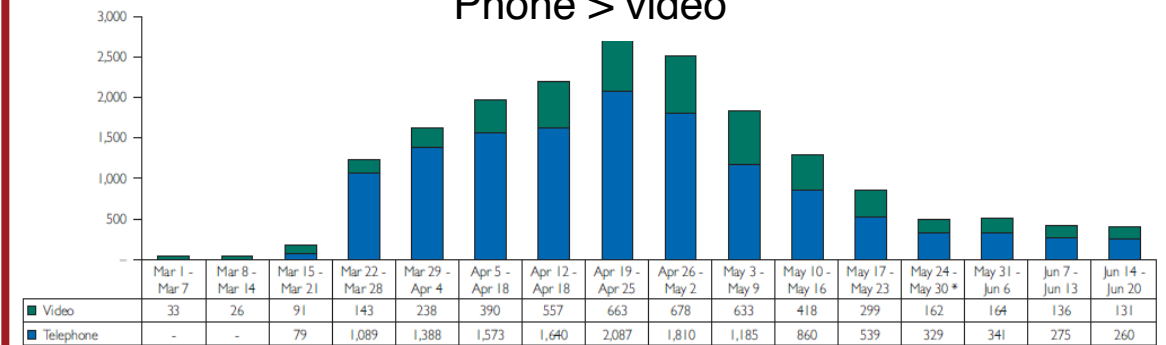
Video > phone



Cleveland Clinic max telemed 50%



Phone > video

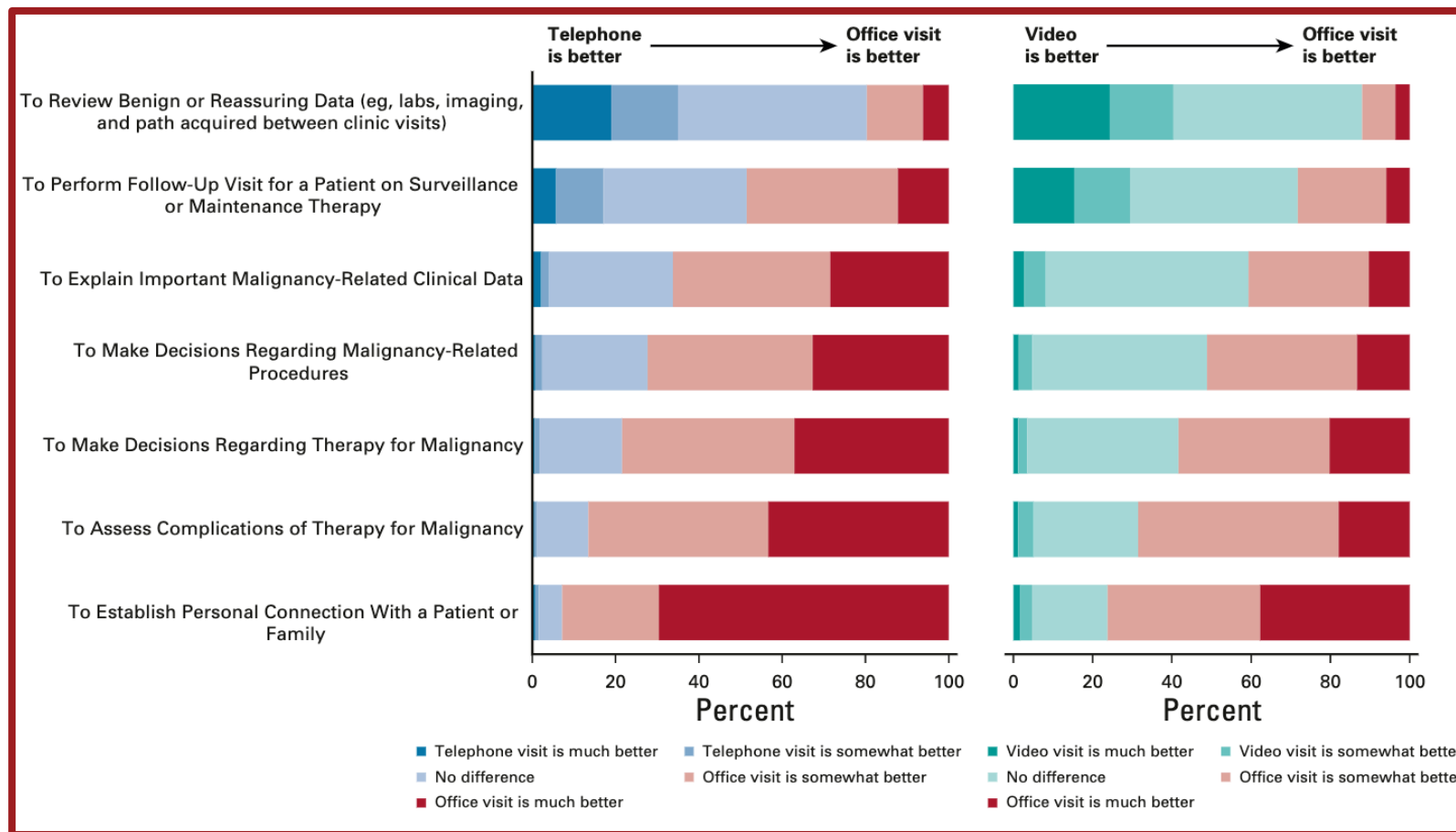


Sinsky, Mayo Clinic Proc 2021

A Spectrum of Suitability for Telemedicine in Cancer Care



N=1038
oncologists
from NCCN
