



# Telehealth: Pros, Cons and Pitfalls

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City of Hope

# Disclosures

- I do not have any relevant financial relationships.

*This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.*

# Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

## STATE LAW:

The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

*The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.*

## EXEMPTION:

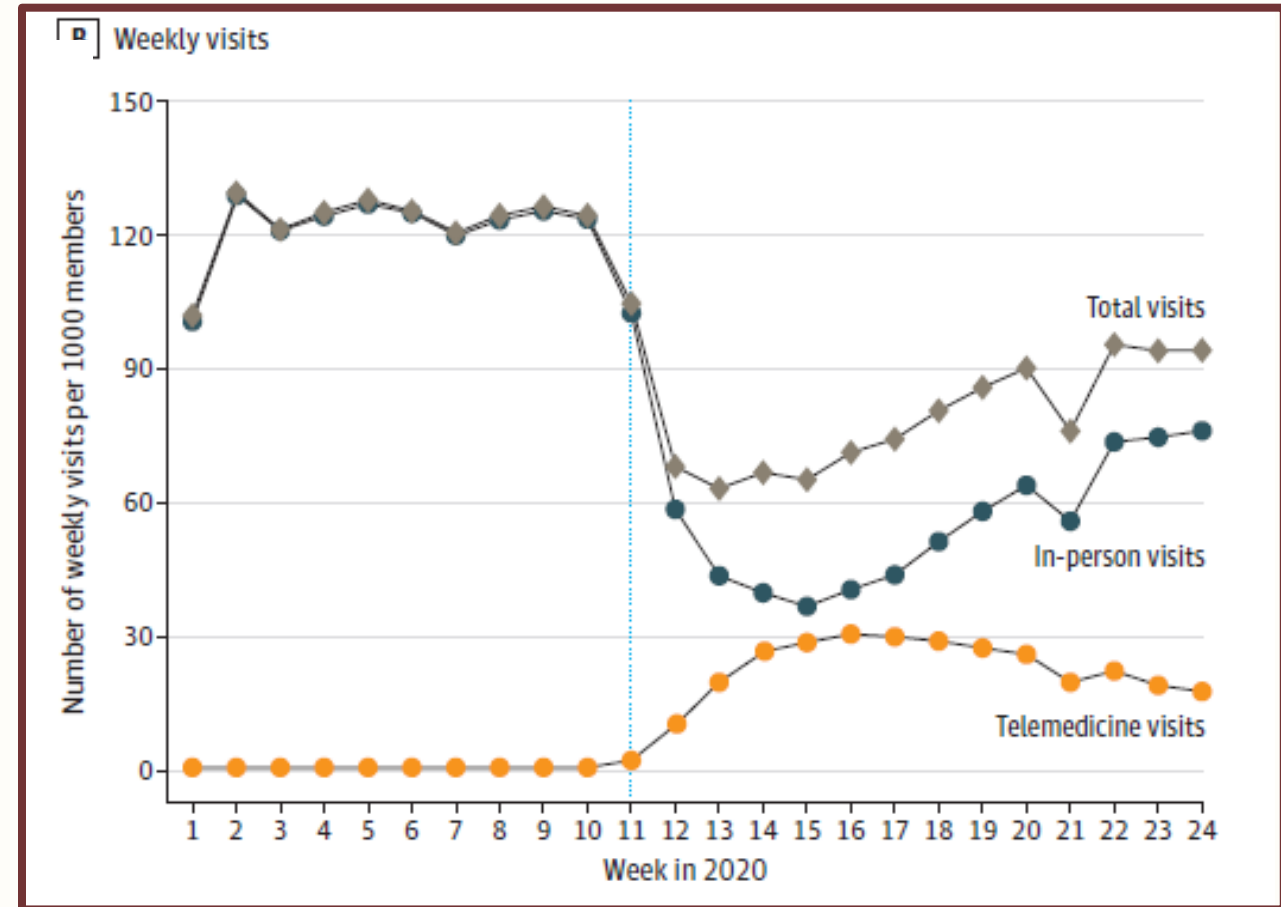
Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

***The following CLC & IB components will be addressed in this presentation:***

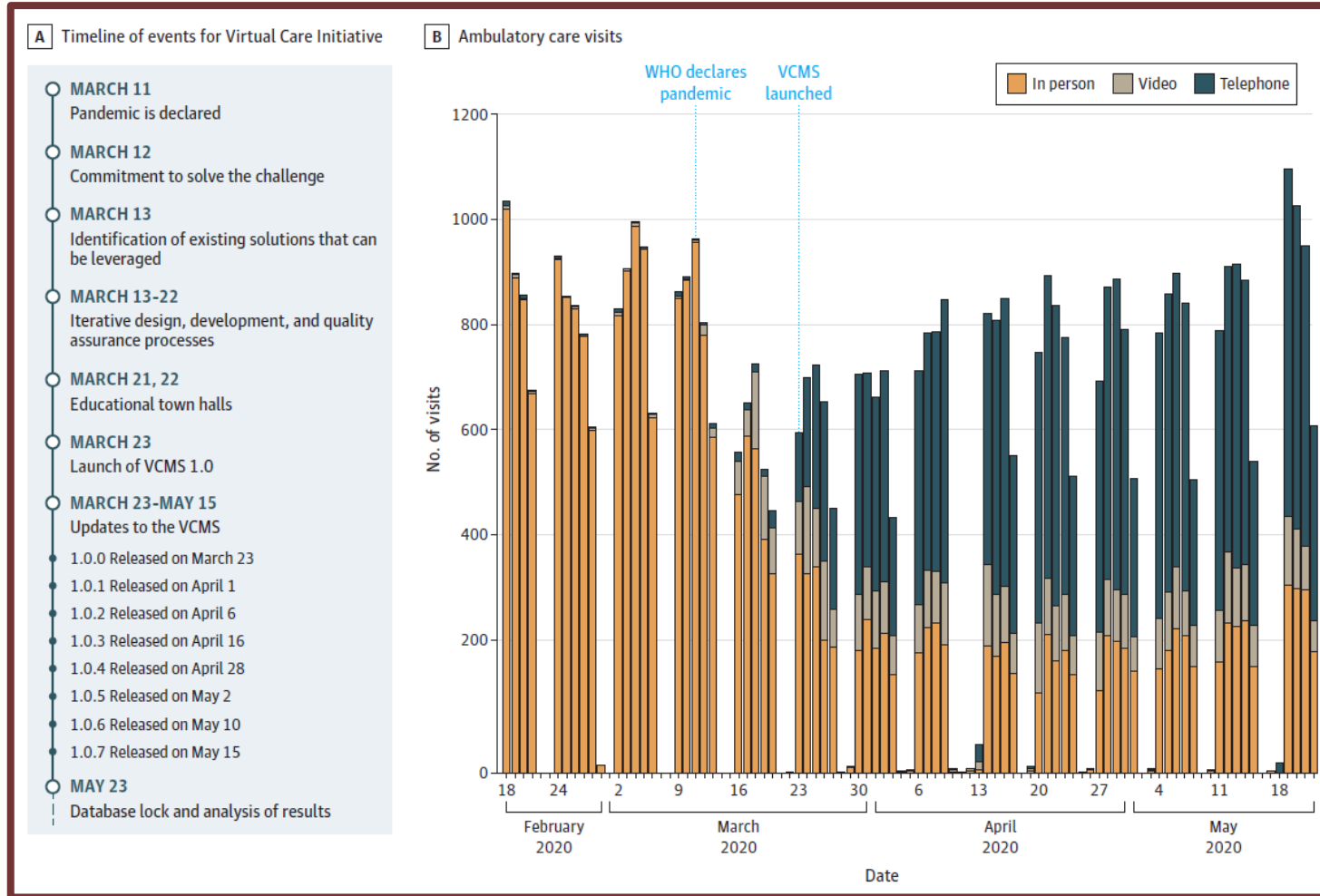
- ***Discuss demographic and societal limitations to good access to telemedicine services, particularly those that are video-based.***
- ***Identify communication, education, and technical skill barriers that limit utility of telehealth services in many populations with greatest need for telemedicine support.***

# 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



# Quick Transition to Telemedicine for Pandemic: Princess Margaret Cancer Center

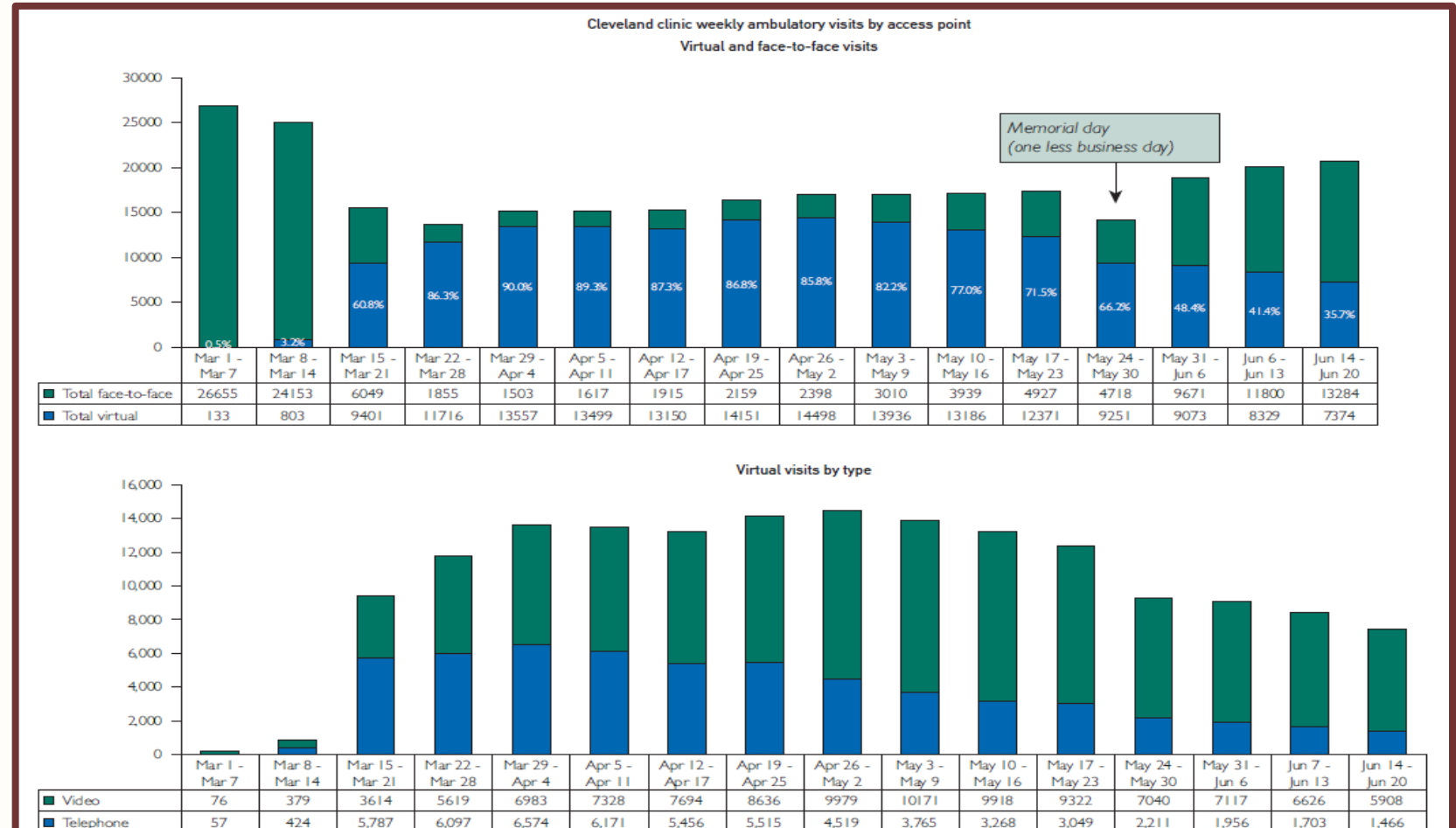


- ❖ Virtual care launched 12 days after declaration of pandemic
- ❖ 22,085 visits conducted (mean 514/day)
  - ❖ 68.4% of daily visits
  - ❖ 0.8% prior to program
- ❖ Phone >> video
- ❖ Ambulatory visit volumes back 1 month after deployment
- ❖ No change in quality of care
- ❖ Satisfaction:
  - ❖ 82% for pts
  - ❖ 72% for practitioners

