



## Topic Brief: Telehealth for Cancer Patients

**Date:** 3/2/2023

**Nomination Number:** 1028

**Purpose:** This document summarizes the information addressing a nomination submitted on November 2, 2022 (<https://effectivehealthcare.ahrq.gov/get-involved/nominated-topics/telehealth-cancer-patients>) through the Effective Health Care Website. This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

**Issue:** Telehealth is used to provide some nontreatment cancer care, and there is variation in the types of cancer patient encounters that are performed and reimbursed via telehealth. The nominators would use a systematic review to make recommendations to health care institutions about how to care for cancer patients remotely.

**Findings:** The EPC Program will not develop a new systematic review because we found a systematic review addressing the concerns of this nomination.

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### Background

Telehealth, or telemedicine, is care provided by a health care provider without an in-person visit, often via computer, tablet, or smartphone. Telehealth may provide benefits such as limiting physical contact during COVID-19, reducing transportation burden, and increasing access to specialists.<sup>1</sup>

In 2021, 37% of adults used telemedicine in the past year. Use was more prevalent in women than in men; in non-Hispanic American Native or Alaskan Native adults than Hispanic, non-Hispanic Black, and non-Hispanic Asian adults; in adults 65 years and older than in adults 18-29 years old; in high income (400% of the federal poverty level) families than in families of other income levels; and in adults living the Northeast and West compared to adults living in the Midwest and South.<sup>2</sup>

The use of telehealth for components of cancer care that can be delivered remotely has increased during the COVID-19 pandemic.<sup>3</sup> In 2019 the United States, 1,752,735 new cancer cases were reported and 599,589 people died of cancer.<sup>4</sup> Projected cancer-attributed medical care costs for 2020 in the United States were predicted to be \$208.9 billion.<sup>5</sup> The nominators are interested in a systematic review on the effectiveness of telehealth for cancer in order to influence insurance coverage.

### Scope

1. What is the effectiveness and harms of telehealth in cancer patients?

**Table 1.** Questions and PICOS (population, intervention, comparator, outcome, and setting)

<b>Questions</b>	1. Telehealth in cancer patients
<b>Population</b>	Adults ( $\geq 18$ yrs) undergoing treatment for cancer Consider: age, gender, socioeconomic factors
<b>Interventions</b>	Medical appointments delivered via telehealth (e.g., discussions of treatment options, meetings to plan treatment scheduling)
<b>Comparators</b>	In-person medical appointments for check-ins delivered via telehealth (e.g., discussions of treatment options, meetings to plan treatment scheduling)
<b>Outcomes</b>	Treatment adherence, patient satisfaction, quality of life, clinical outcomes, harms-any
<b>Setting</b>	Telehealth-ambulatory/home care; in-person- clinic/medical office

## Assessment Methods

See Appendix A.

## Summary of Literature Findings

A 2023 AHRQ systematic review on telehealth during COVID-19 addressed the nominator's evidence needs, so a literature search was not conducted.<sup>6</sup>

See Appendix B for detailed assessments of all EPC selection criteria.

## Summary of Selection Criteria Assessment

Telehealth is used to provide some components of cancer care that can be delivered remotely, and there is variation in the types of cancer patient encounters that are performed and reimbursed via telehealth. The nominators would use a systematic review to make recommendations to health care institutions about how to care for cancer patients remotely. A 2023 AHRQ systematic review met the nominator's evidence needs and a literature search was not conducted.

Please see Appendix B for detailed assessments of individual EPC Program selection criteria.

## References

1. What is telehealth? Health and Human Services. doi: <https://telehealth.hhs.gov/patients/understanding-telehealth/>.
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## **Appendix A: Methods**

We assessed nomination for priority for a systematic review or other AHRQ Effective Health Care report with a hierarchical process using established selection criteria. Assessment of each criteria determined the need to evaluate the next one. See Appendix B for detailed description of the criteria.

### **Appropriateness and Importance**

We assessed the nomination for appropriateness and importance.

### **Desirability of New Review/Absence of Duplication**

We searched the AHRQ Effective Health Care Website for relevant systematic reviews published in the last three years (February 2020-February 2023). Additional sources were not searched when a relevant systematic review was identified.

### **Impact of a New Evidence Review**

The impact of a new evidence review was qualitatively assessed by analyzing the current standard of care, the existence of potential knowledge gaps, and practice variation. We considered whether it was possible for this review to influence the current state of practice through various dissemination pathways (practice recommendation, clinical guidelines, etc.).

## Appendix B. Selection Criteria Assessment

Selection Criteria	Assessment
<b>1. Appropriateness</b>	
1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the United States?	Yes.
1b. Is the nomination a request for an evidence report?	Yes.
1c. Is the focus on effectiveness or comparative effectiveness?	Yes.
1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic?	Yes.
<b>2. Importance</b>	
2a. Represents a significant disease burden; large proportion of the population	Yes. The use of telehealth for nontreatment cancer care has increased during the COVID-19 pandemic. <sup>3</sup> In 2019 the United States, 1,752,735 new cancer cases were reported and 599,589 people died of cancer. <sup>4</sup>
2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the United States population or for a vulnerable population	Yes. The use of telehealth for components of cancer care that can be delivered remotely has increased during the COVID-19 pandemic. <sup>3</sup> In 2019 the United States, 1,752,735 new cancer cases were reported and 599,589 people died of cancer. <sup>4</sup>
2c. Incorporates issues around both clinical benefits and potential clinical harms	Yes.
2d. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers	Yes. Projected cancer-attributed medical care costs for 2020 in the United States were predicted to be \$208.9 billion. <sup>5</sup>
<b>3. Desirability of a New Evidence Review/Absence of Duplication</b>	
3. A recent high-quality systematic review or other evidence review is not available on this topic	No. A 2023 AHRQ systematic review met the nominator's evidence needs. <sup>5</sup>

Abbreviations: AHRQ=Agency for Healthcare Research and Quality.