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Telehealth in Oncology: ASCO Standards and Practice Recommendations

Zon et al.

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1 Background & Methodology

Introduction

- Over the past year, due to the need to minimize interactions and travel, rapid adoption of telehealth interventions in the US healthcare system has occurred, facilitated by CMS's increased flexibility in reimbursement for telehealth services.
- In July 2020, ASCO issued an interim policy statement on telemedicine,[1] which encouraged policymakers to permanently expand coverage to adequately reimburse providers for telehealth services.
- Providers have reported that telemedicine has many benefits, including easier access to care, but concerns have been raised about privacy, adequate reimbursement, lack of infrastructure, and inequity.[2]
- Following the publication of ASCO's interim statement, the subsequent ASCO Road to Recovery Strategy identified a need within the ASCO membership for more detailed oncology-based standards.[3]

Introduction

- These ASCO Standards and Practice Recommendations (Standards) were created in response to this need and include an endorsement of existing general guidelines for telehealth implementation, including the AMA Telehealth Implementation Playbook,[4] which is a comprehensive resource for the implementation of telehealth, and the American Telemedicine Association's Quick-Start Guide.[5]
- Following these endorsements, the ASCO Standards include a systematic review of current evidence for different methods of telehealth delivery in oncology, and provide oncology-specific standards on topics such as selection of patients and multidisciplinary cancer conferences.
- Consensus-based recommendations are also included on additional topics in order to provide practical advice for implementing telehealth in the oncology setting.

Standards Development Methodology

- The ASCO standards development process includes:
  - a systematic literature review by an ASCO health research methodologist
  - an expert panel provides critical review and evidence interpretation to inform standards statements
  - final approval by the ASCO Quality of Care Council and ASCO Board of Directors

- The full ASCO Standards Policy and Procedures Manual can be found at: www.asco.org/standards

Key Questions

The systematic review addresses six key questions:

1. a. Do outcomes for patients who are seen via telehealth differ from outcomes for patients seen via in-person visits across the cancer care continuum, and which patients should be seen via telehealth vs. in-person?
   b. What oncology-specific workflow and other implementation considerations, including documentation, should be addressed by practices prior to seeing patients via synchronous telehealth applications?
2. What are the Standards for establishment of the physician-patient relationship in the context of telehealth in oncology?
3. What is the Expert Panel's guidance for when patients may see an APP or require a physician telehealth visit?
4. What is the role of allied health professionals in oncology-specific telehealth interventions?
5. Is discussion of patients at virtual MCCs feasible, compared to in-person MCC meetings?
6. How can telehealth be incorporated into clinical trials in oncology?

Target Population and Audience

Target Population

- The target population includes individuals undergoing diagnosis, treatment, survivorship, or palliative care for cancer.

Target Audience

- Oncologists, nurses, advanced practice providers, allied health professionals, and administrators involved in the delivery of cancer care.

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2 Summary of Standards

Background

- The Expert Panel endorses the American Medical Association Telehealth Implementation Playbook,[4] which is a comprehensive resource for the implementation of telehealth.
- For practices that are beginning to implement telehealth, the Expert Panel also recommends the American Telemedicine Association's Quick-Start Guide.[5]
- While these resources address most needs and cover most scenarios in the implementation and use of telehealth in general and specialty practices, the Expert Panel also identified several areas specific to oncology for which additional guidance would be useful.
- These topics are highlighted in the Standards contained in this summary and the full text of the Standards.

Patient Selection and Implementation of Telehealth in Oncology

Standard 1.1

- Where appropriate infrastructure and personnel are available, telehealth via telephone or videoconferencing, delivered by health professionals who are certified, and participating in routine maintenance of certification activities, is a reasonable option for:

Treatment or long-term management:

- New patient consultations; these may be followed by face to face visits;
- Medication prescribing and management;[6]
- Pre-chemotherapy or other pre-therapy evaluations;
- Acute care issues that could be addressable via routine outpatient care rather than ED visits and admissions;
- Discussion of results, such as lab and imaging studies;
- Supportive care visits including financial, social work, nutrition visits;
- Oral drug compliance and adherence evaluations;
- Distress screening and interventions;
- Chronic care management;
- Patient education on chemotherapy and other treatments;
- Counseling;
- Management of long-term treatment;[6]
- Post-discharge coordination, supported by remote-monitoring capabilities;[6]
- Routine follow-up;
- Survivorship visits;
- Wellness interventions;[6]
- Palliative care, including hospice consults and follow up visits;
- Advance care planning visits

Other:

- When care access issues exist;
- Consent form discussions pre-research trials prior to signatures;
- Family conferences for when multiple family members would like to join and patient desires;
- Genetic counseling visits and evaluations;
- Second opinion evaluations to facilitate treatment in a timely manner.