# In Person vs. Telemedicine Visits, March-June, 2020: Cleveland Clinic

Live vs. virtual visit  
(up to 90% virtual)

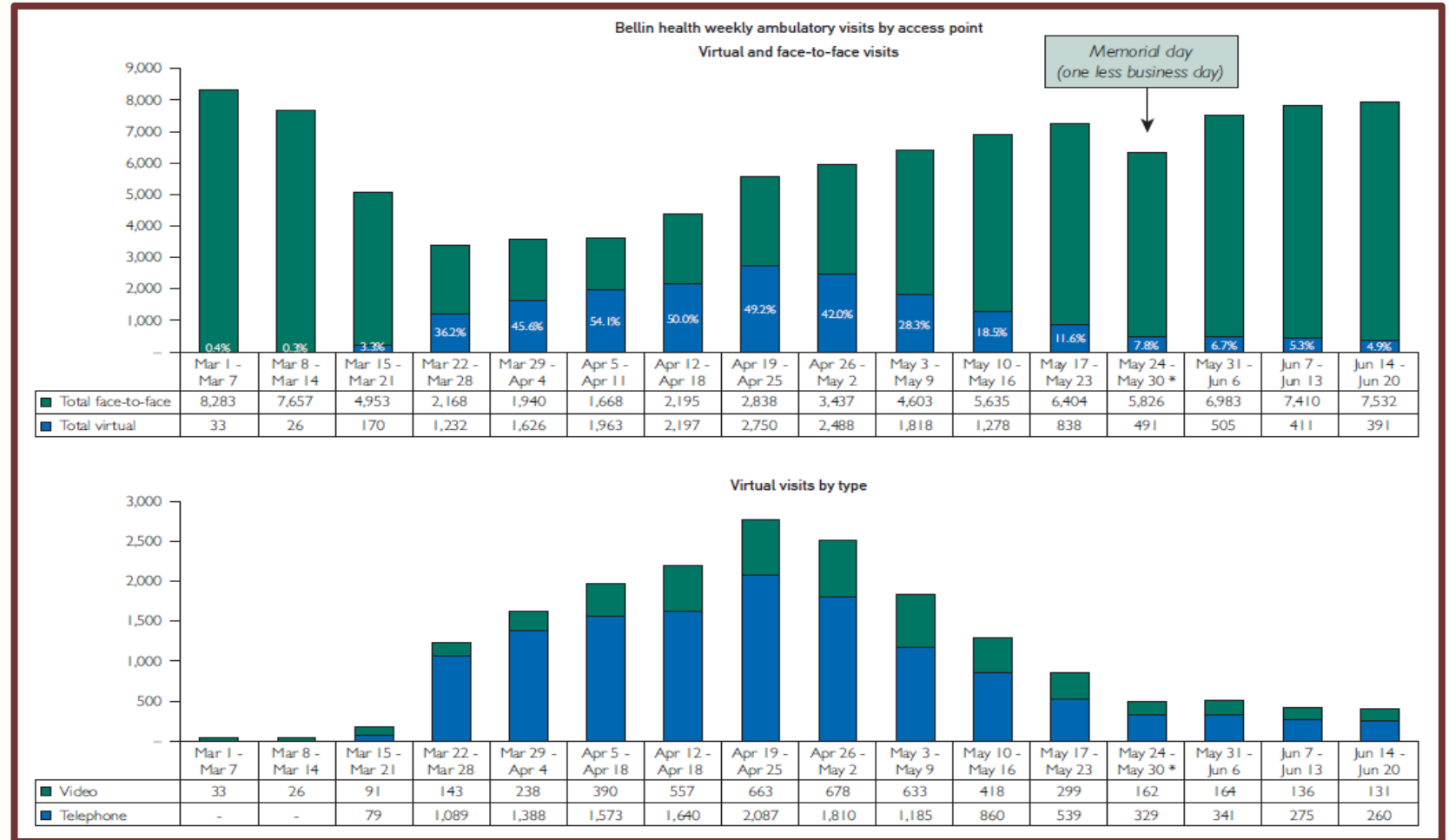
Video- (green) vs.  
phone-based (blue)  
virtual visits



# In Person vs. Telemedicine Visits, March-June, 2020: Bellin Health

Live vs. virtual visits

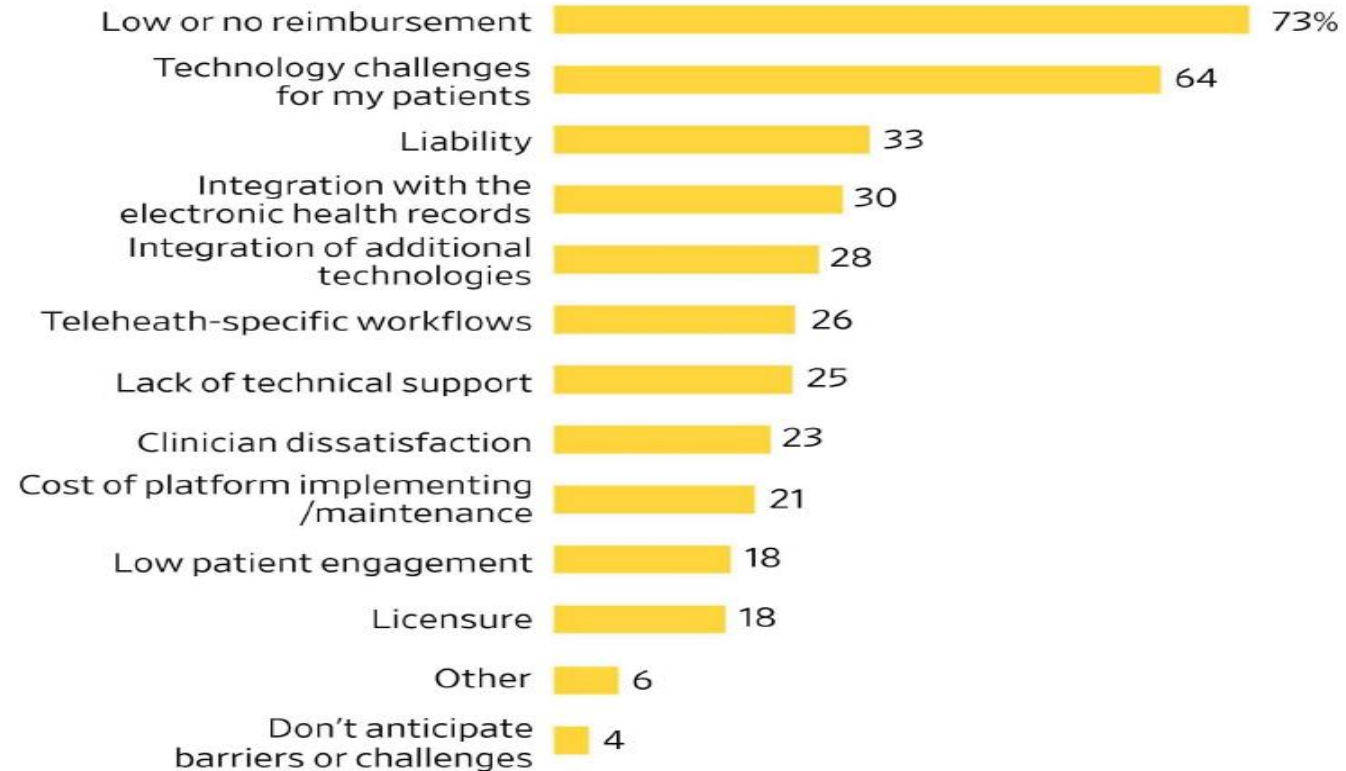
Video- (green) vs.  
phone-based (blue)  
virtual visits





# Anticipated Barriers to Telemedicine (Not Specific to Oncology)

What do you see as barriers to the continued use of virtual care after the pandemic?



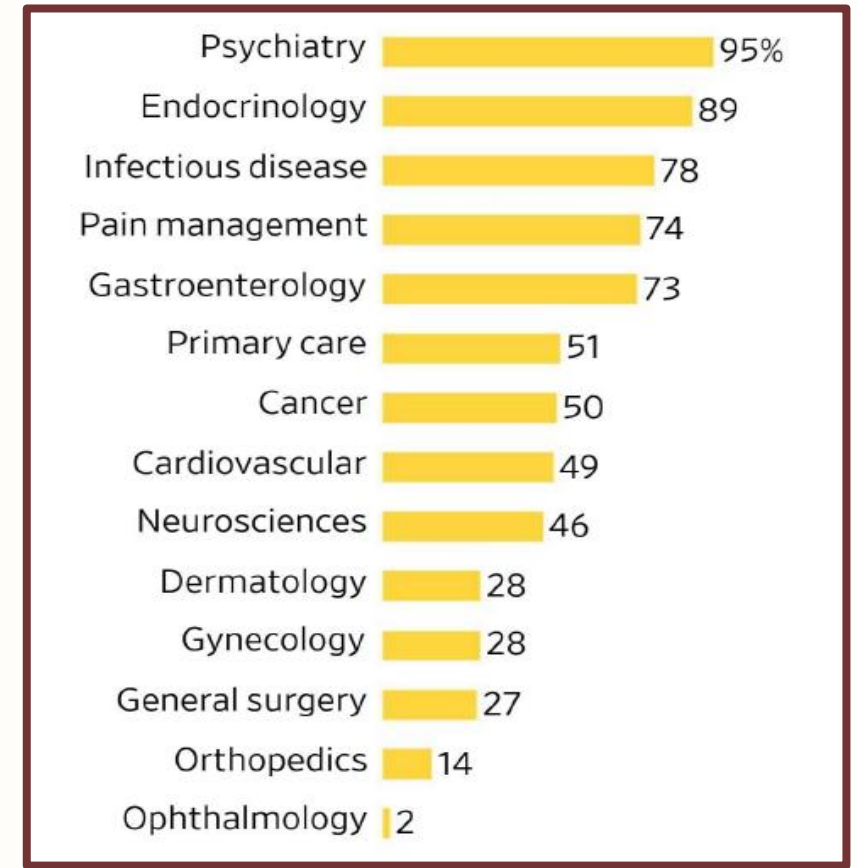
Source: Covid-19 Healthcare Coalition Telehealth Impact Study, survey of 1,594 physicians and other healthcare professionals, July-August 2020



