Will telehealth services become the norm following COVID-19 pandemic?

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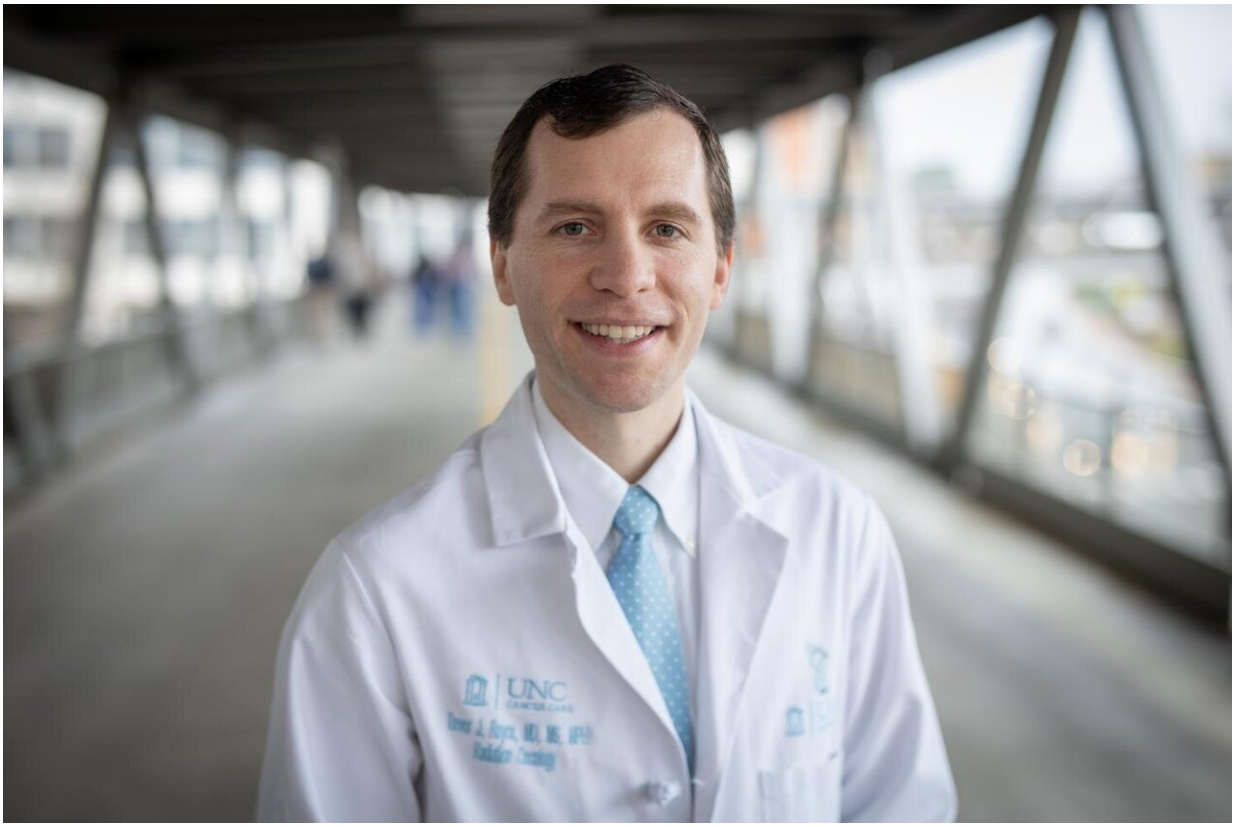

Trevor Royce, MD, MS, MPH, and his coauthors of an article in JAMA Oncology address whether the routine use of telehealth for patients with cancer could have long-lasting and unforeseen effects on the provision and quality of care. Credit: UNC Lineberger Comprehensive Cancer Center

The onset of the COVID-19 pandemic has broadly affected how health

care is provided in the United States. One notable change is the expanded use of telehealth services, which have been quickly adopted by many health care providers and payers, including Medicare, to ensure patients' access to care while reducing their risk of exposure to the coronavirus.

In an article published in *JAMA Oncology*, Trevor Royce, MD, MS, MPH, an assistant professor of radiation oncology at the University of North Carolina Lineberger Comprehensive Cancer Center and UNC School of Medicine, said the routine use of telehealth for patients with cancer could have long-lasting and unforeseen effects on the provision and quality of care.

"The COVID-19 pandemic has resulted in the rapid deregulation of telehealth services. This was done in part by lifting geographical restrictions, broadening patient, health care professional, and services eligibility," said Royce, the article's corresponding author. "It is likely aspects of telehealth continue to be part of the health care delivery system, beyond the pandemic."

The article's other authors are UNC Lineberger's Hanna K. Sanoff, MD, MPH, clinical medical director of the North Carolina Cancer Hospital and associate professor in the UNC School of Medicine Division of Hematology, and Amar Rewari, MD, MBA, from the Associates in Radiation Medicine, Adventist HealthCare Radiation Oncology Center in Rockville, Maryland.

Royce said the widespread shift to telehealth was made possible, in part, by three federal economic stimulus packages and the Centers for Medicare and Medicaid Services making several policy changes in March that expanded Medicare recipients' access to telehealth services.

The policy changes included allowing telehealth services to be provided

in a patient's home. Medicare previously only paid for telehealth services in a facility in nonurban areas or areas with a health professional shortage. Medicare also approved payment for new patient appointments, expanded telehealth coverage to include 80 additional services, allowed for services to be carried out on a wider assortment of telecommunication systems—including remote video communications platforms, such as Zoom—and modified the restrictions of who can provide and supervise care.

While the potential benefits of telehealth have been demonstrated during the pandemic, Royce said they must be balanced with concerns about care quality and safety.

"There is a lot we don't know about telehealth, and how its rapid adoption will impact our patients," Royce said. "How will the safety and quality of care be impacted? How will we integrate essential components of the traditional doctor visit, including physical exam, lab work, scans and imaging? Will patients and doctors be more or less satisfied with their care? These are all potential downsides if we are not thoughtful with our adoption."

He said appropriate oversight of care is critical. There will be a continued need for objective patient assessments, such as patient-reported outcomes, physical examinations and laboratory tests, and to measure care quality and monitor for fraud. There are also a number of standard measures of care quality that can be implemented during the transition to telehealth, including tracking emergency room visits, hospitalizations and adverse events.

Telehealth presents other challenges, as well. Though technology and internet access are now more widely available, they are not universally accessible. Where one lives, their socioeconomic status and comfort level with technology can be barriers to using telehealth services. A

reliance on telehealth might lower participation in clinical trials, which can require regular in-person appointments.

"Telehealth can be used to improve access to care in traditionally hard-to-reach populations. However, it is important to acknowledge that if we are not thoughtful in its adoption, the opposite could be true," Royce said. "For example, will lower socioeconomic groups have the same level of access to an adequate internet connection or cellular services that make a virtual video visit possible? Telehealth needs to be adopted with equity in mind."

More information: Trevor J. Royce et al. Telemedicine for Cancer Care in the Time of COVID-19. *JAMA Oncol.* Published online July 16, 2020. DOI: 10.1001/jamaoncol.2020.2684

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