Patient Selection and Implementation of Telehealth in Oncology

Standard 1.1 (continued)

- ***In-person consultations*** may be preferred by clinicians and or patients for:
  - Initial consultations;
  - Initial delivery of antineoplastic treatment;[7]
  - Delivery of key information, including new cancer diagnosis/treatment plan, disease relapse/progression, and no further cancer treatment decisions;[6]
  - Complex cancer needs as identified by the health care provider;[6]
  - Physical examination for diagnosis or follow-up, however where the necessary infrastructure is in place, physical examinations may be performed by local health professionals during a teleconsultation or findings from an examination may be summarized in a referral communication to a specialist prior to the telehealth appointment.[7,8] In addition, some components of the physical examination may be achieved through telehealth.
  - Patients with hearing, vision, or cognition limitations for which there are no alternative support or technologies available to assist in telehealth encounters;
  - Patients with inadequate broadband, limited technological capacity, or lower levels of health literacy.

Patient Selection and Implementation of Telehealth in Oncology

Qualifying Statements for Standard 1.1

- An assessment of patients' technological capacity to engage in telehealth interventions, e.g., sufficient internet bandwidth, should be conducted, and support may be provided for patients who report technology limitations.[9] A more detailed review of barriers to equal access to telehealth is included in the Discussion section.
- Where possible, patients may be given the option of in-person or telehealth visits, according to personal preference.

Standard 1.2

- Diagnosis via asynchronous transmission of images:
  - Skin lesions can be evaluated with sufficient diagnostic accuracy through the asynchronous transmission of images, which may facilitate more timely diagnosis.[7]

Patient Selection and Implementation of Telehealth in Oncology

Standard 1.3

- Practices should develop policies and procedures that outline preferred frequency of telehealth vs. in-person visits during the cancer care continuum, and consider patient preferences. Frequency of telehealth vs. in-person visits may evolve as outcome/impact data become available.

Standard 1.4

- All clinical visits conducted via telehealth should be documented, including, but not limited to the following information:
  - Has the patient agreed to the telehealth visit? (yes/no);
  - Date of visit;
  - Location of the visit (health provider office/other location);
  - Participants attending the visit;
  - Location of the patient and other caregivers present (home/other location);
  - Type of visit (audio only/audio and video);
  - Was the telehealth visit completed? (yes/no)

Patient Selection and Implementation of Telehealth in Oncology

Standard 1.5

- Prior to participation in telehealth visits, individualized orientation should be provided to patients and health care professionals for the specific type of technology that will be used to deliver the intervention (e.g., mobile phone, web-based, etc.) on topics including but not limited to instructions to access the platform, navigation of the platform, provider specific instructions on the video if needed to physically assess an area of the body.
- *Note: While orientation is required, there is no formal telehealth certification required on the part of health care professionals prior to engaging in telehealth clinical visits with patients. The Expert Panel does not suggest or endorse formal certification for telehealth competencies*.

Patient Selection and Implementation of Telehealth in Oncology

Standard 1.6

- For clinical visits conducted via synchronous videoconferencing, a staff member or external technology support person should be available to troubleshoot technology issues, potentially via telephone, and to facilitate workflow.

Standard 1.7

- Practices should evaluate key performance indicators for oncology telehealth initiatives and quality of care.

Qualifying Statement for Standard 1.7

- The Future Research section notes significant gaps in published research related to telehealth in oncology, therefore, efforts should be made to publish the results of these evaluations in peer-reviewed journals whenever possible.

Patient Selection and Implementation of Telehealth in Oncology

Standard 1.8

- For interventions delivered asynchronously, e.g., online patient symptom reporting systems, standard operating procedures should be in place that outline appropriate and timely responses to patient-reported outcomes.

Standard 1.9

- In order to optimize adherence to and minimize discontinuation of treatment regimens, asynchronously delivered interventions, such as automated reminders delivered via text message, should be tailored to the individual patient.

Qualifying Statement for Standard 1.9

- Reading, healthcare, and technological literacy level of participants should be considered when tailoring the intervention to the individual patient.

Patient Selection and Implementation of Telehealth in Oncology

Standard 1.10

- Where possible, patients and caregivers should be involved in user testing of new interventions (e.g. apps).[10]

Establishment of the Doctor-Patient Relationship

Standard 2.1

- State and federal policies permitting telemedicine to cross state lines should include a provision requiring that the doctor-patient relationship be established prior to provision of any telemedicine service.[11]

Qualifying Statements for Standard 2.1

- The doctor-patient relationship should mandatorily include the usual follow up and physician responsibilities in caring for the patient, including delivering care consistent with community standards.
- The establishment of the doctor-patient relationship should include the opportunity for in-person visits at the physical location of the physician practice, when necessary.

Advanced Practice Providers

Standard 3.1

- Practices should develop standards, algorithms, or policies that govern when patients may see an advanced practice provider or require a physician telehealth visit based on disease, treatment or decision inflection points.