# Utility of Telemedicine Varies by Specialty

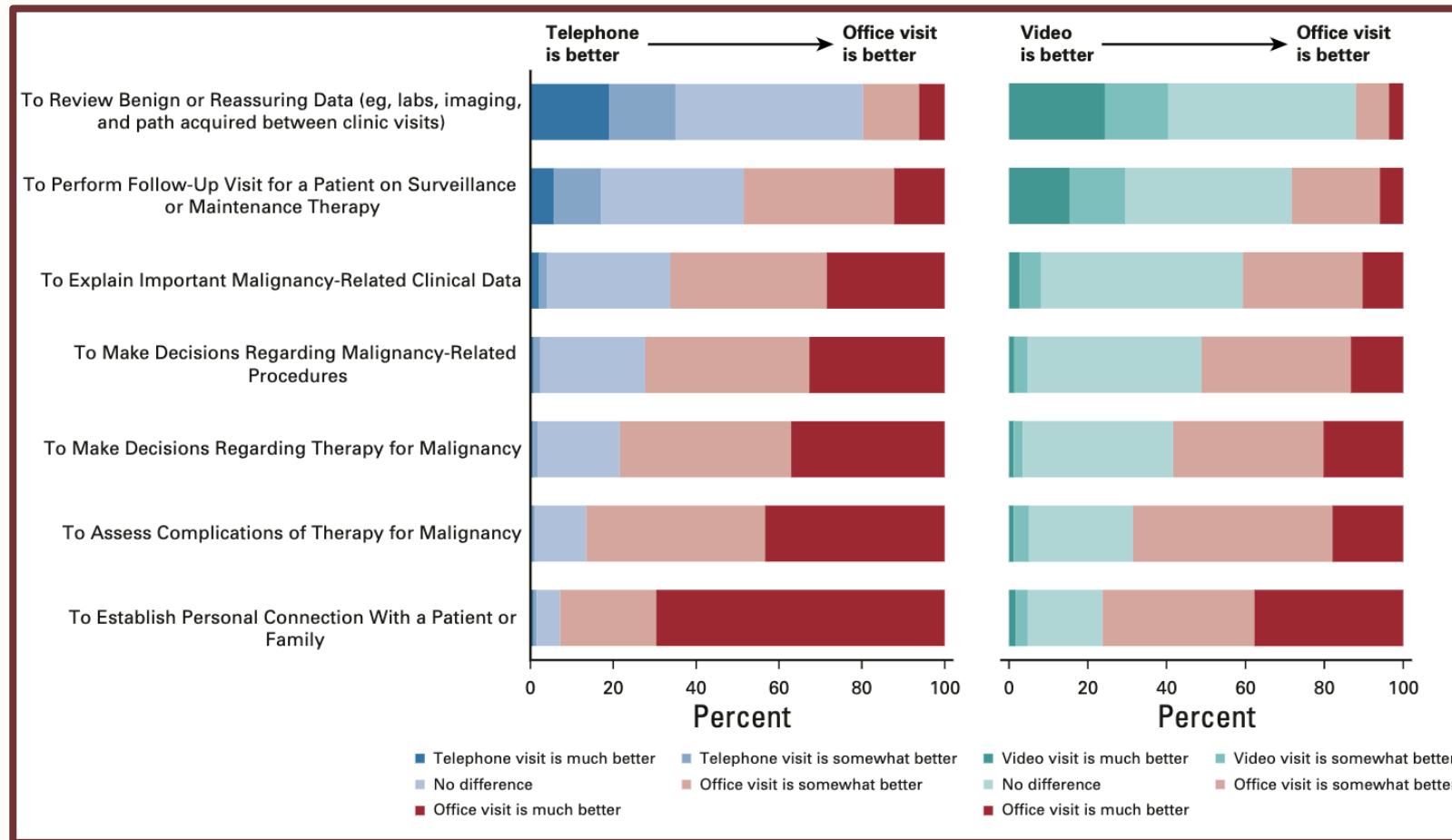
- ❖ More cognitive specialties with limited or no interventions or exam (at least serially) are more amenable to telemedicine
- ❖ Actual use patterns show remarkable variability across specialties, from 95% in psychiatry to 2% in ophthalmology
- ❖ Cancer care is right in middle (50%)
- ❖ Actual numbers likely to vary based on patient demographics (here, Stanford)

Telemedicine Use by Specialty,  
Stanford Health Care, 9/1/20-3/20/21



# Telemedicine Felt to Be Best Suited for Less Complicated Clinical Scenarios

N=1038  
oncologists  
from NCCN  
institutions

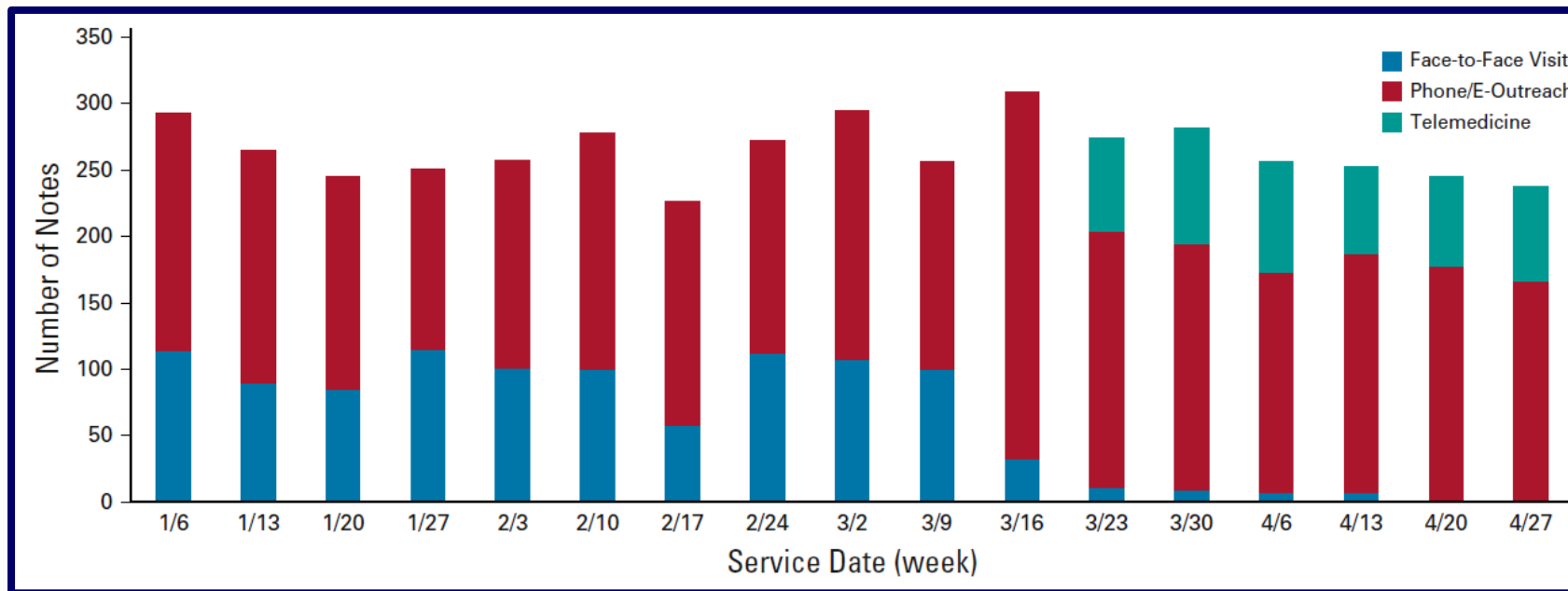


Telephone/  
video better

Live visit  
better

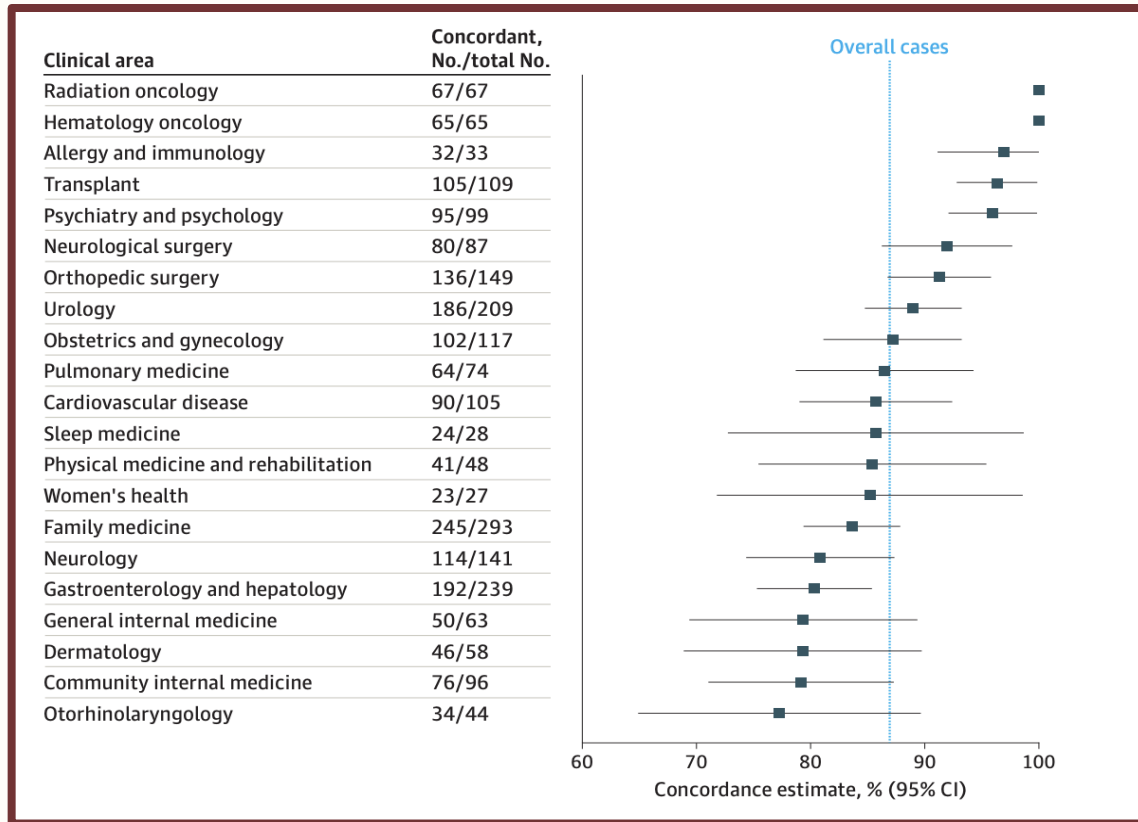
# Transitioning Palliative Care to Telemedicine

- ❖ DFCI Palliative Care service moved immediately to very few live visits
- ❖ Offered deferred visits, calls, or virtual visits
  - ❖ Within 2 weeks, scheduled visits back near baseline total
  - ❖ Used support staff to orient patients

