

Lessons Learned from COVID-19: Telehealth/Physician Perspective

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Drug Research and Development for Adults Across the Older Age Span
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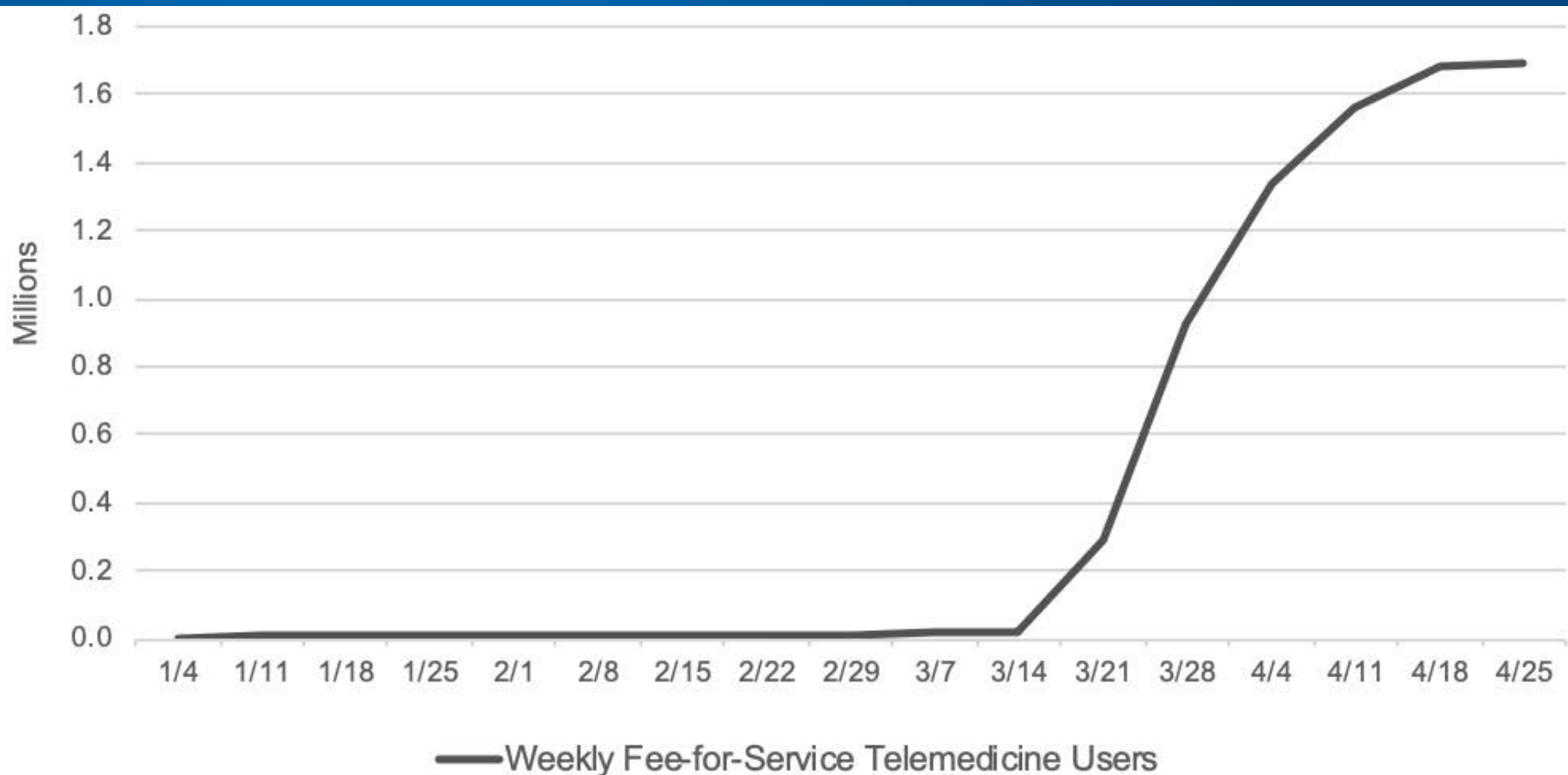
Telehealth implementation prior to COVID-19