Qualifying Statement for Standard 3.1

- Practices should review state and/or local regulations for supervision of APPs, including regulatory requirements for how APPs and physicians form teams.

Allied Health Professionals

Standard 4.1

- The ASCO Telehealth Standards Expert Panel endorses the recommendations from the COSA Tele-oncology Guidelines.[7] These recommendations are reproduced subsequently:
    1. Telephone-based support systems are feasible and can help facilitate changed behaviors (e.g., diet, exercise), improved function (e.g., fitness, health related function), and improved psychological/psychosocial states.
    2. Computerized screening/assessment is feasible and can be used as a model of care to collect information on patient status and assist referral to allied health oncology services.
    3. Hybrid tele-practice systems can offer alternative models of care for the provision of allied health education and support to oncology patients.
    4. Videoconferencing services can be used to deliver allied health assessment and treatment services for oncology patients.

Virtual Multidisciplinary Cancer Conferences

Standard 5.1

- Where appropriate technology and supports are in place, such as those outlined below, virtual multidisciplinary cancer conferences via videoconferencing are recommended. The Expert Panel endorses the following recommendations from Dharmarajan et al[12] for implementation of a virtual MCC meeting:
  - Agenda and cases to be discussed should be finalized at least a day in advance.
  - Participants must have access to secure videoconferencing software.
  - It may be necessary to allow more time than would be needed for in-person meetings.
  - Prioritize more advanced or complicated cases earlier in the meeting as they may take more time and members are more likely to be available.
  - Documentation of discussion must be systematic, included in patient's electronic medical record (EMR), and be accessible to members who could not make the call.
  - Consider including assessments and evaluations of the multidisciplinary team (MDT) using a validated tool, such as the Cancer Multidisciplinary Team Meeting Observational Tool (MDT-MOT).[13]
  - In addition, the ASCO Expert Panel recommends:
    - That decisions regarding maximum number of participants be left to the discretion of local institutions; and
    - That the discussion be directed by the individual who is responsible for presenting the case.

Virtual Multidisciplinary Cancer Conferences

Qualifying Statement for Standard 5.1

- Similar to face-to-face MCC discussions, follow the institution guidelines for documentation of discussion. The ASCO Expert Panel does not recommend recording of the MCC or tumor board discussion without prior legal review.

Tele-trials and/or Virtual Participation in Oncology Clinical Trials

Standard 6.1

- Tele-trials and/or virtual participation in oncology clinical trials are recommended as a method of increasing recruitment and reducing the burden of trial participation on patients.
- To facilitate the conduct of tele-trials, the following are recommended:
  - Virtual initial discussion of trial and eligibility assessment
  - Incorporating remote methods of reviewing symptoms and adverse events, such as patient portals, e-email, telephone, and video;[14]
  - Remote study initiation and monitoring from sponsors and contract research organizations;[14]
  - Shipping oral drugs directly to patients with a follow up call to ensure the delivery and integrity of the agents and patient comprehension of the dosing schedule;[14]
  - Increasing support for secure virtual platforms;[15]
  - Allowing laboratory e.g., blood tests and biopsies to be conducted at a site that is local to the trials participant;[15]
  - Reconsidering the necessity of frequent testing, including imaging;[15]
  - Increasing the use of patient-reported outcomes as study outcomes.[15]

Tele-trials and/or Virtual Participation in Oncology Clinical Trials

Qualifying Statements for Standard 6.1

- This recommendation applies beyond the timeframe of the period of restrictions necessitated by the COVID-19 pandemic.
- Consider a hub and spoke model to improve participation among rural and remote populations (see: Australasian Tele-trial Model).[7]

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3 Discussion

Future Research

- High-quality research is needed across all areas of telehealth, and there is a gap in published research on telehealth in cancer survivors.
- More detailed reports are needed on how the response to electronic symptom reporting is organized and incorporated into workflow.[16]
- There is a need for more data on patient-centered outcomes and long-term follow up for all populations, including how telehealth can assist in eliminating barriers to care.[10]
- Future analysis must consider private versus government payers.
- Interventions are often multi-faceted, and more research is needed to determine the individual effects of different intervention features.
- Best practices should be identified & disseminated to raise the bar for telehealth performance.
- More consistent terminology should be adopted for interventions and definitions for outcomes, to facilitate comparisons across studies and syntheses of findings.

Additional Resources

- More information is available at www.asco.org/standards

- Patient information is available at www.cancer.net

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Abbreviations

- AMA, American Medical Association
- APP, advanced practice provider
- ASCO, American Society of Clinical Oncology
- CMS, Centers for Medicare and Medicaid Services
- COSA, Clinical Oncology Society of Australia
- COVID-19, coronavirus disease 2019
- ED, emergency department
- EMR, electronic medical record
- MCC, multidisciplinary cancer conference
- MDT, multidisciplinary team
- US, United States

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