Telehealth Across the Lung Cancer Care Continuum

June 19, 2020

10:30 AM – 11:30 AM Eastern

TODAY'S PRESENTERS

Ron Myers, DSW, PhD

Professor and Director, Division of Population Science, Department of Medical Oncology, Sidney Kimmel Cancer Center--Jefferson Health

Areas of expertise include cancer screening, shared decision making, and the implementation of evidence-based interventions in health systems.

Luis E. Raez, MD, FACP, FCCP

Chief of Hematology/Oncology & Medical Director, Memorial Cancer Institute; Director, Thoracic Oncology Program

President, Florida Society of Clinical Oncology (FLASCO)

Clinical Professor of Medicine, Florida International University, among other academic appointments

GO_2 Foundation Scientific Leadership Board

Allison Wils, Esq

Vice President of Strategy, Health Innovation Alliance

Served as first Executive Director of The ERISA Industry Committee's (ERIC) State Mandate Action Program; Senior Director of Health Policy

Health Policy Advisor, Cozon O'Connor Public Strategies

Specializes in state and local laws and regulatory affairs affecting healthcare

Sidney Kimmel Cancer Center
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Until every cancer is cured

Shared Decision Making in Lung Cancer Screening

Ronald E. Myers, PhD
Professor and Director, Division of Population Science
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Sidney Kimmel Cancer Center

Thomas Jefferson University, Philadelphia, PA

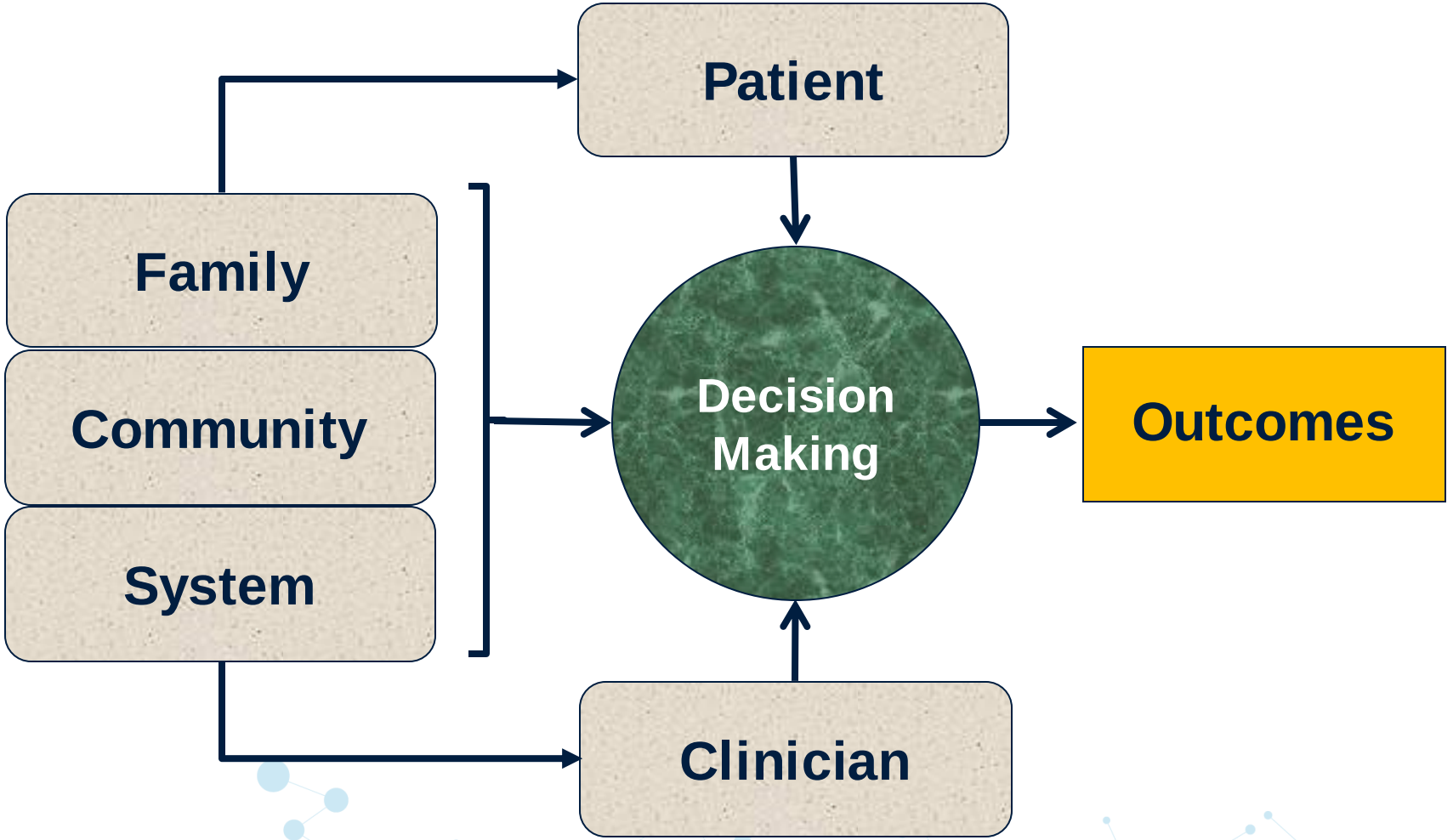
Disclosures

This work was supported by a grant from Bristol-Myers Squibb Foundation, *Engaging a Learning Community to Increase Lung Cancer Screening in Vulnerable Populations*