- Primary issue: reimbursement
 - Reimbursable service since 1997
 - Congress set limited reimbursement circumstances
 - CMS with limited ability to set regulations
 - Lack of uniform coverage across states, insurers

→ Implementation lags technology

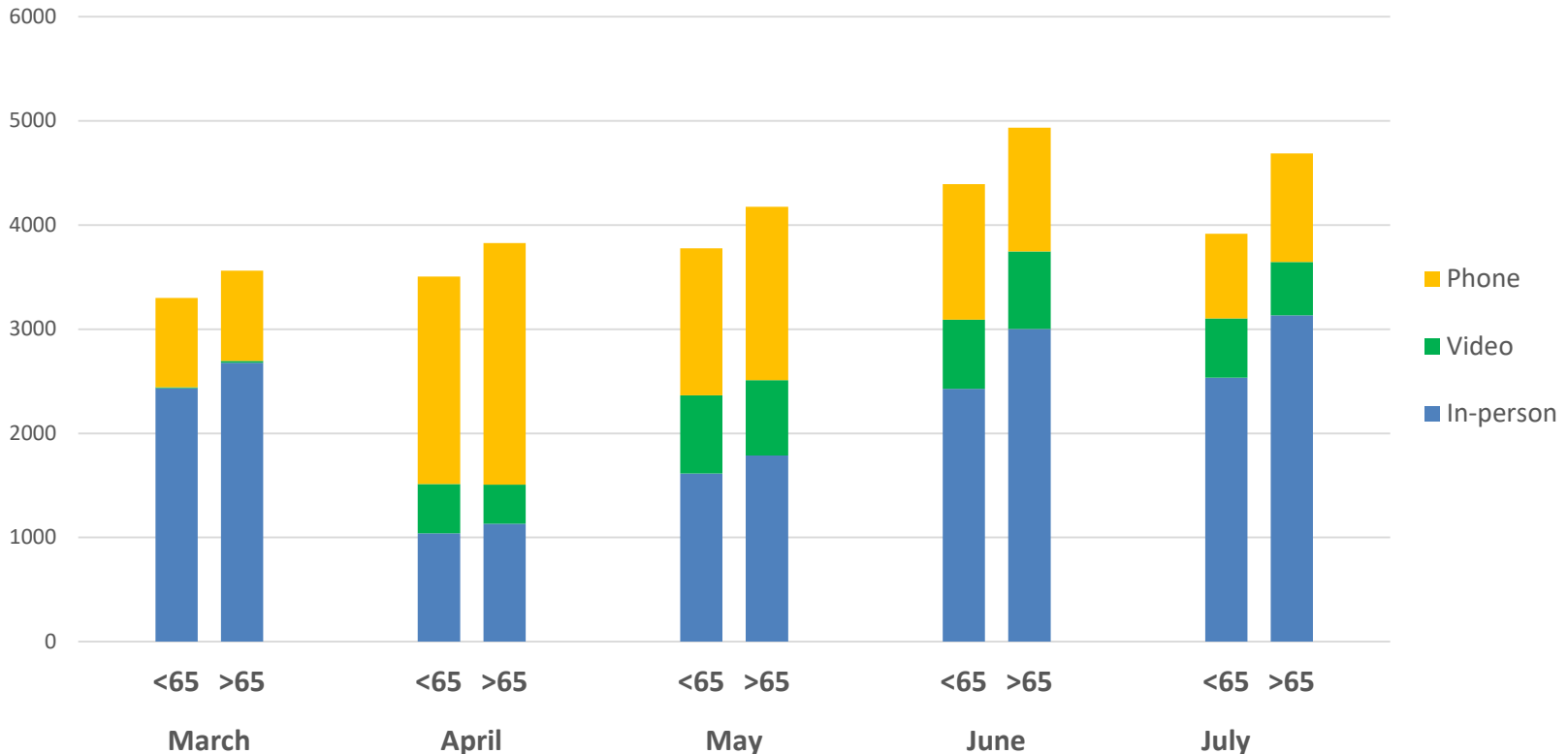
- FAST FORWARD to COVID-19 pandemic:
 - Jan 31, 2020: CARES Act included waiver of telehealth restrictions for Medicare reimbursement
 - March 17, 2020: HHS relaxes HIPAA enforcement