institutions



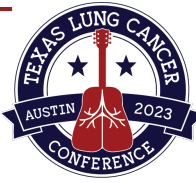
Telephone/
video better

Live visit
better

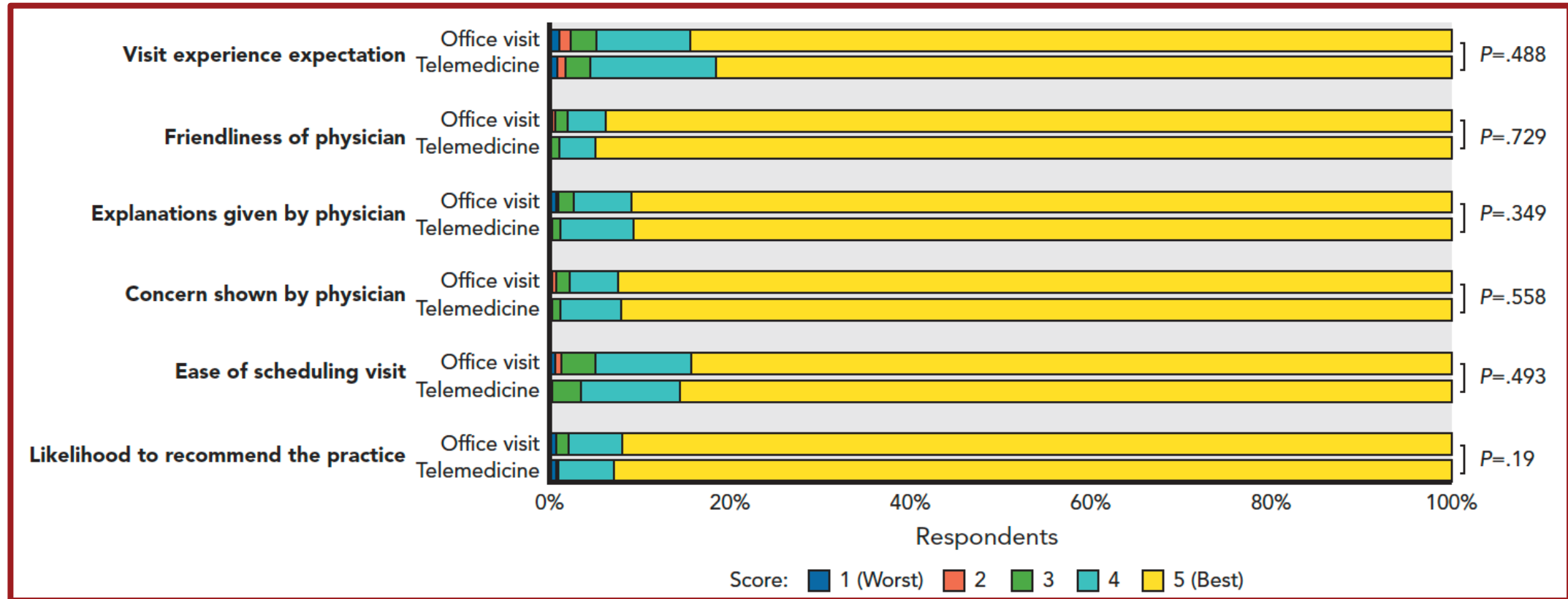
Oncologists estimate 45% of clinic visits are well suited to telemedicine

Tevaarwerk, JCO Oncology Practice 2021

What Do the Patients Think?

