

# Telehealth for People Living with and Beyond Cancer



Thanks to technology, many face-to-face encounters with patients and their health care providers can be supplemented by or, in some cases, substituted with telehealth visits that enable providers to deliver clinical services from a distance using options like video conferencing and remote monitoring. Telehealth provides cancer patients and survivors with a convenient means of accessing both cancer care and primary care – a particularly important option for individuals in rural areas of the country and the immunocompromised. For example:

## ***Cancer Screening***

When family history and/or results of a genetic test require a conversation with a genetic counselor before and/or after the test, video chat with a genetic counselor can be a viable option.

## ***Cancer Diagnosis***

Telehealth can provide greater access to clinicians and researchers who specialize in cancer subtypes which can improve the diagnostic process and treatment planning.

## ***Cancer Treatment***

Clinicians can offer remote care, such as care planning with shared decision-making, second opinions on treatment plans, chemotherapy supervision, and symptom management via telehealth when appropriate.

## ***Clinical Trials***

Telehealth can positively impact clinical trials through new technologies and devices and virtual visits, which can improve the collection of data in clinical trials and make it easier for patients to enroll, and improve diversity in trial subjects.

## ***Survivorship***

Survivorship plans to address the late and long-term side effects of cancer treatment while monitoring for a possible recurrence and taking specific steps to prevent recurrence can be developed by survivorship experts remotely as needed.

## ***Improving Health Equity***

Telehealth can increase access to quality cancer care among underserved populations (e.g. residents of rural communities, individuals with limited income, patients with low health literacy, and people of color).

## **Telehealth Experiences**

ACS CAN, through the [Survivor Views](#) program, asked a cohort of cancer patients and survivors about their experience with and interest in telehealth (pre COVID-19). Of those who used telehealth a majority of respondents found it *Very Useful* (84%) or *Somewhat Useful* (11%), primarily because they were able to speak to their provider sooner, the telehealth visit took less time than going into the provider's office, and/or they found the telehealth visit more convenient than having to leave their home.

A particular benefit of telehealth emerged during the coronavirus pandemic - cancer patients vulnerable to COVID-19 could video chat with their providers from the safety of their home without risking additional exposure to the virus. ACS CAN again surveyed its Survivor Views cohort to ask about the use of telehealth when in-person visits were disrupted by the pandemic. More than half (54%) of respondents reported having a medical appointment that could not be conducted in-person since the beginning of the COVID-19 pandemic. When this happened, nearly half (49%) of respondents reported rescheduling the appointment to occur via video. The pandemic has demonstrated the importance of adaptable policies around telehealth that allow patients to reap the optimal benefits of telehealth.

## Limitations

Telehealth visits are not always appropriate; procedures and certain services like physical examinations require in-person care. In addition, users must have sufficient health literacy and affordable access to technology (e.g. smartphone, access to broadband) to use telehealth effectively. Not all patients are able to voice their needs in a video chat but can in-person. Likewise, providers may be better able to recognize patients' concerns in-person than through a video chat or telephone call. Many people simply prefer to talk to their providers in-person.

As more providers offer telehealth options and as more third-party payers expand their coverage of telehealth services, more patients are expected to utilize telehealth options. However, limitations, such as state licensing laws, geographic-, location-, and technology-based restrictions can create barriers that can limit the appropriate use of telehealth.

## ACS CAN Position

ACS CAN supports the use of telehealth services that meet the following set of principles:

### **Patients' and survivors' use of telehealth must always be voluntary.**

- ACS CAN finds significant merit for telehealth for cancer patients and survivors who choose to use it but would not support legislation and third-party efforts to require the use of telehealth in lieu of in-person visits, efforts to limit face-to-face interactions, and efforts to steer patients into telehealth against their will.
- ACS CAN believes that patients must always have the option to see providers in-person after a telehealth visit and must not be limited to only telehealth services.

### **Telehealth cannot replace all face-to-face visits.**

- ACS CAN believes that, with rare exceptions when remote visits are the only option, telehealth must supplement but not replace traditional in-person care.

### **Requirements for face-to-face visits before a telehealth encounter may not always be warranted for certain telehealth visits.**

- ACS CAN would be particularly supportive of removing face-to-face requirements in instances where a patient uses telehealth services in order to obtain a second opinion from experts who are not readily accessible.
- ACS CAN does not believe that a requirement for at least one face-to-face visit is necessary when the telehealth visit does not result in a prescription. ACS CAN believes that telehealth initial visits that lead to a prescription for non-schedule drugs can be acceptable under two conditions: 1) that there is a synchronous telehealth interaction between the patient and prescriber and, 2) that the health care provider conducts an appropriate clinical evaluation for the individual patient according to the patient's symptoms and diagnosis.

### **Telehealth should not be used for purposes of determining network adequacy.**

- ACS CAN does not support state or federal policies that would include the availability of telehealth services to be counted towards a health plan's network adequacy determination.

### **Patients' privacy must be protected.**

- ACS CAN would oppose any weakening of privacy protections and may support strengthening protections if technological advances warrant.

### **Third-party payers should cover telehealth visits.**

- ACS CAN supports parity for telehealth visits with in-person visits.

**ACS CAN recognizes the need for third-party payers to protect themselves against fraudulent billing.**

- ACS CAN recognizes that third-party payers must institute reasonable practices (such as monitoring provider payments for telehealth services and ascertaining that providers do not bill more than what would be expected) to protect themselves against fraudulent billing.

**Governments should foster patients' and survivors' voluntary use of telehealth.**

- ACS CAN encourages federal and state governments to continue to make it easier for patients to take advantage of appropriate telehealth services.

**Broadband technology should be expanded to make access to telehealth viable.**

- ACS CAN encourages federal and state governments to do more to bring broadband technology to rural areas (e.g. help to fund broadband expansions and to support the placement of the necessary equipment). In expanding broadband technology, federal and state governments must remember that affordability is an important component of access in all geographical locations.