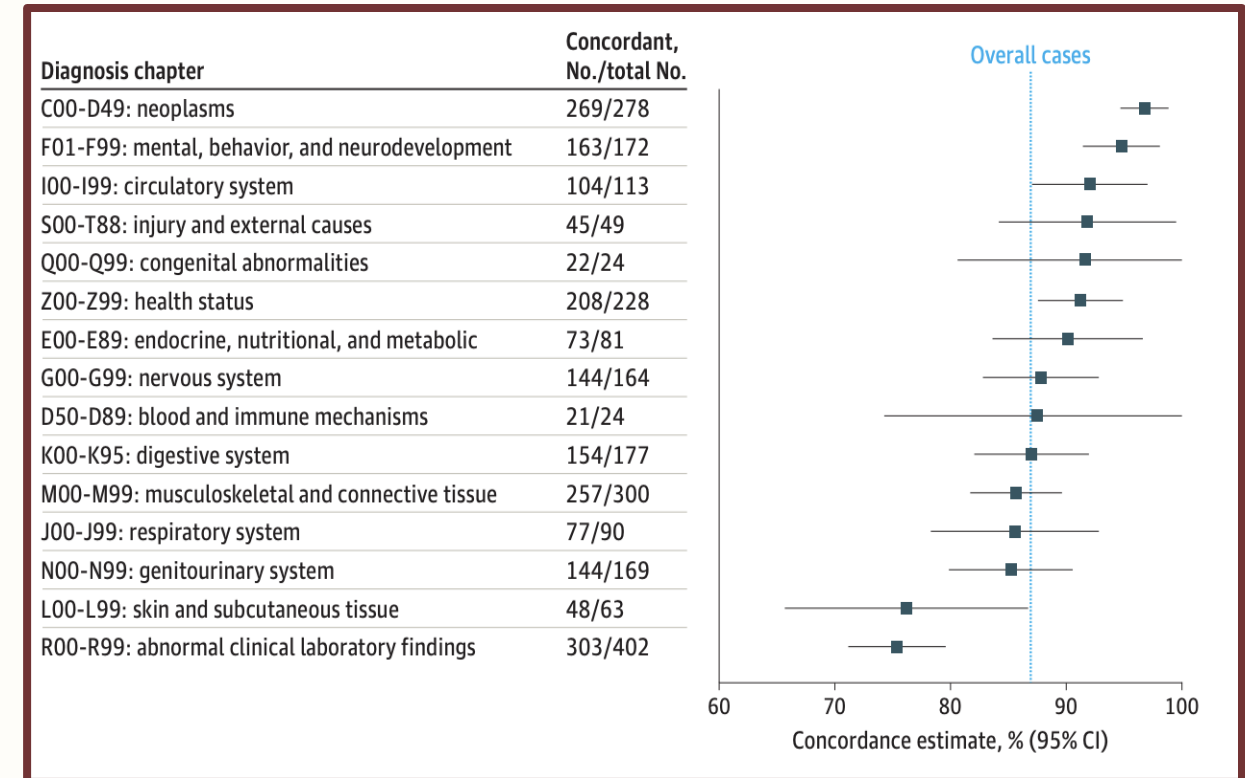


# Concordance of Telemedicine Diagnosis (Mayo)

## Concordance by Field

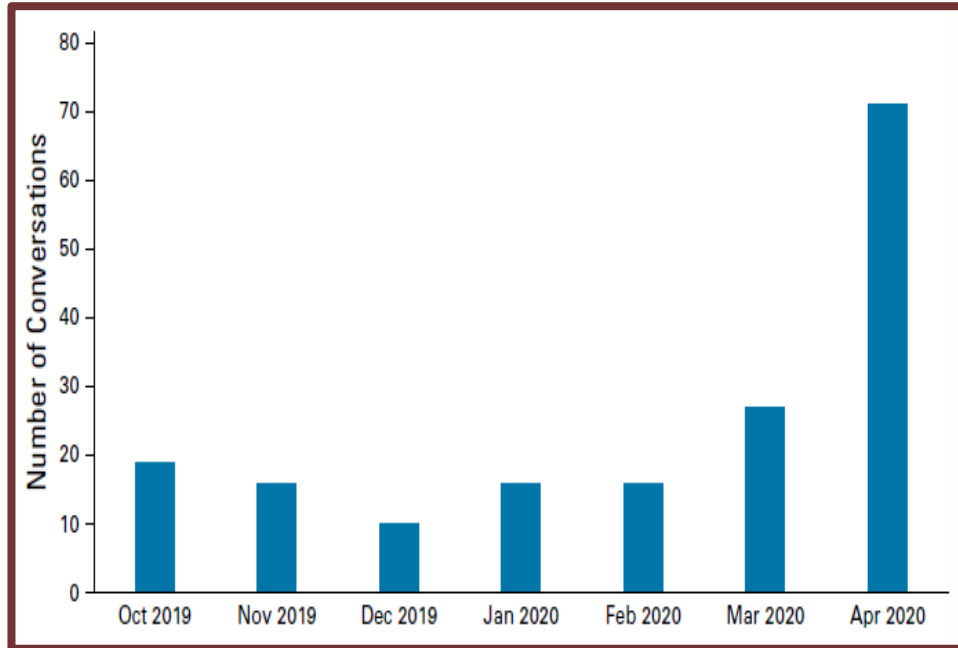


## Concordance by Diagnostic Code



# Able to Integrate Interdisciplinary Care & Discuss Goals of Care

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- ❖ Able to bring in an interpreter, integrate social worker, nurse, pharmacist for med reconciliation & counseling
- ❖ Better documentation of goals of care (“easier than we anticipated”, “often initiated by patients”), with potential threat of COVID-19, lack of ventilators, no family visitors
- ❖ “Pandemic created a sense of urgency to discuss goals of care”
- ❖ Patients seemed relatively comfortable to discuss by phone or over video

# Benefits & Challenges of Video-Based Telemedicine

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*“In transitioning our practice to telehealth, we quickly identified a preference for seeing patients by video.”*

- Helpful to have body language and visual of emotion
- Slight audio delay problematic when it occurred – helpful to introduce intentional pauses
- Difficulty for patients to log in was a real issue; delaying schedules
  - Admin staff reviewed video long on instructions with patients in advance
  - Most could log on when given meeting number for video conference by phone



# Remember that These Are Still Telemedicine's Early Days

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- ❖ User interfaces are variable, some quite difficult
- ❖ Patients and physicians often not equipped with optimal
  - ❖ hardware
  - ❖ bandwidth
  - ❖ experience/skill set
- ❖ TV once meant watching on 9 inch B&W set w/rabbit ears antenna



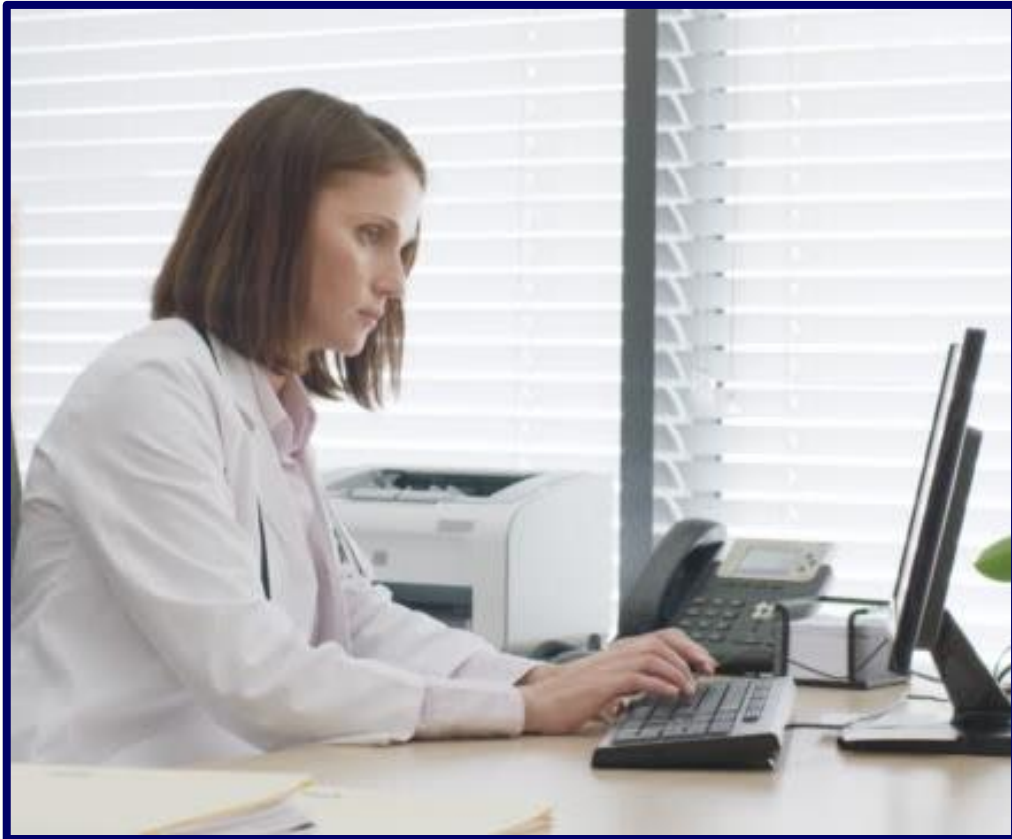


# Telemedicine Shouldn't Try to Just Replicate the In-Person Clinic Experience



- ❖ Early TV just put a camera in front on a live performance
- ❖ It took years to develop specific features how to best use the medium
  - ❖ TV has flourished but still coexists with live entertainment
- ❖ We are only beginning to explore how to use telemedicine well
  - ❖ Will prove to offer unique benefits and not just a consolation prize

# Limitations of (Early) Telemedicine: Clinical Team Often Doesn't Transfer into Virtual Space with Physician

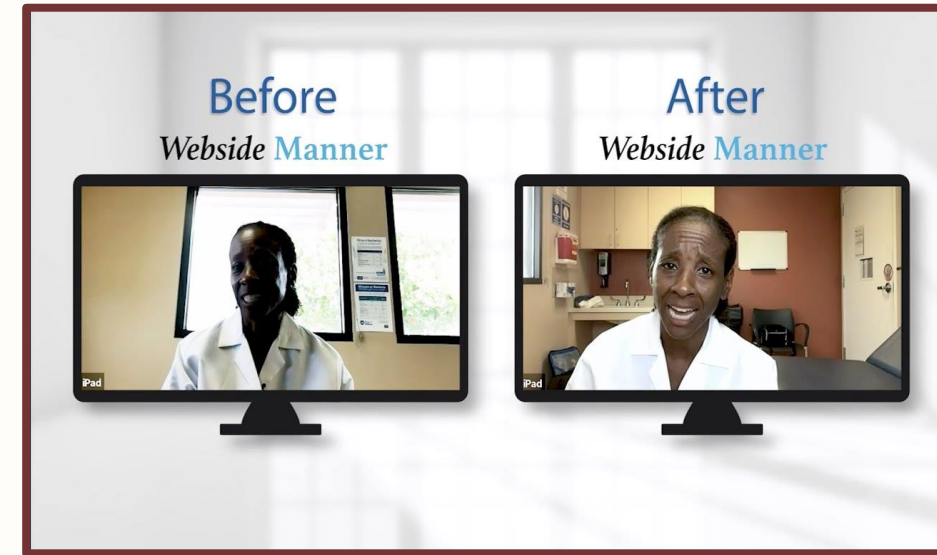


- ❖ Most docs work with MA, nurse/APC, scheduling in clinic
- ❖ Too often transfer to virtual visits leave MD on their own
- ❖ Navigators work w/patient to get them into virtual waiting room
- ❖ Supporting staff coordinates later care
- ❖ Higher quality care, better documentation, better staff & physician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

# Focusing on “Webside Manner”

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- ❖ Patient stories shouldn't be about tech challenges
- ❖ Bedside manner/live MD/patient interactions have been honed over decades to centuries
  - ❖ Webside manner has only just started
- ❖ Lighting, sound, camera should be good
- ❖ Setting and background should be appropriate – not cluttered, no extra people
- ❖ Make eye contact with the camera
- ❖ Acknowledge the new/odd nature of the televideo visit



From websidemanner.net



# What do PATIENTS Think of Telemedicine?

CARE DELIVERY ReCAP

JCO OP 2021

## Medical Oncology Patient Perceptions of Telehealth Video Visits

Rachel E. Granberg, BA<sup>1</sup>; Arianna Heyer, BA<sup>1</sup>; Kristin L. Rising, MD, MSHP<sup>2,3,4</sup>; Nathan R. Handley, MD, MBA<sup>3,5</sup>; Alexzandra T. Gentsch, MSW<sup>2,3</sup>; and Adam F. Binder, MD<sup>3,5</sup>

“I just really liked the visit. I mean, the fact that I felt we had—she had my undivided attention, that she—I didn’t feel like she was rushed. I thought that she was thorough and paid attention, listened to every word I was saying. And acted upon and responded in that way.”

“I felt like ... there was more time ... because I’ve been to doctors a lot and I just felt that the time that was spent, that I spent with the doctor was longer than if I had been in the office and she had other patients waiting.”

VS.

“Well, it’s a little bit more shorter and brief like just to make sure everything’s going okay. When you’re in an office visit with the doctor, you’re more specific and asking specific questions and you’re there a little bit longer, I think, like you get more in detail.”

“I feel like the tele video visits sometimes you feel like you’re next person in line, I gotta get out here. Whereas if I’m in the office, it’s like okay. You feel more like you’re right there, I can ask more questions, and I don’t know. It just feels more like it’s a little easier there.”