Medicare FFS beneficiaries receiving telehealth services per week

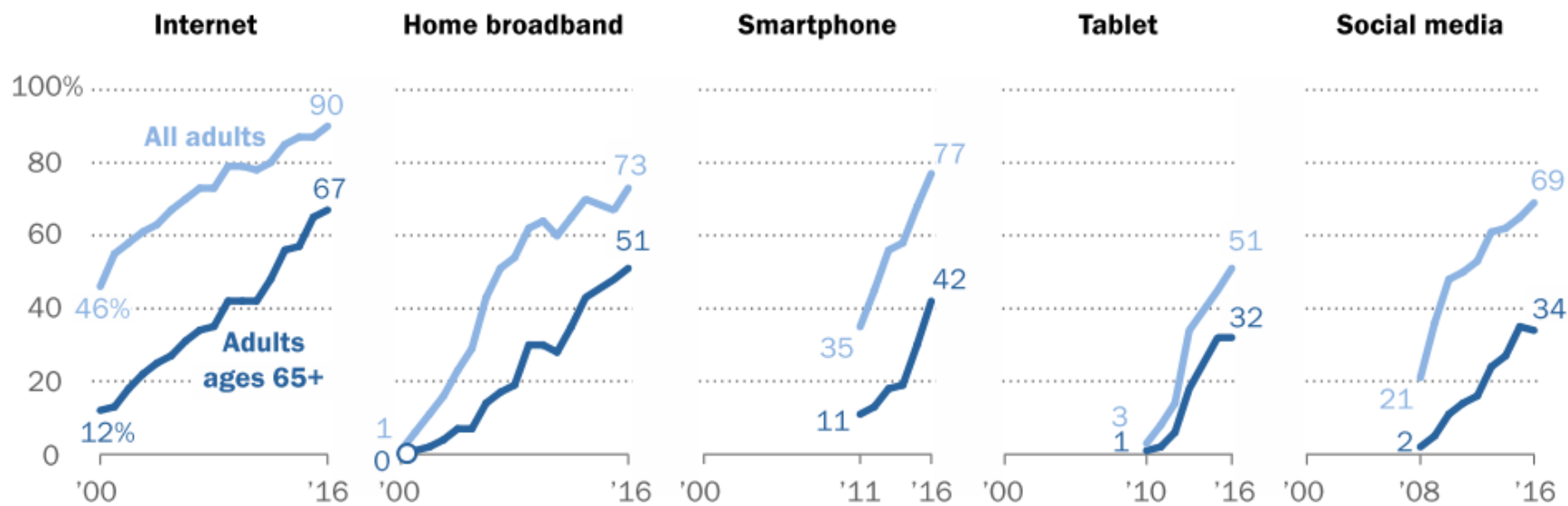


Cancer Center Encounters

Visit Type During Pandemic: WCI

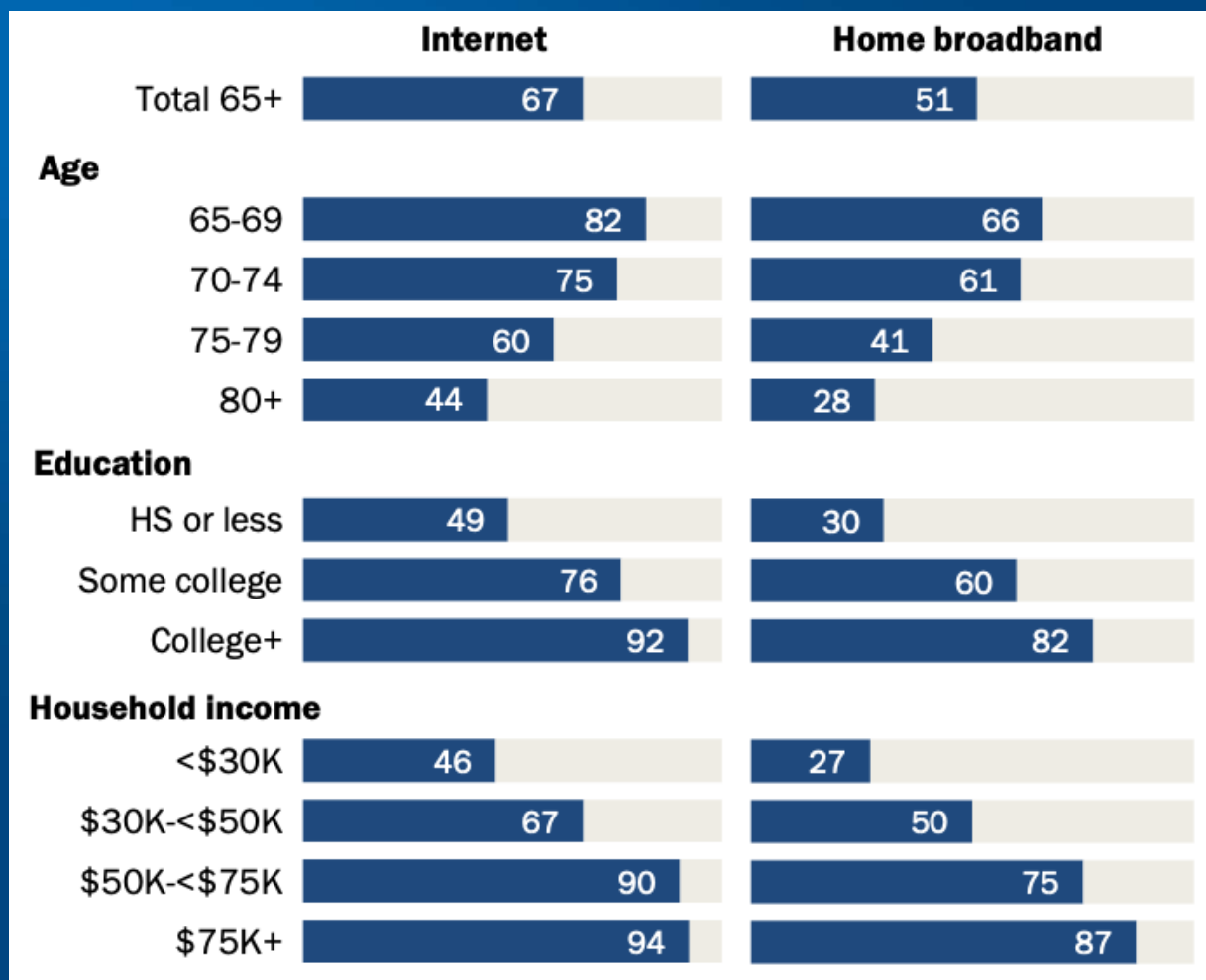


Age and the “Digital Divide”



“Tech Adoption Climbs Among Older Adults.” Pew Research Center, May 15, 2017. https://www.pewresearch.org/internet/2017/05/17/tech-adoption-climbs-among-older-adults/pi_2017-05-17_older-americans-tech_0-01/

Is age the whole story?



Age and "readiness" for telemedicine

- 4525 Medicare beneficiaries >65 years
 - 57% women, mean age 79.6 years
 - 69% white, 21% Black, 6% Hispanic
- Estimated 13 million older adults (38%) "not ready" for telemedicine
 - Technology issues (30%)
 - Age-related issues (20%)

Lam K, Lu AD, Shi Y, Covinsky KE. Assessing Telemedicine Unreadiness Among Older Adults in the United States During the COVID-19 Pandemic. *JAMA Intern Med*. Published online August 03, 2020. doi:10.1001/jamainternmed.2020.2671