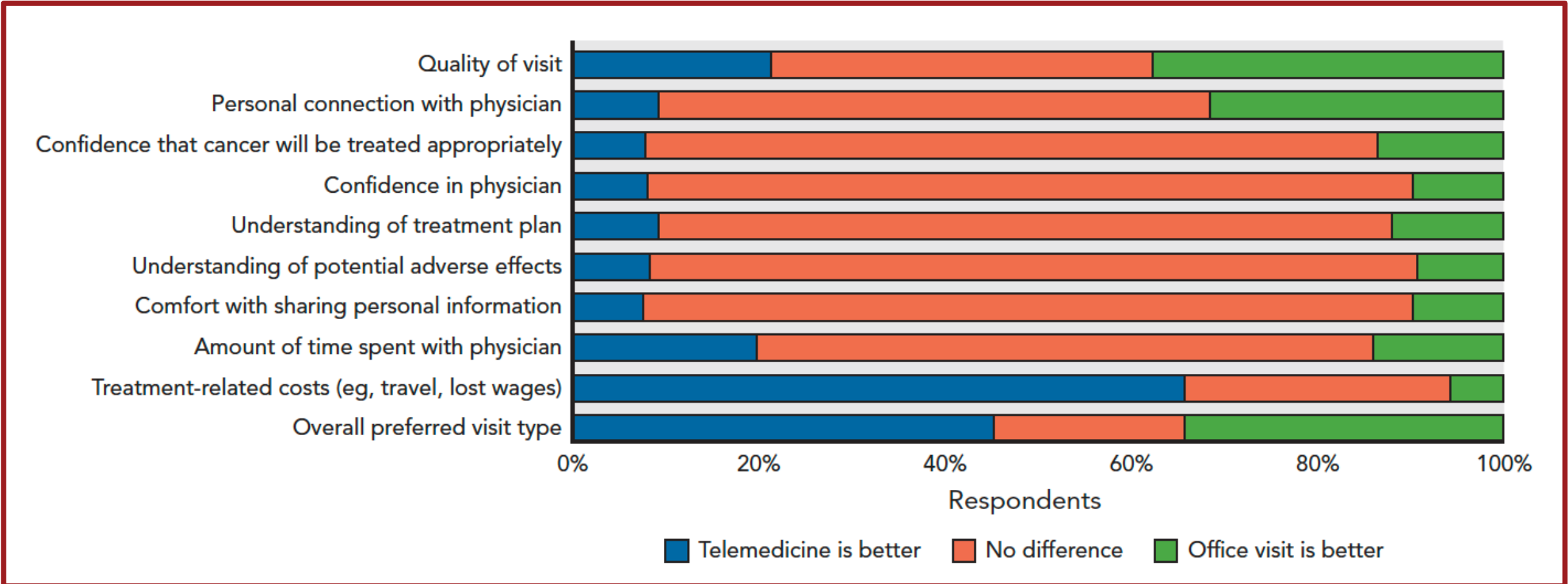


N = 1077 patients ~ 2:1 office vs. telemedicine, rad onc at MSKCC
12/2019 – 6/2020



Shaverdian, J Natl Compr Cancer Netw, 2021

Which Strategy is Better for Specific Factors?



Shaverdian, J Natl Compr Cancer Netw, 2021

“Telemedicine Unreadiness” Among Older Adults in US

- Cross-sectional study of 4525 community-based adults (≥ 65)
- Assessed for problems with hearing, speaking, dementia, vision, lack of internet-enabled hardware, and lack of use of electronic communications in preceding months

Factor	Percentage unready (survey weighted)	Adjusted odds ratio (95% CI)
Age, y		
65-74	25	1 [Reference]
75-84	44	2.3 (1.8-3.0)
≥ 85	72	7.0 (5.3-9.1)
Sex		
Women	38	1 [Reference]
Men	39	1.7 (1.3-2.1)
Race/ethnicity		
White, non-Hispanic	32	1 [Reference]
Black, non-Hispanic	60	1.8 (1.4-2.3)
Other, non-Hispanic ^a	45	1.0 (0.6-1.5)
Hispanic	71	2.4 (1.6-3.6)
Rurality		
Metropolitan	38	1 [Reference]
Nonmetropolitan	42	1.2 (0.9-1.5)