Different patients perceive MORE time or LESS time with telemedicine visits

Very individualized perspectives on whether telemedicine is an advance or a poor substitute

# Telemedicine is Not Ideal for Everyone

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- ❖ Patients coming in for infusions
- ❖ Unstable patients who need direct eval
- ❖ Language barriers
- ❖ Patients who don't have access
  - ❖ To hardware
  - ❖ To bandwidth
  - ❖ To tech experience
    - ❖ Widening disparity for “haves” and “have-nots”
- ❖ Patients/physicians uncomfortable with emotionally charged discussions through a screen



# “Telemedicine Unreadiness” Among US Older Adults

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

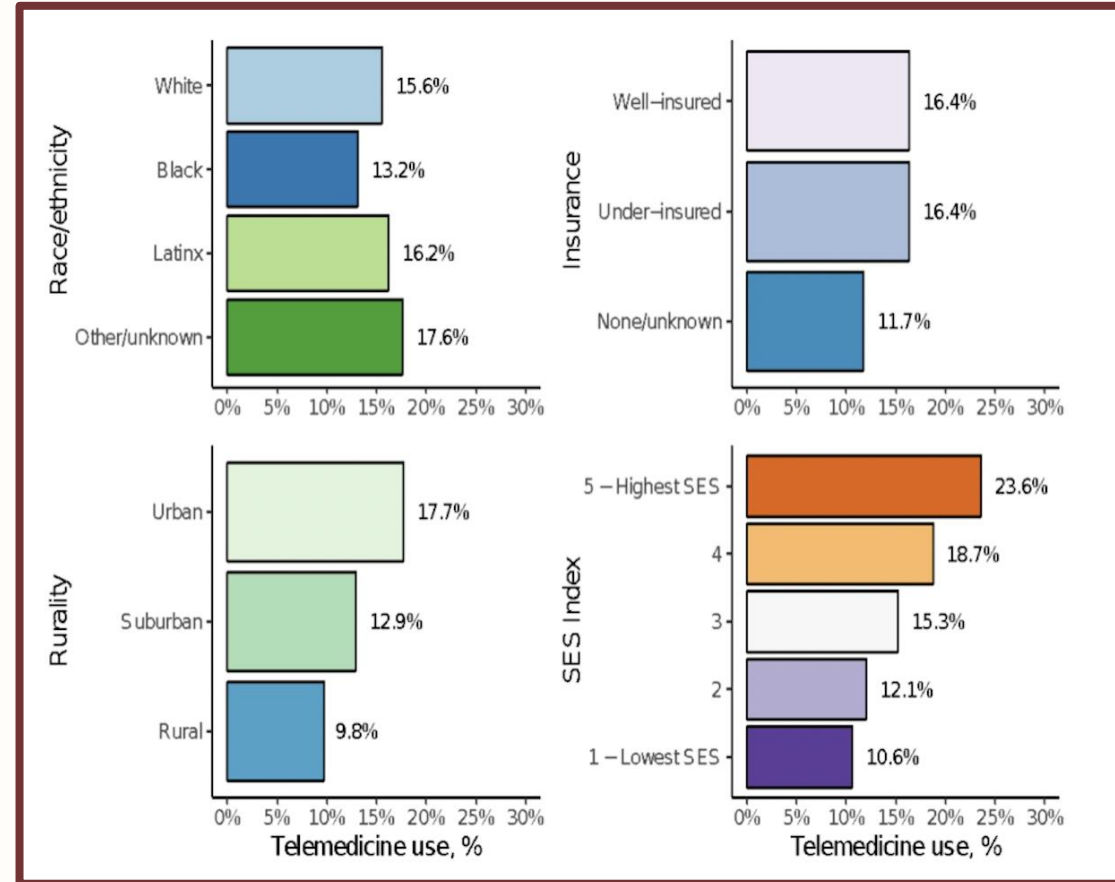
Factor	Percentage unready (survey weighted)	Adjusted odds ratio (95% CI)
Age, y		
65-74	25	1 [Reference]
75-84	44	2.3 (1.8-3.0)
$\geq 85$	72	7.0 (5.3-9.1)
Sex		
Women	38	1 [Reference]
Men	39	1.7 (1.3-2.1)
Race/ethnicity		
White, non-Hispanic	32	1 [Reference]
Black, non-Hispanic	60	1.8 (1.4-2.3)
Other, non-Hispanic <sup>a</sup>	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 <sup>b</sup>		
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)

# 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
  - ❖ those without documented insurance
  - ❖ those in rural or suburban areas vs. urban ones
  - ❖ strong association w/SES

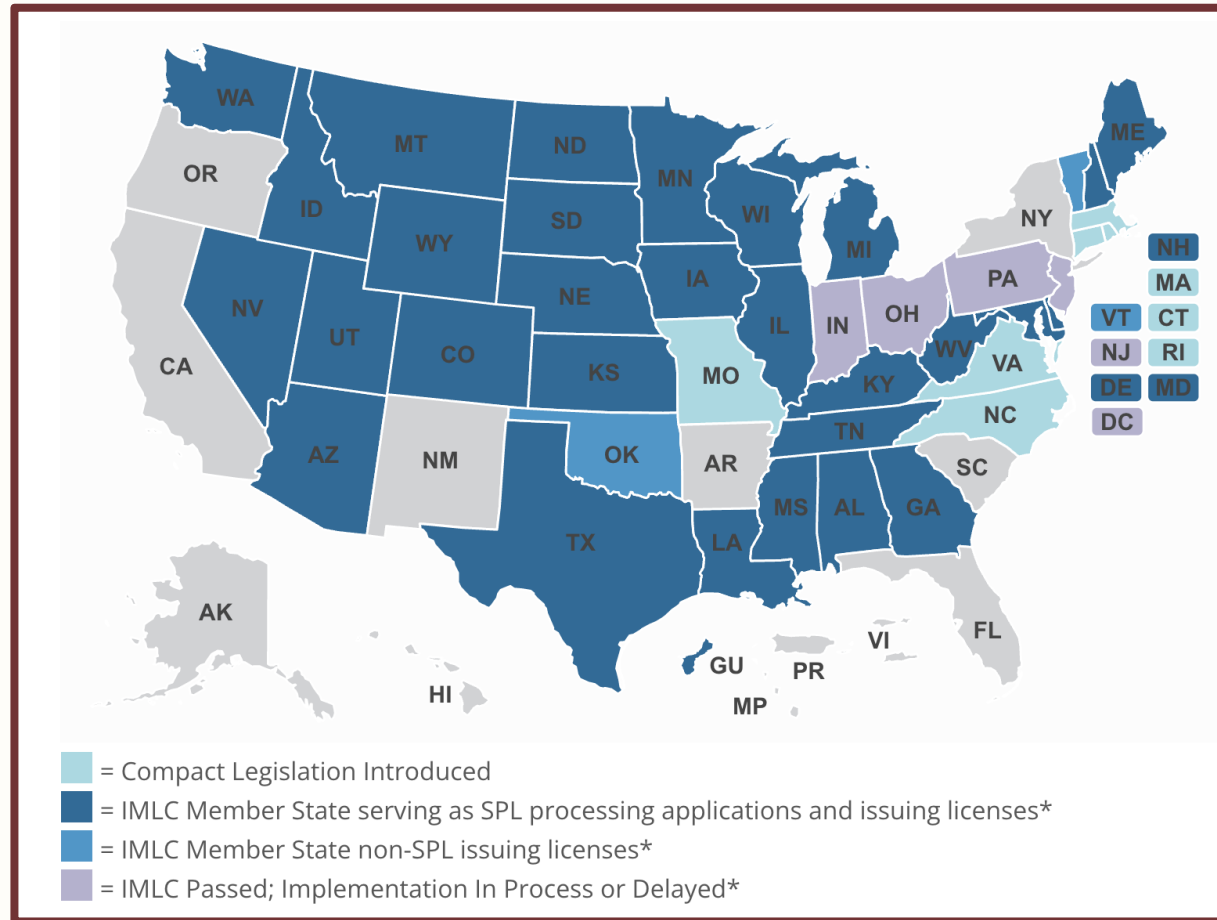


Telemedicine addresses some disparities but introduces others



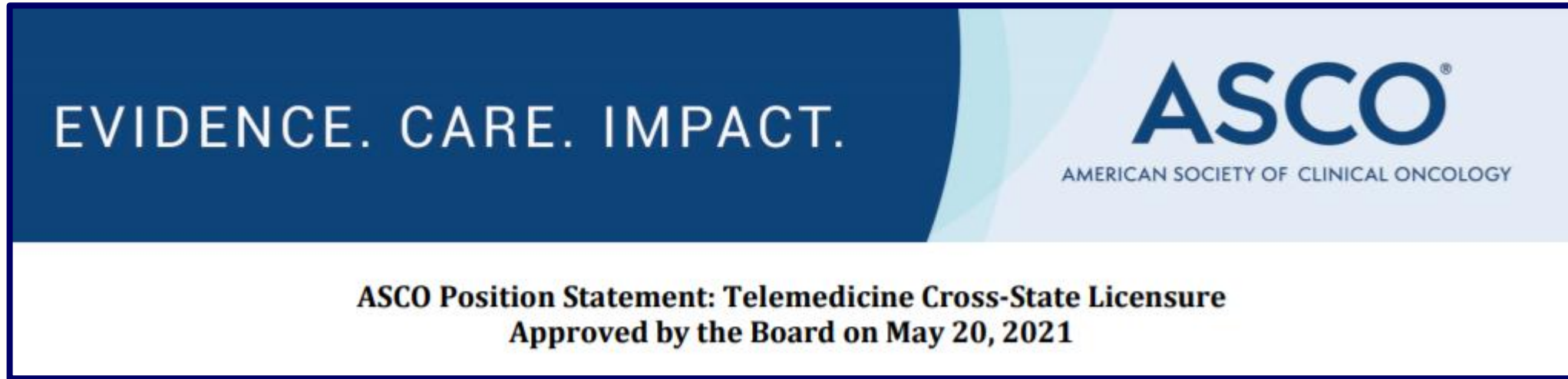
# Interstate Medical Licensure Compact

## Current Interstate Medical Licensure Compact Member States



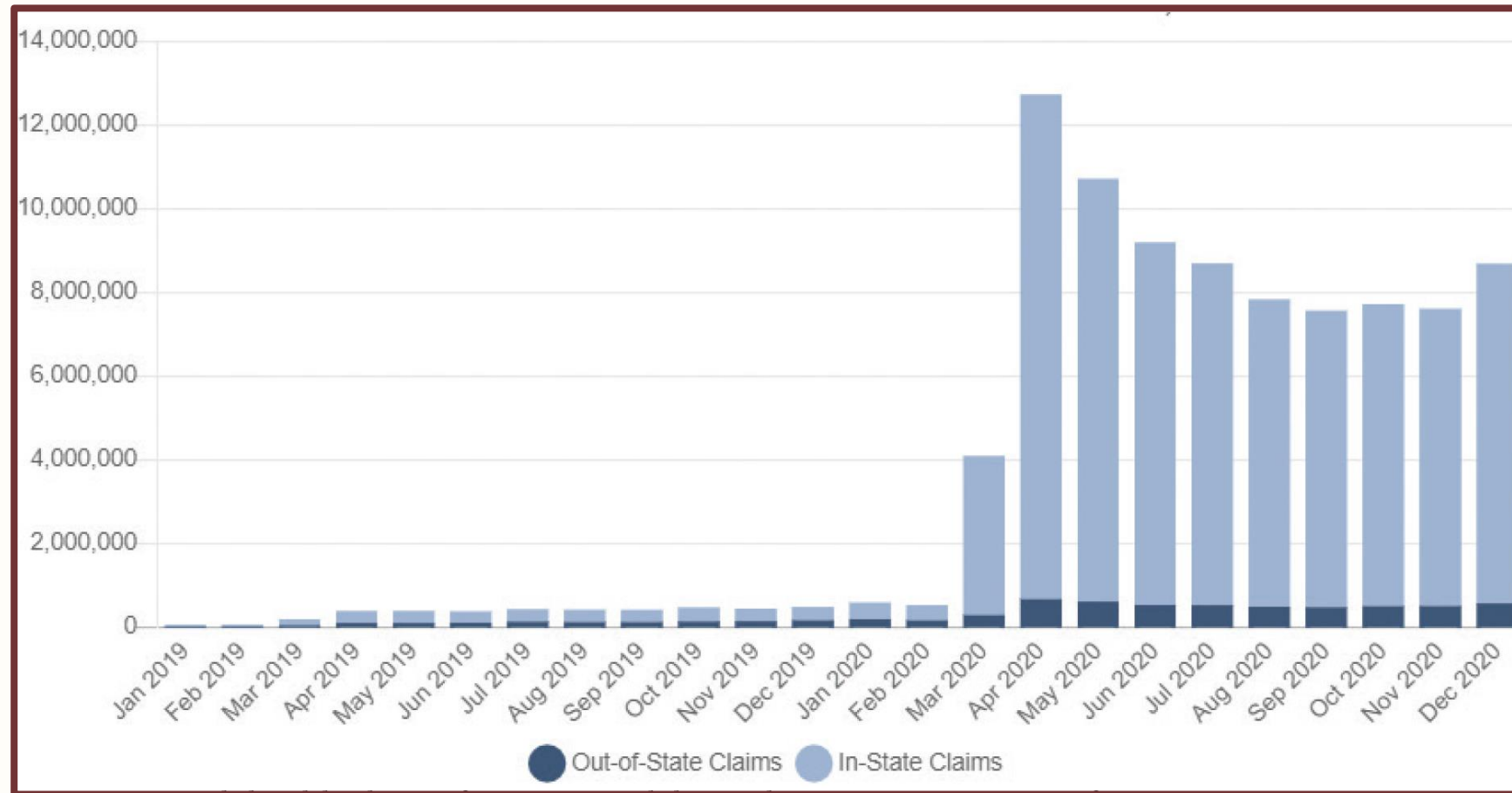
- ❖ 35 states (+ DC, Guam) and growing
  - ❖ 5 states currently pending
- ❖ Membership process for MDs living and/or working in a member state (though *not* trivially easy or quick)
- ❖ Far easier to obtain other state licenses
  - ❖ Just pay \$\$, license granted in days

