



COVID-19 AND CANCER

Telehealth and Cancer: Covid-19 Influences

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TRANSCRIPT

Good afternoon. My name is Dr. Eric Singhi. I'm a medical oncologist caring for patients with lung cancer and head and neck cancers. I've been asked by the Cancer GRACE Foundation today to discuss the important concept of telehealth and cancer care during the COVID -19 pandemic. I'm grateful for the invitation and look forward to walking you through some of the information that we have in this space. Before we get started, I have no relevant disclosures to make you aware of and all the views that I expressed today are my own.

So, let's start with a general discussion of what telehealth looks like today. First, how do we define telehealth? Well, we define telehealth, per the World Health Organization and American Telemedicine Association, as the use of electronic communications and information technologies in the delivery of clinical services over a distance. Essentially, telehealth is able to provide you, as the patient, to really have an out-of-office visit with your provider. Telehealth is done primarily online with internet access on your computer, tablet, or smartphone.

Let's next discuss your options for telehealth. It really does provide some nice flexibility in the sense that you can meet with your provider in real time over the phone or via video chat. You can send and receive messages from your healthcare provider using secure messaging systems. And they may even be able to use remote monitoring to really allow your healthcare provider team to evaluate some very important vital signs using different digital health technologies. So, for example, they may be able to collect vital signs like heart rate, temperature, and in some cases even blood pressure.

Let's next switch gears and talk about the impact that the COVID -19 virus has really had on cancer care for patients. So, as many of you may already know, cancer is the second leading cause of death in the United States, which really highlights an unmet need for many of our patients with cancer. Research has shown that patients with chronic illnesses and those who are immunocompromised are actually the most vulnerable as a result of the COVID-19 pandemic.



In fact, we know that more than 16,000 Americans have unfortunately passed away that have a diagnosis of cancer from complications related to the Coronavirus since the first 10 months of the pandemic, with patients with cancers of the blood really representing a high percentage of COVID-19-related deaths and lung cancer being the most common side among non-COVID related cancer deaths.

Let's talk about the importance of cancer care. We know that to increase the likelihood of survival after a patient has just been newly diagnosed with cancer, it is absolutely imperative that the patients require access to care in a very timely manner. In fact, research has shown that delays of even one month between diagnosis and onset of treatment may increase mortality by around 10% with substantially higher risk associated with longer delays. So telehealth was really introduced as a tool for expanding timely access to cancer care outside of your traditional clinic setting and really came to rise in prominence during the pandemic.

Let's next talk about which patients would be most optimally suited for a telehealth encounter. I personally think that important factors to consider when choosing if a patient may be appropriate for a telehealth encounter include really the provider and the provider team's experience with telehealth. Are they familiar with the telehealth system? Are they familiar with really helping the patient navigate through the experience? It's also equally important to think about patient preferences when you're thinking about which patients may be most optimally suited for telehealth encounters. And finally, the complexity of a patient's case is really something to consider, as not all patients may be suited for a remote visit.

When you think a little bit more about which patients it might be most helpful for to really navigate the telehealth experience, I would think that patients that are on oral therapies that require consultation or prescription renewals might really benefit from a visit like this compared to patients receiving infusions. Additionally, patients that might require toxicity evaluations while on treatment for patients where we're considering dose changes or adjustments, and when we're also thinking about supportive care recommendations that might be easy to manage or rather more navigatable in the remote setting.

Let's now talk about some of the various benefits of telehealth that patients may reap from such an encounter. One thing is that it really does limit physical contact, so the number of physical touches that a patient's having with the healthcare system, so it really does reduce exposure to the COVID-19 virus. Additionally, it expands accessibility to wherever a patient is located. So whether the patient is at home or at work or elsewhere. One of the difficulties that we also experience for patients is the travel time to the clinic — so, it helps to decrease travel time, it decreases time off from work, and it also decreases the potential need for childcare in some instances.



Additionally, it'll help to shorten the wait for an appointment as patients often have to wait in the waiting rooms at the clinic and it could really do that weight at home or remotely. A really nice aspect of telehealth in some ways is that increases access to specialists and second-opinion consultations. Many of whom might be far away from a patient's hometown, so that's really nice to be able to bring some specialized care, if you will, to a patient that may be more remote. It also limits the need for patients that are living in rural, medically underserved areas to travel, again, for specialized care and consultation. And finally, something that I really valued during the pandemic was having the ability to really bring in family support as telemedicine consultations can now allow for family members who may not live with the patient to really join in on the medical visit. And this is especially important in the setting of visitor-restriction policies that are still in place at many hospitals and clinics.

Let's now flip gears and talk about the disadvantages of telehealth because these are also equally important to discuss. So, one disadvantage I think of the telehealth experience is that it limits the personal aspect of cancer care, which at times can be very difficult. For me, personally, as an oncologist, if I have to deliver, let's say, difficult news to a patient and their family, or I want to have a really serious conversation about patient goals of care. Because of these times, I really value the aspect of human touch and body language to convey what I'm feeling and to offer my support for patients and their families. And it can be just as challenging for patients as well.

When we're thinking about the types of visits, we also have phone consultations, as I mentioned earlier, and with phone consultations, you are very limited as really no physical examination can be performed, there are no pictures that are being shared, and the doctor and the patient just can't view one another. You do have virtual video visits as well, which present their own unique challenges with technology; how do you navigate the virtual visit platform? How do we help patients really optimally navigate that experience" It can be challenging.

One thing that we really have to pay attention to you and consider is, with telehealth, there is this potential for heightened disparities in cancer care. So, really telehealth is favoring those tech-savvy patients who might be better with really using different platforms and technologies to navigate their way through an experience. Additionally, this may favor patients with high socioeconomic status, so we really want to be mindful that we're really offering this in an even playing field if you will.

And finally, this may be more difficult to navigate as patients who do not speak English as their first language, how do we bring in an interpreter or translator into the situation in a comfortable aspect or comfortable setting for both the patient and provider can be challenging.



And lastly, I'm just going to say that one of the things that we do have to keep in mind now is regulatory restrictions as there are several federal and state agencies involved in really regulating the practice of telemedicine. So you need to check with your oncology team if your state of residence even allows for a telemedicine visit with your provider's institution. And this is constantly changing, so you may hear one answer one week, and then the following week it may be different.