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Factor	Percentage unready (survey weighted)	Adjusted odds ratio (95% CI)
Age, y		
65-74	25	1 [Reference]
75-84	44	2.3 (1.8-3.0)
≥85	72	7.0 (5.3-9.1)
Sex		
Women	38	1 [Reference]
Men	39	1.7 (1.3-2.1)
Race/ethnicity		
White, non-Hispanic	32	1 [Reference]
Black, non-Hispanic	60	1.8 (1.4-2.3)
Other, non-Hispanic ^a	45	1.0 (0.6-1.5)
Hispanic	71	2.4 (1.6-3.6)
Rurality		
Metropolitan	38	1 [Reference]
Nonmetropolitan	42	1.2 (0.9-1.5)
Marital status		
Married	30	1 [Reference]
Separated or divorced	42	1.5 (1.1-2.0)
Widowed	52	1.7 (1.3-2.2)
Never married	58	2.7 (1.4-5.1)
Educational level		
>High school	24	1 [Reference]
High school	48	2.1 (1.7-2.5)
<High school	74	3.9 (2.9-5.3)
Income quintile^b		
Highest	17	1 [Reference]
Higher	23	1.2 (0.9-1.7)
Middle	34	1.5 (1.0-2.1)
Lower	43	1.9 (1.3-2.9)
Lowest	67	3.2 (2.2-4.6)
Self-rated health		
Excellent	22	1 [Reference]
Very good	26	1.0 (0.7-1.4)
Good	40	1.4 (1.0-1.9)
Fair	60	2.5 (1.8-3.5)
Poor	77	4.5 (2.7-7.6)

Potential Benefits to Older Adults

- Limits reliance for mobility, transportation
- Patients are comfortable in their own homes – can this increase disclosure?¹
- Can evaluate home environment
 - Fall risk?
 - Medication setup
- Easier for family to join

1. Joinson, A.N. (2001), Self-disclosure in computer-mediated communication: The role of self-awareness and visual anonymity. *Eur. J. Soc. Psychol.*, 31: 177-192. doi:[10.1002/esp.36](https://doi.org/10.1002/esp.36)

Parkinson disease: “Virtual house calls”



E. Ray Dorsey, MD, MBA

- Randomized trial vs. usual in-person care
- N=195, median age 66
- No difference in QoL or clinical outcomes
- 97% of patients satisfied with virtual visits
- Preference for virtual visits (55% v 18%)

However, 96% white, 73% college-educated, 96% used Internet at home

Beck CA, Beran DB, Biglan KM, et al. National randomized controlled trial of virtual house calls for Parkinson disease. *Neurology*. 2017 Sep 12;89(11):1152-1161. doi: 10.1212/WNL.0000000000004357. Epub 2017 Aug 16. PMID: 28814455; PMCID: PMC5595275.