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

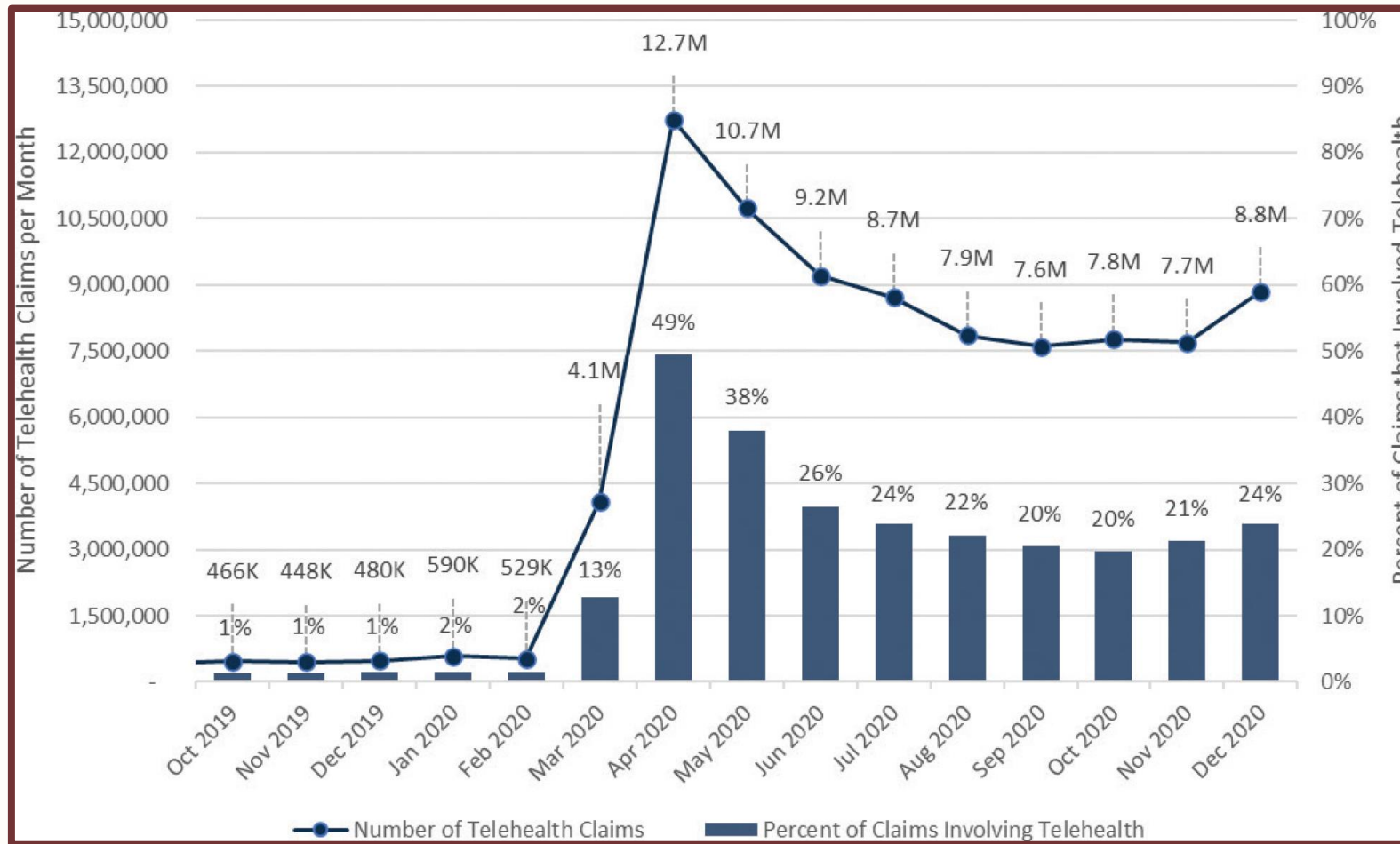


- ❖ Supports continuing CMS provisions for cancer care telemedicine beyond pandemic
- ❖ Favors participation of all states in Interstate Medical Licensure Compact (IMLC)
- ❖ Recommends doctor-patient relationship be initiated by live visit first
  - ❖ This is not meant to restrict telemedicine option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

# Telemedicine, Intra-State vs. Inter-State Claims

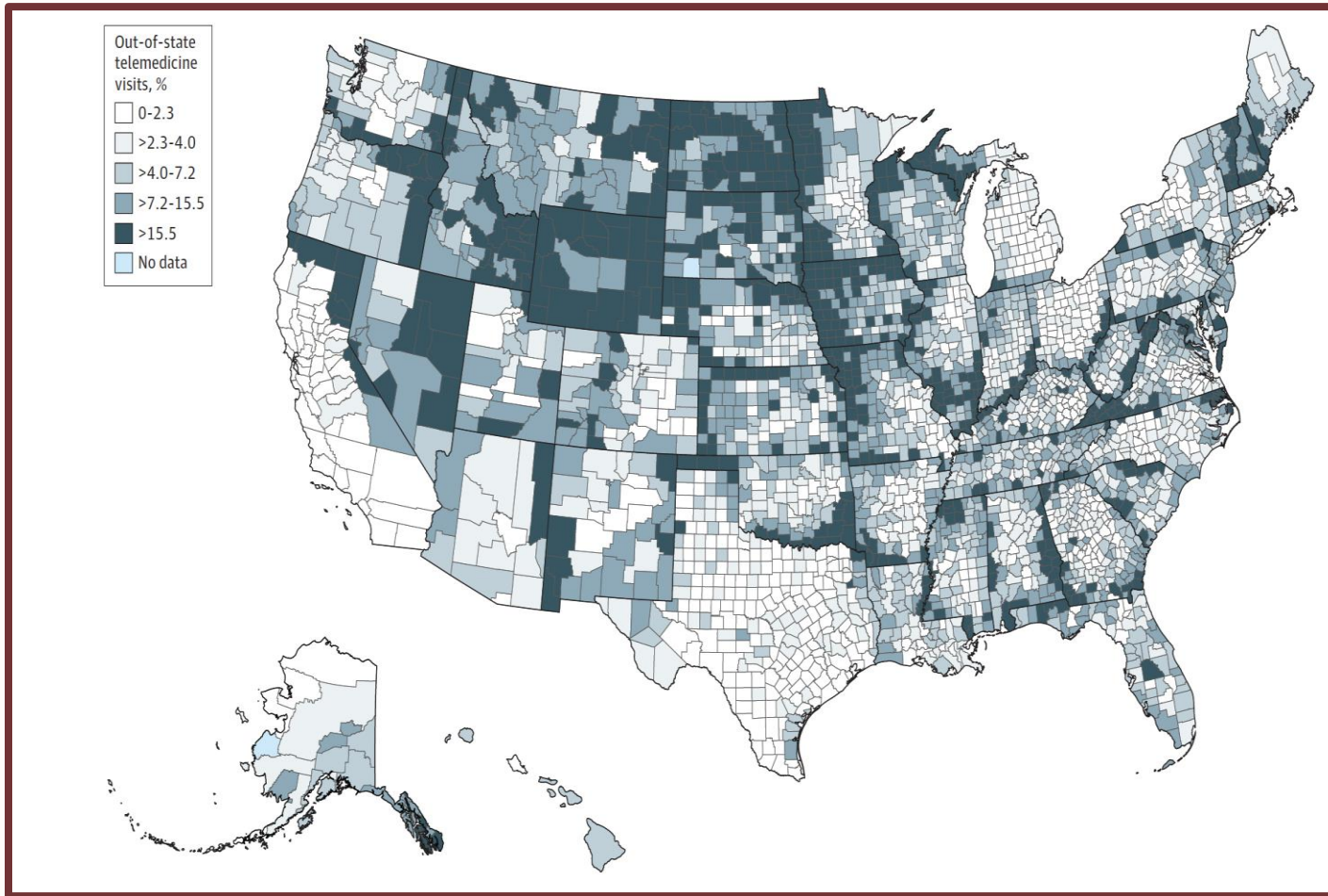


# Telemedicine Over Time, by Claims Data





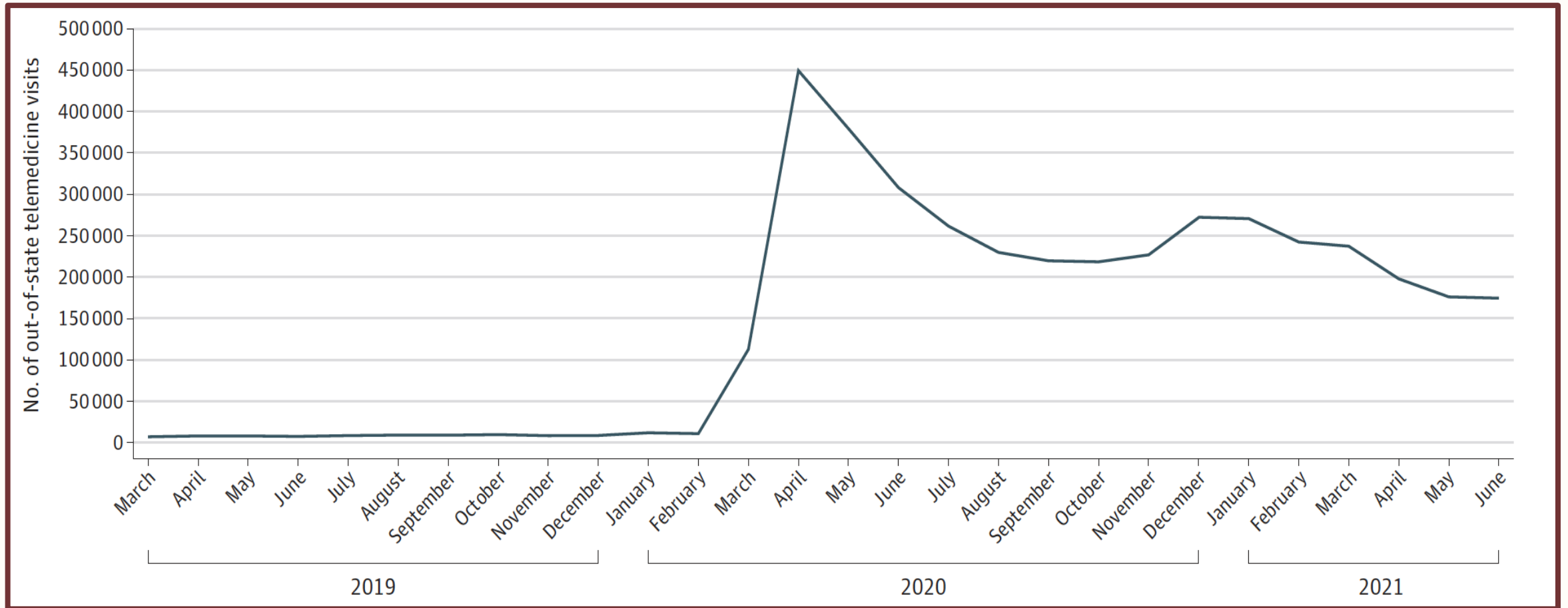
# Fraction of Interstate Telemedicine Visits Among Medicare Beneficiaries by County January to June, 2021