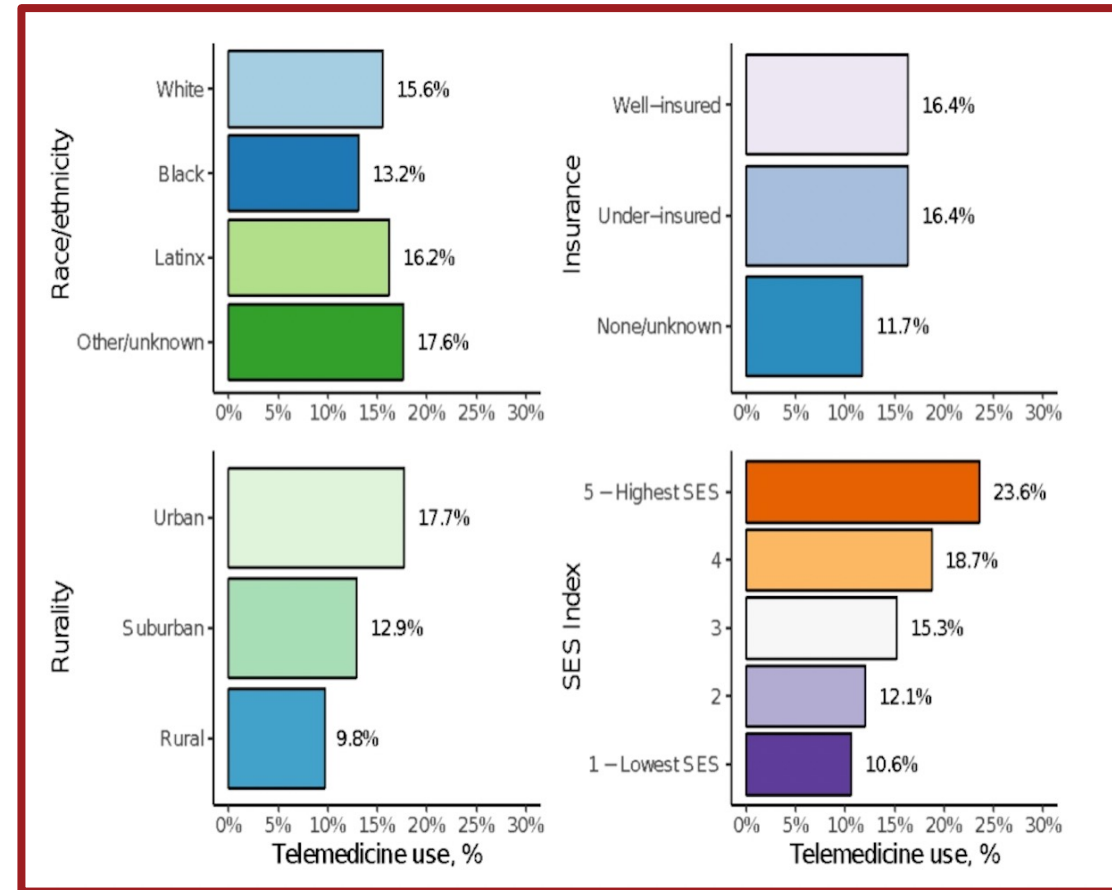
Marital status		
Married	30	1 [Reference]
Separated or divorced	42	1.5 (1.1-2.0)
Widowed	52	1.7 (1.3-2.2)
Never married	58	2.7 (1.4-5.1)
Educational level		
>High school	24	1 [Reference]
High school	48	2.1 (1.7-2.5)
<High school	74	3.9 (2.9-5.3)
Income quintile ^b		
Highest	17	1 [Reference]
Higher	23	1.2 (0.9-1.7)
Middle	34	1.5 (1.0-2.1)
Lower	43	1.9 (1.3-2.9)
Lowest	67	3.2 (2.2-4.6)
Self-rated health		
Excellent	22	1 [Reference]
Very good	26	1.0 (0.7-1.4)
Good	40	1.4 (1.0-1.9)
Fair	60	2.5 (1.8-3.5)
Poor	77	4.5 (2.7-7.6)