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Palliative Care



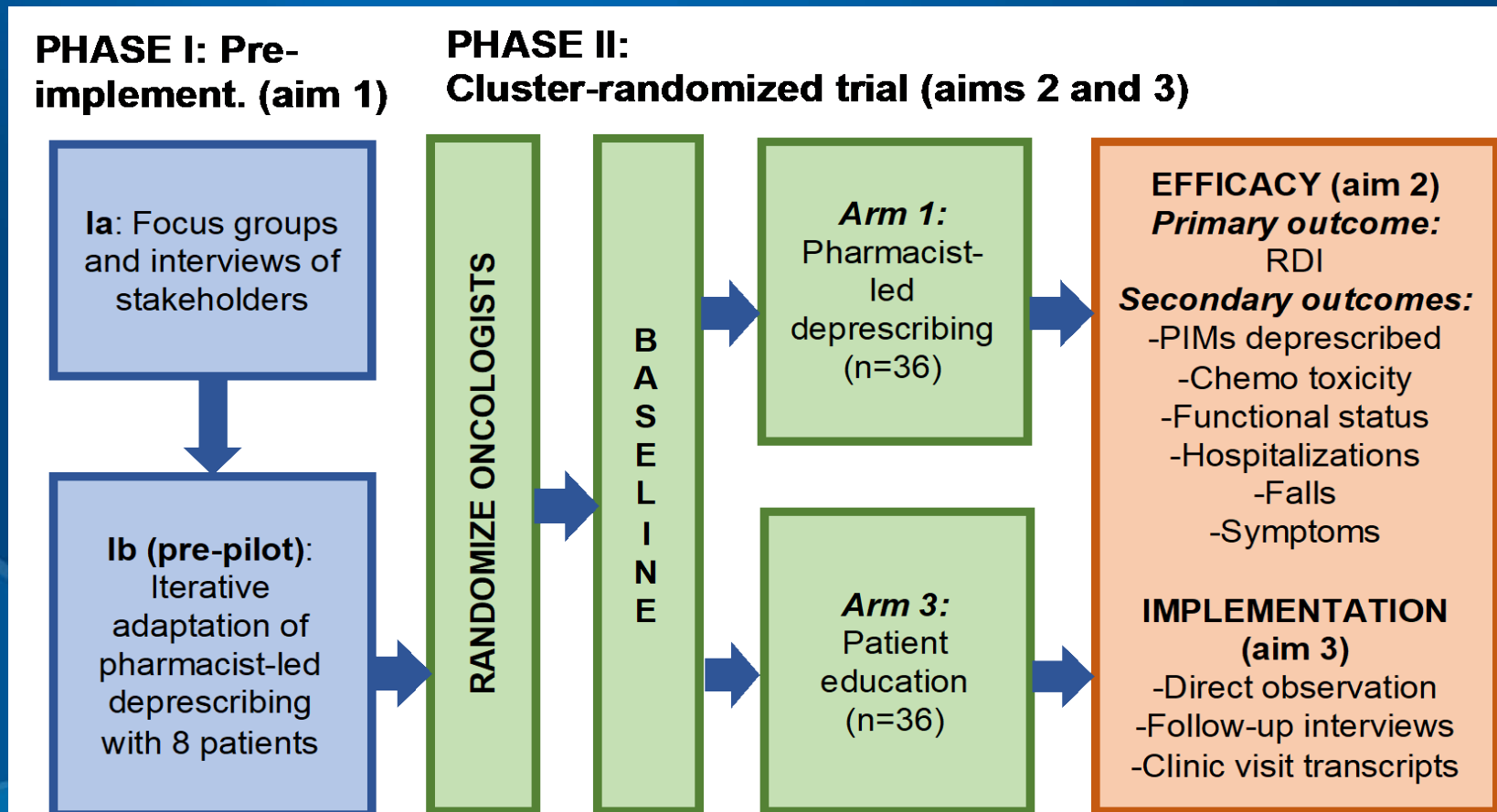
Benzi Kluger, MD, MS

- Program offering virtual access to team including caregiver support groups, chaplain, social worker, psychotherapist, palliative care physician
- Community-based trial in progress

“[O]lder adults more frequently find tele-video burdensome and are more likely to choose phone or mail options if offered. However, the vast majority do fine and often involving younger relatives, friends or neighbors in visits can get them over the hump.”

Polypharmacy

- Cluster-randomized trial of older adults with curable cancers starting chemo
- Intervention arm is a virtual pharmacist assessment and deprescribing intervention



Remote Geriatric Assessment

- We have been doing “remote” GA data collection for >10 years
- Most tools are patient-reported, with reasonable concordance with objective measures
- Electronic Geriatric Assessment (eGA) is feasible

....but how can we measure cognition?

Shahrokni, A., Tin, A., Downey, R. J., Strong, V., Mahmoudzadeh, S., Boparai, M. K., ... & Korc-Grodzicki, B. (2017). Electronic rapid fitness assessment: A novel tool for preoperative evaluation of the geriatric oncology patient. *Journal of the National Comprehensive Cancer Network*, 15(2), 172-179.