- ❖ Most states (~40) have now let interstate telemedicine licensing freedoms expire
- ❖ Though inter-state telemedicine visits comprise <1% on average, it is >10% in 10 states
  - ❖ Varies by county, with major use in some counties
  - ❖ 64% are with a provider in an adjacent state
  - ❖ Most represent ongoing patient/physician relationships

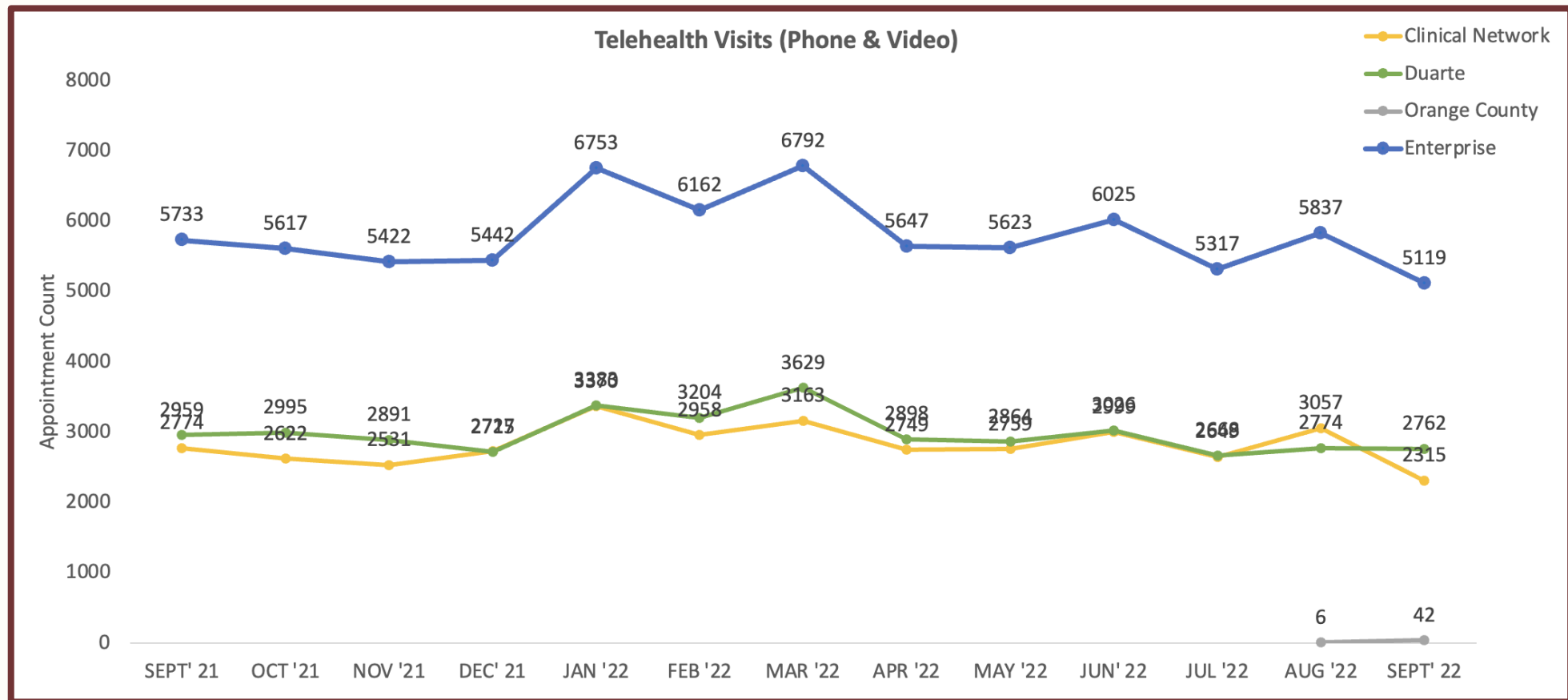
Mehrotra, JAMA Health Forum 2022  
Andino, Health Aff 2022

# Number of Out of State Telemedicine Visits/Month Among Medicare Beneficiaries Over Time



# Telemedicine for Cancer Care, More Recent History

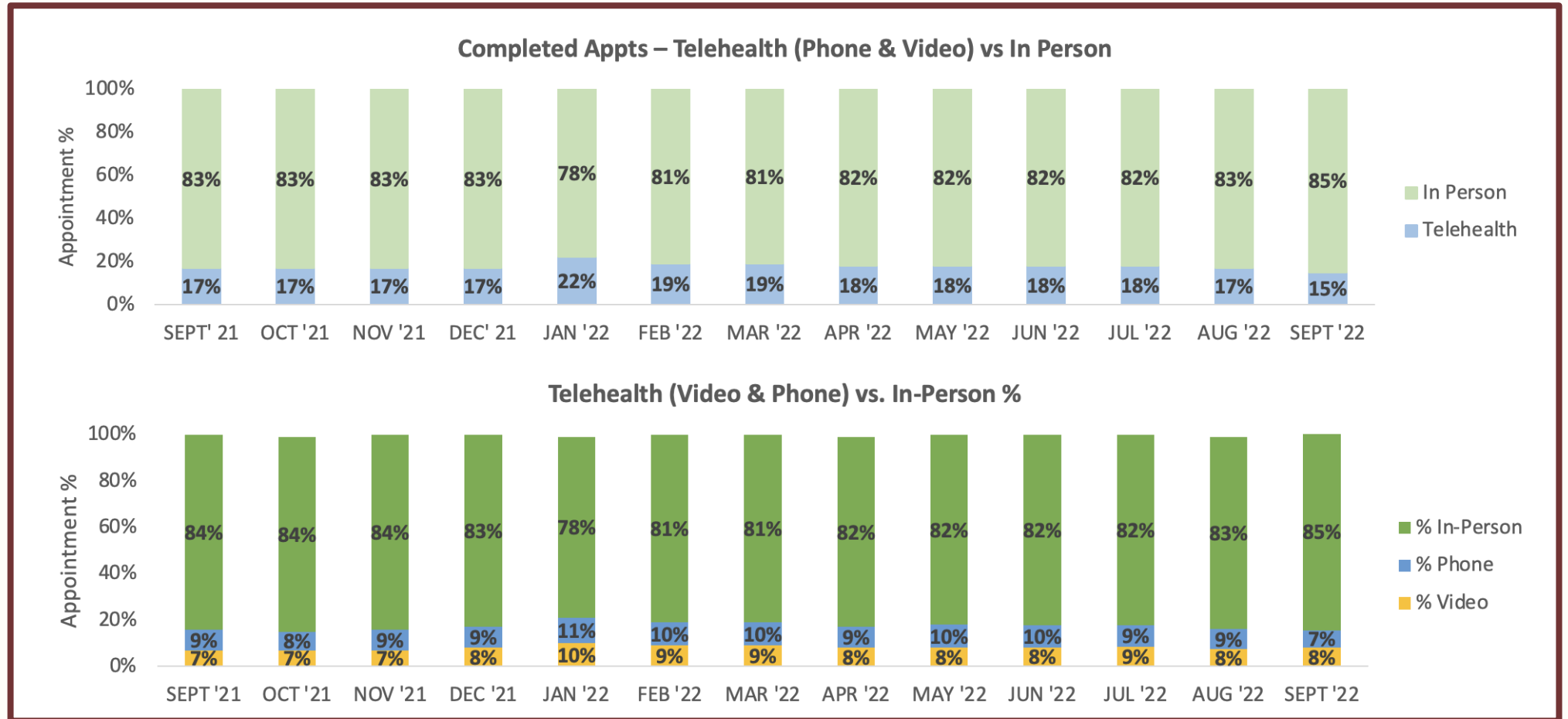
## City of Hope Network





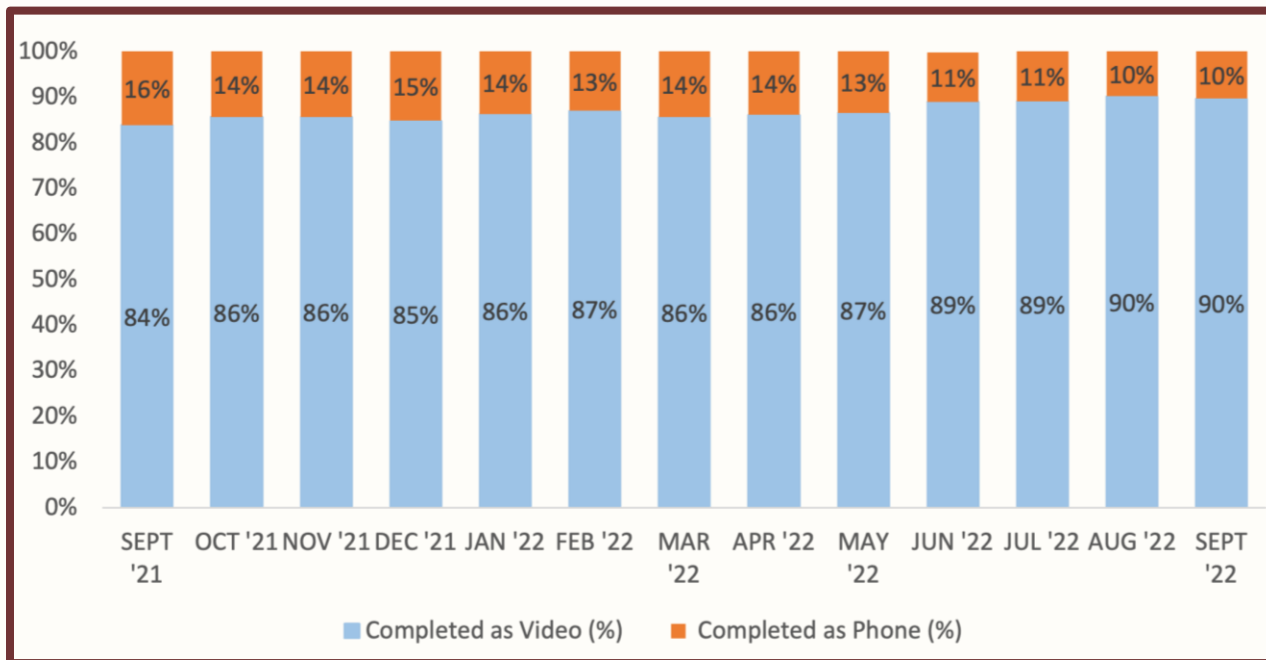
# Telemedicine for Cancer Care, More Recent History, Audio/Video