Less feasible in older patients, minorities, unmarried, less educated, lower income, & less healthy patients with fewer advantages least able to avail themselves of potential benefits of telemedicine)

Lam, JAMA Int Med 2020

Disparities in Who is Using Telemedicine for Oncology

- Flatiron data on 26,788 people treated for cancer between 3/2020 and 11/2021 (f/u through 3/2022)
- Significantly lower rates of telemedicine use
 - Black vs. White pts
 - Patients without documented insurance
 - Patients in rural or suburban areas vs. urban ones
 - strong association w/socioeconomic status



Telemedicine addresses some disparities but introduces others

Guadamuz, ASCO 2022, A#6511

Maximally Supported Live Clinic vs. Unsupported Telemedicine Clinic

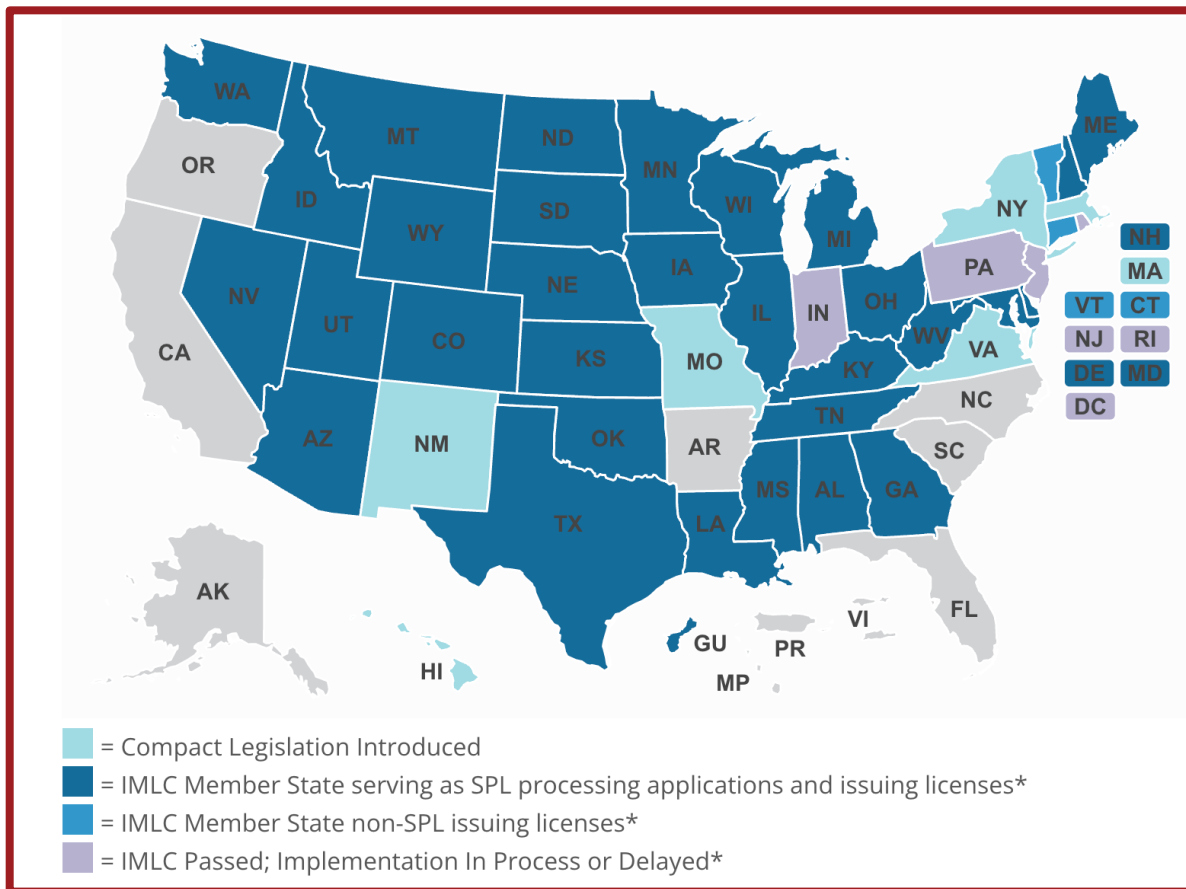


- Most docs work with MA, nurse/APC, scheduling in clinic
- Too often transfer to virtual visits leave MD on their own
- Navigators work w/patient to get them into virtual waiting room
- Supporting staff coordinates later care
- Higher quality care, better documentation, better staff & physician satisfaction; marked increases in productivity