Outline

- Decision Making in Clinical Care
- Telemedicine and Telehealth
- Shared Decision Making (SDM)
- SDM in Lung Cancer Screening (LCS)
- SDM about LCS in Primary Care
- A Patient Outreach and SDM Pilot Study
- Opportunities to use Telehealth for SDM in LCS

Decision Making in Clinical Care



Telemedicine and Telehealth

What is telemedicine?

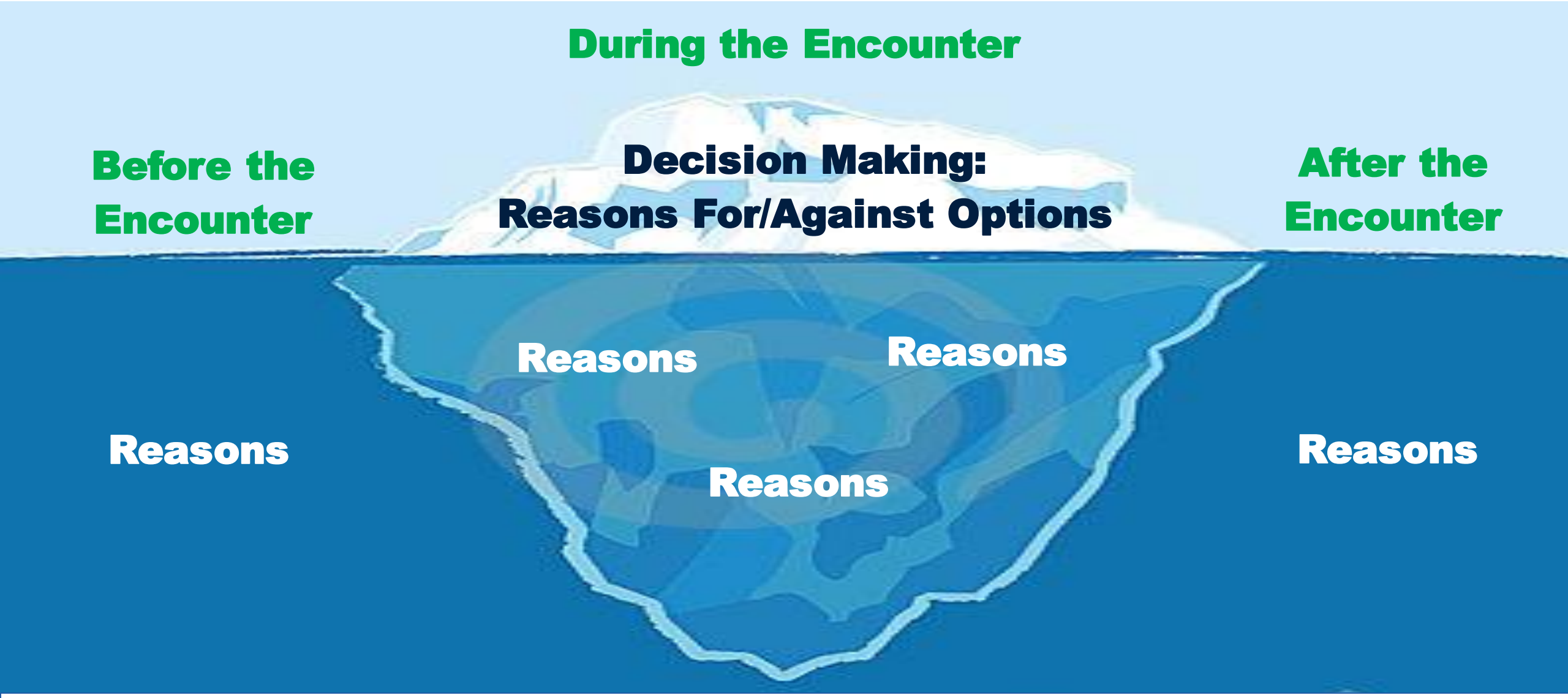
- Telemedicine is the practice of medicine using telecommunications technology to deliver care at a distance.

What is telehealth?

