Rush System for Health

Telehealth in Oncology:
Learnings from the rapid and board implementation during COVID-19 pandemic

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Disclosures

No disclosures relevant to the content of this presentation

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Policy changes enabled rapid adoption of telehealth at the beginning of the COVID Pandemic

- US Congress approved emergency use of telehealth

- CMS previous rural only restrictions for telehealth were lifted

- States emergency declarations included provisions requiring payor payment parity for telehealth

- FDA expanded appropriate use of telehealth for research

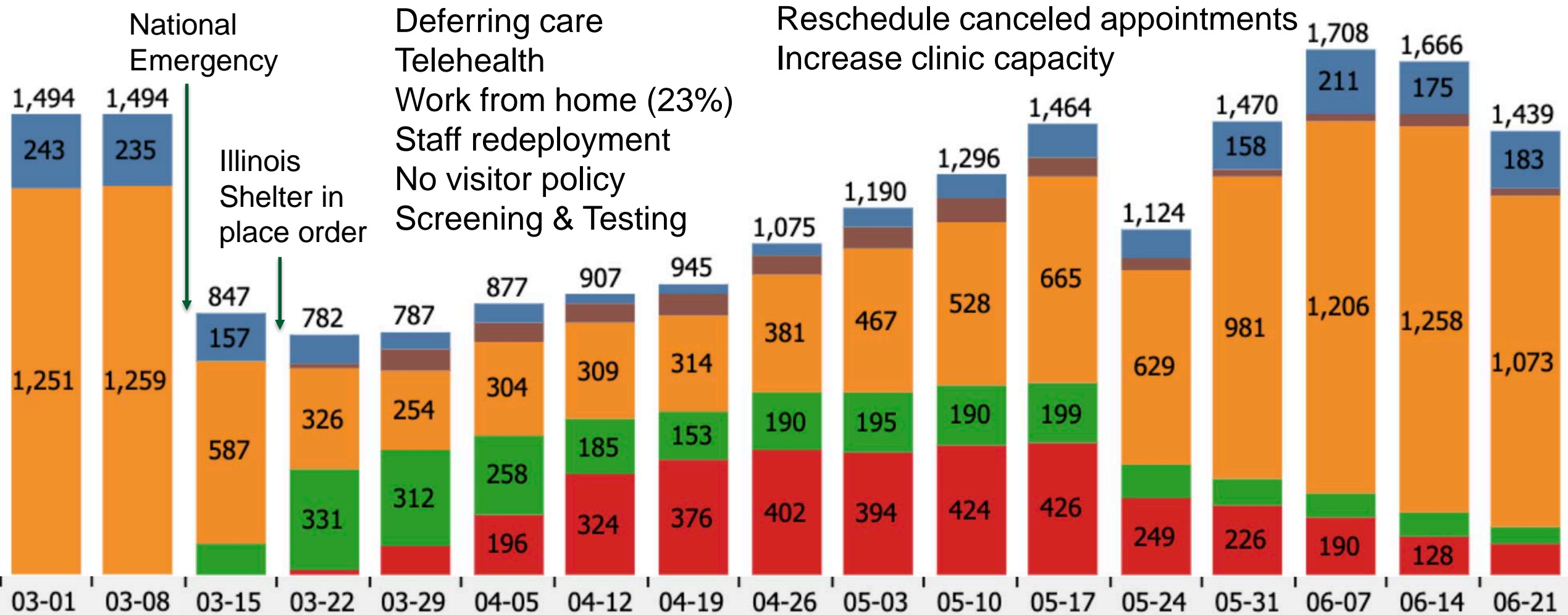# Cancer center outpatient visits during COVID pandemic

Variable levels of sophistication for telehealth implementations

- Telephone only
  - Lowest barrier to adoption
- Video conferencing only
  - Link to private virtual room with variable HIPPA security
- Video conferencing integrated with patient portal with full HIPPA security

Fully integrated telehealth also includes:

- Virtual check-in and registration

  - Uploading photo of insurance card, administrative forms

- Virtual clinical forms

  - Medication reconciliation, disease/symptom specific forms, consent forms

- Enable multiple participants

  - Translator, trainee, research coordinators, family members

- Patient portal

  - After visit summary documentation, results notification, messaging

- Online virtual appointment scheduling

- Payment of co-pays, medical bills
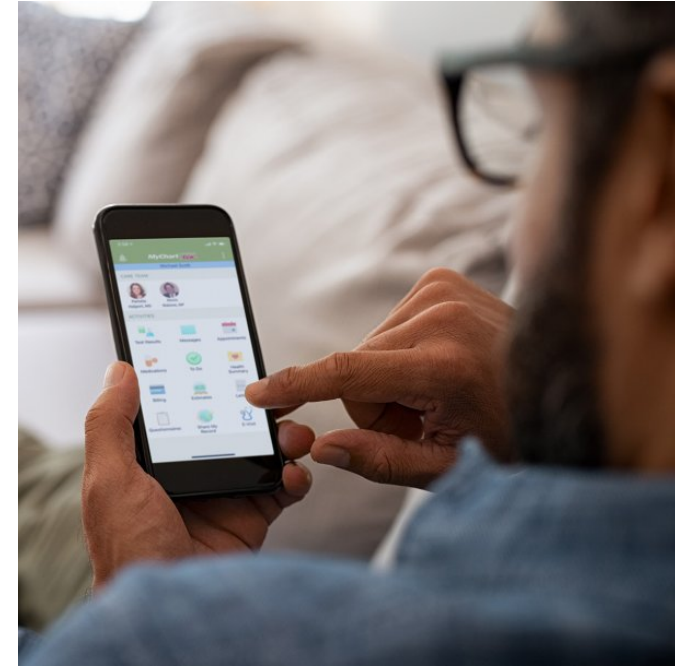
Challenges in Implementing Telehealth During COVID-19 Pandemic

Health Systems

- Rapid selection and broad implementation of technology platform including equipment acquisition, training, deployment, and support

- Uncertainty regarding reimbursement

- Rapid conversion of previously scheduled appointments to virtual visits

Providers

- Variable willingness to adopt technology

- Varying opinions regarding clinical appropriateness of virtual visits for cancer care

Challenges in Implementing Telehealth During COVID-19 Pandemic

Patients

- Access to computer or smartphone with video features

- Internet access

- Limited telephone minutes

- Digital literacy - training required – mock visits

Outpatient Virtual Visits Clinical Guidelines (Local)

- **Appointments recommended to be IN-PERSON:**
  - At least once prior to first chemo/infusion/injection treatment
  - Patients receiving IV chemotherapy (possibly alternating with virtual visits)
  - Annual visit or long-term follow up appointments
  - Patients with new palpable finding should be seen in-person
  - Patients who are coming to campus for other services at provider discretion
- **Appointment types well suited for VIRTUAL VISITS:**
  - Chemotherapy teaching sessions
  - Medication dose adjustments
  - Patients with pain management, side-effect management, or new medication questions
  - Benign hematology, psychosocial, and medical genetic appointments

Telehealth During COVID-19 Pandemic

Advantages

- Minimize visits to the medical center
- Minimize clinic length of stay
- Prescreening for COVID symptoms day prior to treatment
- No face mask required
- No visitor restrictions

Disadvantages

- Frustration over failed attempts at video visits with real-time conversion to telephone visits
- Limited physical exam to visual (potentially missing key findings)
- Patient hesitation with certain parts of exam being on video
- Harder to make personal connection with new patients
- Less reimbursement for greater than or equal time

Policy Considerations

- Need for federal and state legislation to ensure ongoing access and reimbursement parity for telehealth

- Do not require video for reimbursement as many patients only have telephones

- Create legislation enabling free cellular phone minutes or data for healthcare uses

Payor Considerations for Virtual Visits

- **The current reimbursements for Virtual Visits may not persist beyond the COVID-19 recovery period**
- **Reimbursement policies are subject to national, state and payer policies**
- **If current reimbursement levels do not continue, Virtual Visits may not be a financially sustainable model for care**

Illinois Payors: Timeline for discontinuation of payment parity for virtual visits

	Aetna	BCBS	Cigna	Cigna Behavioral Health	Humana	United (Academic)	Medicare
Effective Through	August 4th, 2020	December 31st 2020	July 31st, 2020	July 31st, 2020	December 31, 2020	July 24th, 2020	TBD

Thank you.

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