We can make telemedicine easier and better for docs & patients

Sinsky, Mayo Clinic Proc 2021

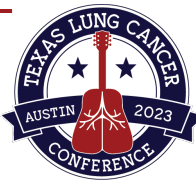
Interstate Medical Licensure Compact



- 37 states (+ DC, Guam) and growing
 - 3 states currently pending
- Membership process for MDs living and/or working in a member state
(though *not* trivially easy or quick)
- Easy to obtain other state licenses
 - Pay \$\$ → license granted in days
- Not as good as a nat'l telemedicine license

IMLCC.org

ASCO's Position Statement on Telemedicine in Cancer Care (May, 2021)



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AMERICAN SOCIETY OF CLINICAL ONCOLOGY

ASCO Position Statement: Telemedicine Cross-State Licensure
Approved by the Board on May 20, 2021

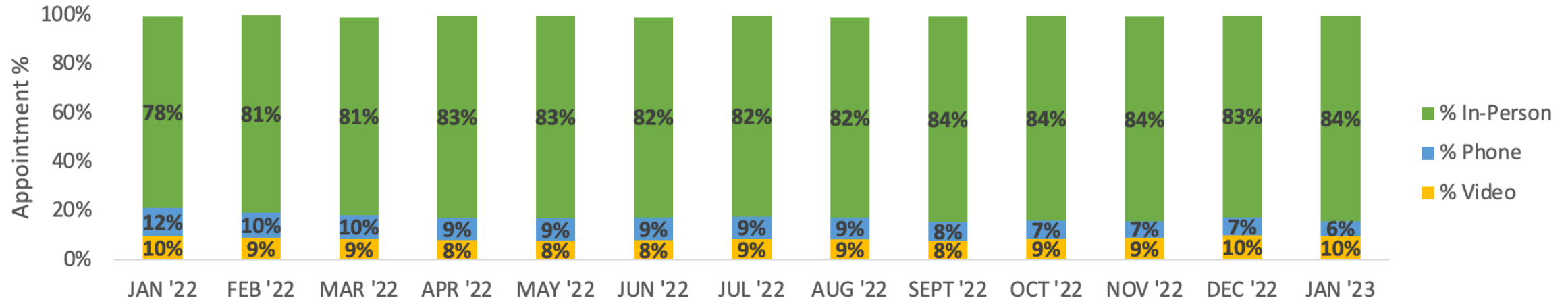
- Supports continuing CMS provisions for cancer care telemedicine beyond pandemic
- Favors participation of all states in Interstate Medical Licensure Compact (IMLC)
- Recommends doctor-patient relationship be initiated by live visit first
 - This is not meant to restrict telemedicine option for second opinion support
- Medical liability insurance should cover telemedicine interactions
- FTC should monitor telehealth practice patterns to prevent unfair practices/fraud

Telemedicine for Cancer Care, More Recent History

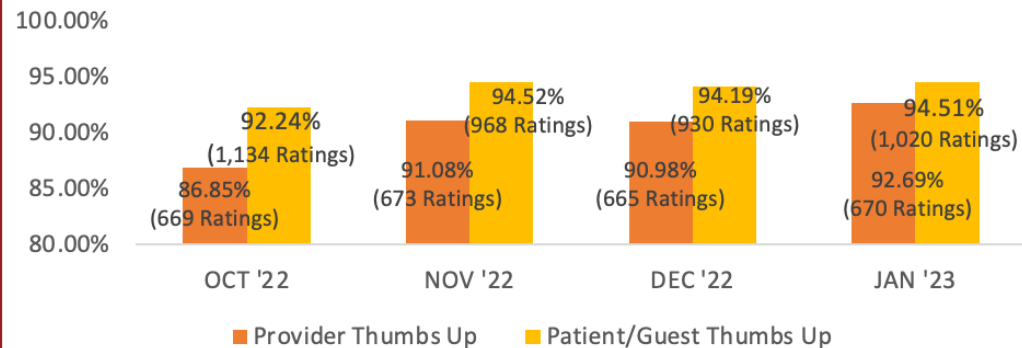


City of Hope Network

Telehealth (Video & Phone) vs. In-Person %



% of Provider and Patient Tele-Video Satisfaction



(Thumbs down from various A/V tech issues)

Broad Public/Political Support, but Many Practical Challenges



The New York Times

Is Telemedicine Here to Stay?