City of Hope  
Network

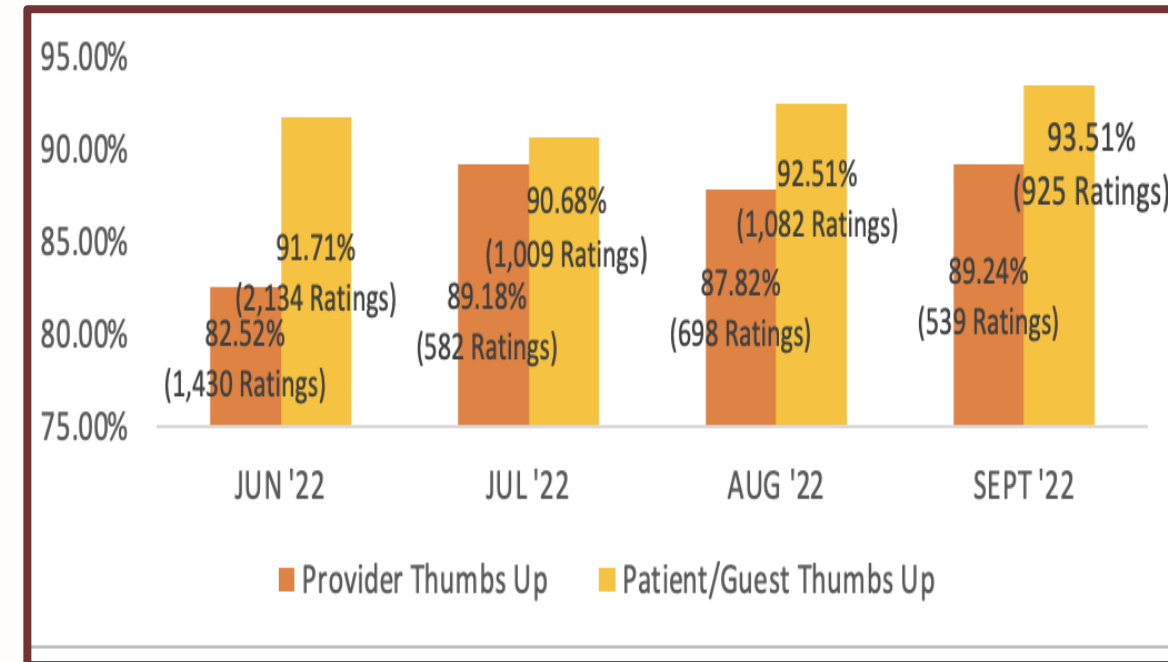


# TeleVideo Completion, Satisfaction Ratings

Scheduled as TeleVideo,  
Completed as Video vs. Phone



% Provider, Patient Satisfaction



# Broad, Bipartisan Support for Telemedicine

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



51



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

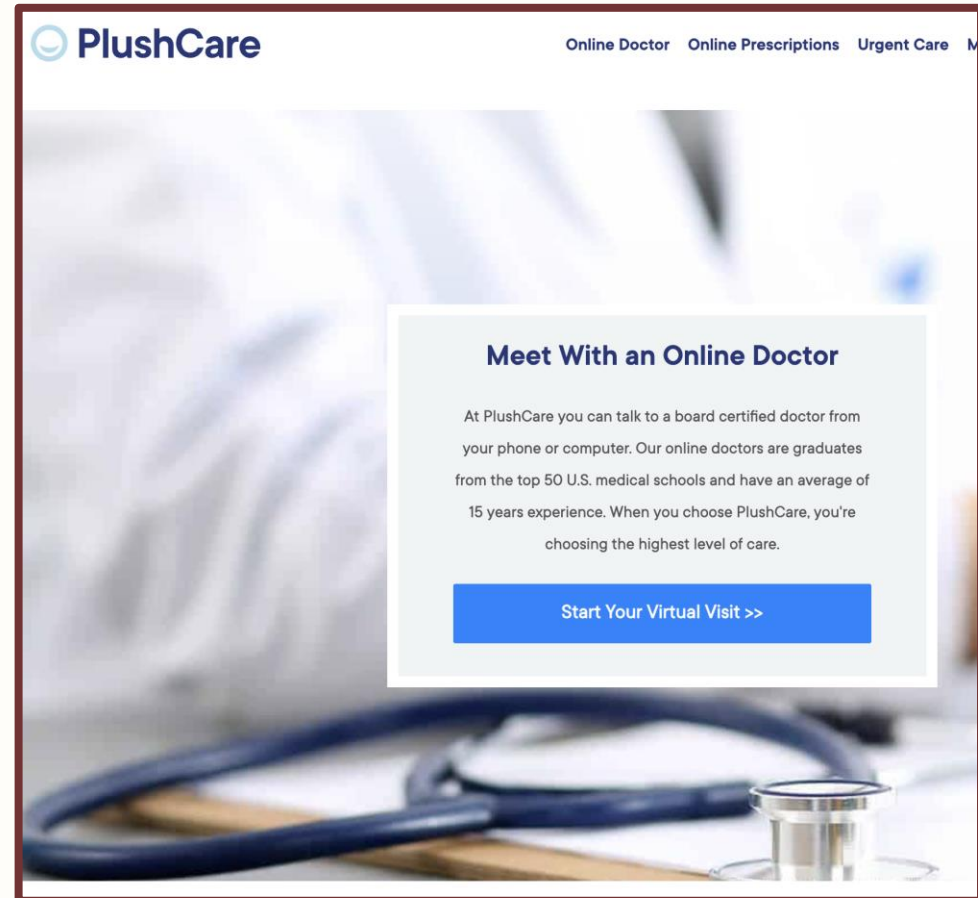
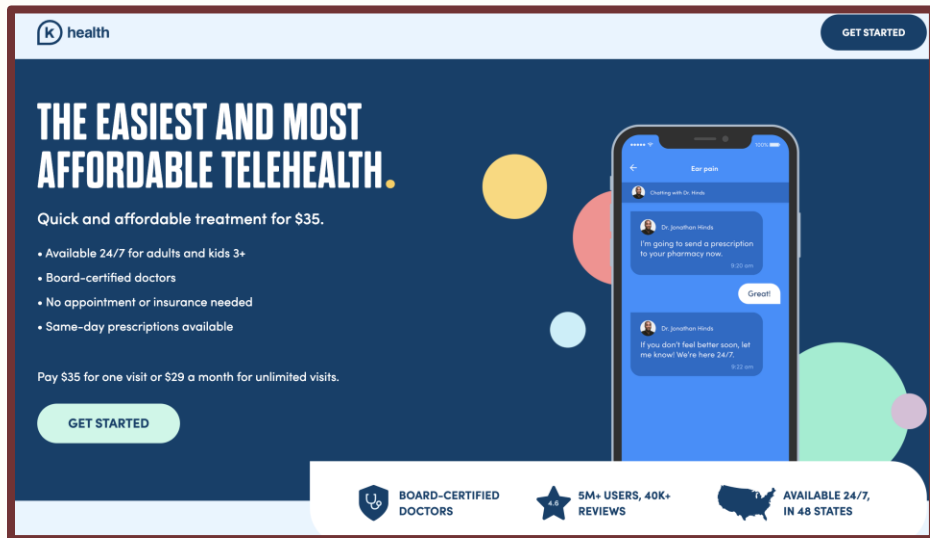
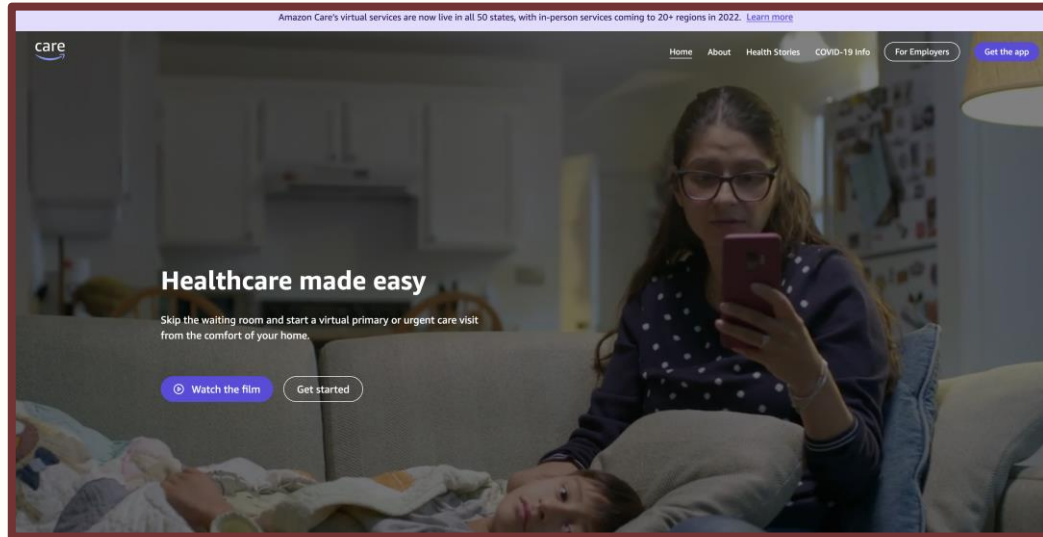
REPRINTS



Getty Images

- ❖ Bill introduced by Liz Cheney (R-WY) & Debbie Dingell (D-MI)
- ❖ Passed 416-12 !!
- ❖ Now heading to US Senate
- ❖ What else has such strong bipartisan support?

# The Impact of Consumer Demand






# 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
  - ❖ More to be announced soon

**CARE DELIVERY**

 **Novel Program Offering Remote, Asynchronous Subspecialist Input in Thoracic Oncology: Early Experience and Insights Gained During the COVID-19 Pandemic**

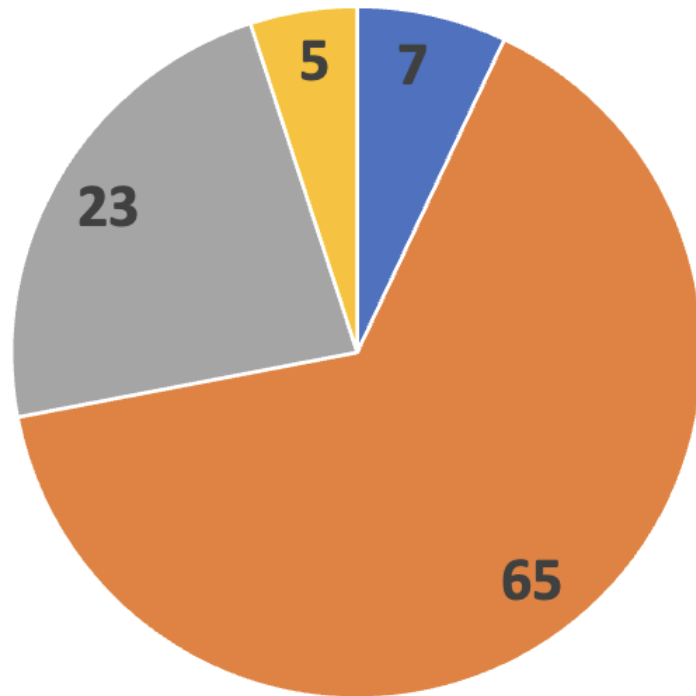
Howard (Jack) West, MD, MPhil<sup>1,2</sup>; Yuan Angela Tan, RN, BSN, MBA<sup>2</sup>; Afsaneh Barzi, MD, PhD<sup>1,2</sup>; Debra Wong, MD<sup>1,2</sup>; Robert Parsley, RN, BSN, MBA<sup>2</sup>; and Todd Sachs, MD<sup>2</sup>

JCO Oncol Pract 18:e537-e550. © 2021 by American Society of Clinical Oncology

Summary of experience with initial 110 thoracic oncology cases over 19 months

# Concordance with Local Recommendations and Cost Savings

Concordance (% of Cases)



■ Agree

■ Agree, with minor recs

■ Disagree, with moderate recs

■ Disagree, with significant recs

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

# A Successful Model of Integrating Subspecialist Input, Delivered Close to Home

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## ❖ Clinical Innovation of the Year





# Telemedicine Isn't a Replacement, but an Additional Tool (“both/and”)

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- ❖ Introduction of smart phones didn't replace computers
- ❖ Each is very well suited to different tasks
- ❖ They coexist side by side

# Conclusions: What is the Future of Telemedicine in Cancer Care?

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- ❖ Feasibility clearly demonstrated
- ❖ 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 comparable to live clinic
- ❖ Disparities & barriers for pts, often those who need telemedicine the most
  - ❖ Haven't yet begun to try to address them
- ❖ Take cues from patients on what they want
- ❖ But over time, “you get what you incentivize”
  - ❖ Future depends on reimbursement, licensing restrictions, liability concerns



# What do you think?

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