Advancing Health Equity in Cancer Care Through Telehealth

Fightcancer.org

Research shows that while overall cancer mortality rates in the U.S. are dropping, populations that have been marginalized are bearing a disproportionate burden of preventable death and disease. Despite notable advances in cancer prevention, screening, and treatment, not all individuals benefit equitably from this important progress.

For example, we know that:

- Hispanic, Latinx, American Indian, and Alaskan Native adults are least likely to have a usual place to go for medical care;
- Individuals living in the South and Midwest are less likely to have been screened for colorectal cancer than those in the Northeast and Mid-Atlantic;
- Low-income cancer patients who live in non-Medicaid expansion states are 3.5 times more likely to be uninsured, and thus less likely to receive early stage diagnosis of lung, breast, and colorectal cancers; and
- Individuals from low-income households are less likely to be included in clinical trials.

Health Equity in Cancer Care

Everyone should have a fair and just opportunity to prevent, find, treat, and survive cancer.

Telehealth can help to reduce these disparities and improve health outcomes for all individuals, regardless of race, ethnicity, gender, age, sexual orientation, socioeconomic status, or zip code by providing cancer patients with a means of accessing both cancer care and primary care. Advancements in telehealth have allowed for many face-to-face encounters with patients and their health care providers to be supplemented by or, in some cases, substituted with visits that enable providers to deliver clinical services from a distance using options like video conferencing and remote monitoring.

The use of appropriate telehealth services for cancer patients in under-resourced communities can advance health equity through:

Mitigating transportation barriers faced by rural communities or individuals who lack reliable transportation to medical care.

Extending the reach of navigation services so that more patients get access to resources that help eliminate other barriers to care.

Increasing access to specialty care that may not be available near an individual's home.

Alleviating barriers related to taking off from work or finding childcare to attend medical appointments.

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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.

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