Remote Cognitive Testing

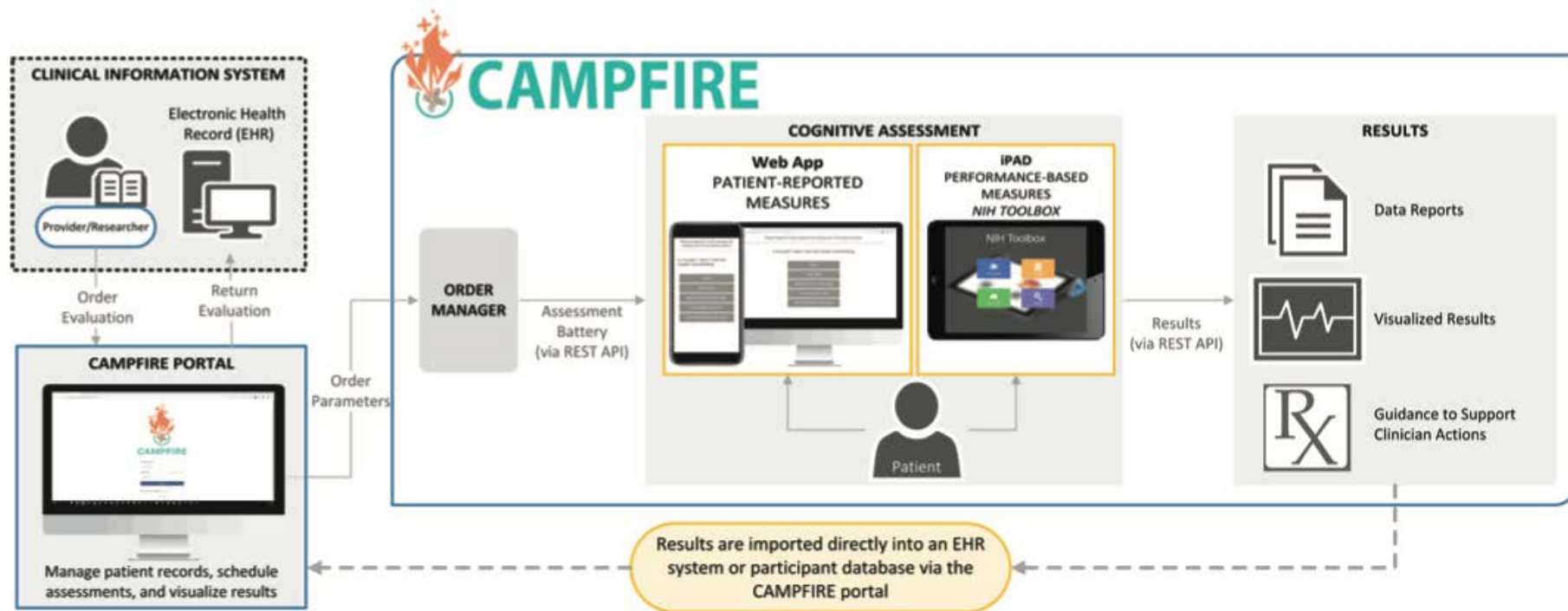
- MoCA has been validated for virtual administration¹
- Verbally-based tests (e.g., Blessed Orientation-Memory-Concentration test) can be administered by telephone²
- We have been performing 4-5 remote cognitive evaluations per week since onset of pandemic.
- Anecdotally:
 - High rates of difficulty hearing questions (~20%)
 - Limited reliability ("cheating", difficulty monitoring attention tasks, etc)

1. DeYoung N, Shenal BV. The reliability of the Montreal Cognitive Assessment using telehealth in a rural setting with veterans. *J Telemed Telecare*. 2019;25(4):197-203. doi:10.1177/1357633X17752030

Chapman JE, Cadilhac DA, Gardner B, et al. Comparing face-to-face and videoconference completion of the Montreal Cognitive Assessment (MoCA) in community-based survivors of stroke [published online ahead of print, 2019 Dec 9]. *J Telemed Telecare*. 2019; doi:10.1177/1357633X19890788

2. Kawas C, Karagiozis H, Resau L, et al. Reliability of the Blessed Telephone Information-Memory-Concentration Test. *J Geriatr Psychiatry Neurol*. 1995;8(4):238-242. doi:10.1177/089198879500800408

Better testing through software?





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Take-away messages

- Think ACCESS not age
 - Access to home digital technology is access to healthcare
 - Internet, enabled devices, and tech support: medical needs
- Some will have age-related barriers (hearing, vision, cognition)
 - Bring the technology and support to them?
 - Innovative, tailored software
- We need more implementation research
- Use the “unfortunate opportunity” of the pandemic to rapidly iterate, gather pilot data, develop ideas to test

Thank you!



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