The answer largely depends on whether Medicare and private health insurers will adequately cover virtual doctor visits once coronavirus outbreaks subside.

Give this article



While David Collins of Houston appreciates the ease of telemedicine, he sometimes prefers an in-person doctor's visit. "If you break your arm, an e-visit isn't going to help you at all," he said. Callaghan O'Hare for The New York Times



By Reed Abelson

Aug. 3, 2020

Modern Healthcare

NEWS DIGITAL HEALTH INSIGHTS DATA/LISTS OPINION EVENTS & AWARDS MULTIMEDIA

Home > Politics & Policy

July 27, 2022 07:09 PM

House passes bill extending telehealth reimbursement through 2024

Jessica Kim Cohen and Lauren Berryman

TWEET SHARE in SHARE EMAIL REPRINTS



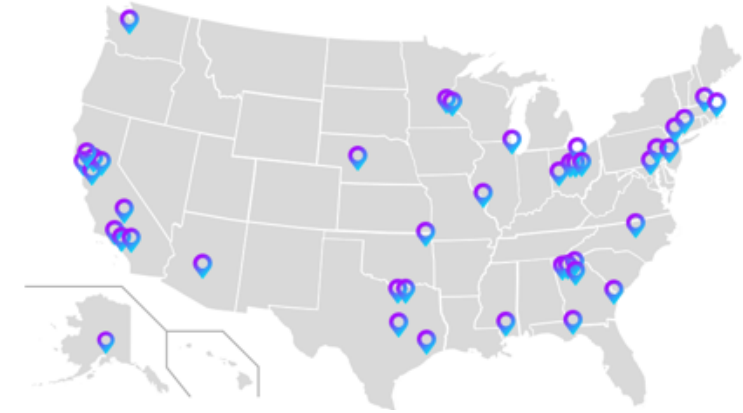
Getty Images

- Just a stay of execution?
- Consumers/patients like it, but many headwinds
 - State licensure still makes tons of \$\$ for states & protects local docs
 - Hospitals/clinics profit from current system
 - Docs have more support & convenience from "MD/institution-centered care"
 - Why do telemedicine if you can be more productive/hr with in-person care?

AccessHope Network: Asynchronous Case Reviews for Subspecialist Input

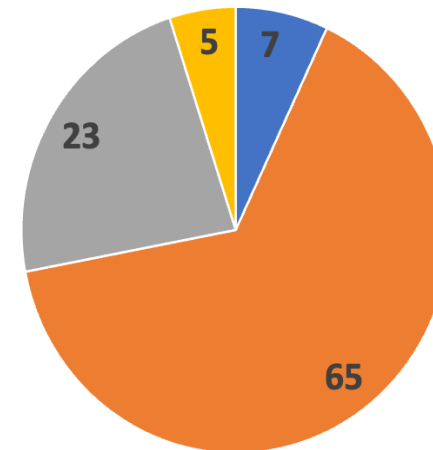


- Dozens of large employers offering expert review as an employee benefit
 - Over 3 million covered lives
- Multiple NCI centers in network
 - City of Hope
 - Northwestern Medicine
 - Dana-Farber Cancer Institute
 - Emory Winship Cancer Institute
 - Fred Hutchinson Cancer Center
 - More coming



N = 110 cases over 19 months, coinciding with early pandemic

Concordance (% of Cases)



- Agree
- Agree, enhancements recommended
- Disagree, revisions recommended
- Disagree, corrections recommended

- Cost savings identified in 14 cases for total projected savings of \$2M
- Average of \$19K/patient for entire cohort

West, JCO Oncol Practice, 2022

What is the Future of Telemedicine in Cancer Care?

- Feasibility clearly demonstrated, can do the job
- Ideal for some patients/settings, but *not the right tool for every job*
- Requires less friction in tech for both docs & pts
 - Oncologists need support ~ live clinic
- Disparities & barriers for pts, often those who need telemedicine the most
- Haven't yet begun to try to address them
- Over time, “you get what you incentivize”
 - Oncologists need support comparable to live clinic
 - Currently hobbled by licensing, reimbursement Qs, uncertainty about future laws, & need to change the status quo...
 - Truly patient-centered, but that's not enough



Think like smart phones & computers
“both/and”, not “either/or”