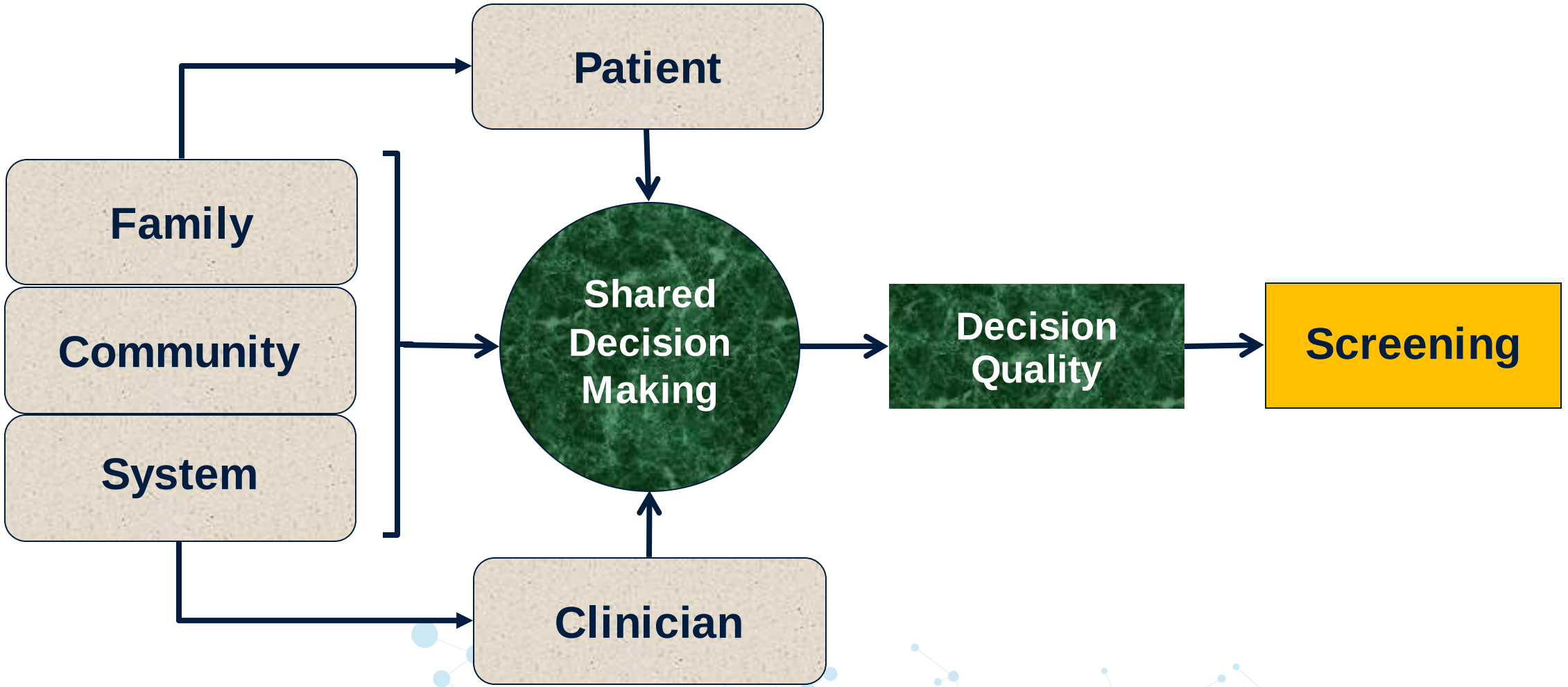
- Telehealth refers broadly to using electronic and telecommunications technologies to provide care and services at-a-distance.

https://www.aafp.org/media-center/kits/telemedicine-and-telehealth.html

Decision Making Before, During, and After a Clinical Encounter



Shared Decision Making in Lung Cancer Screening



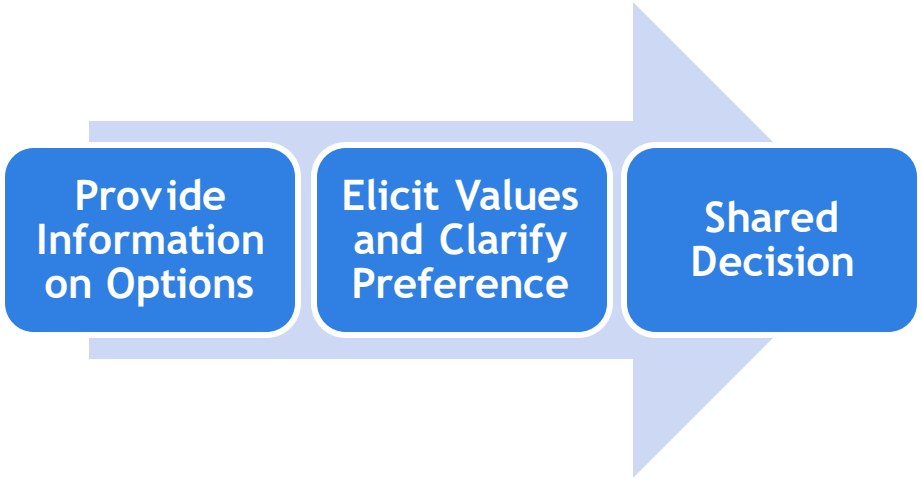
The Ideal of SDM in Lung Cancer Screening

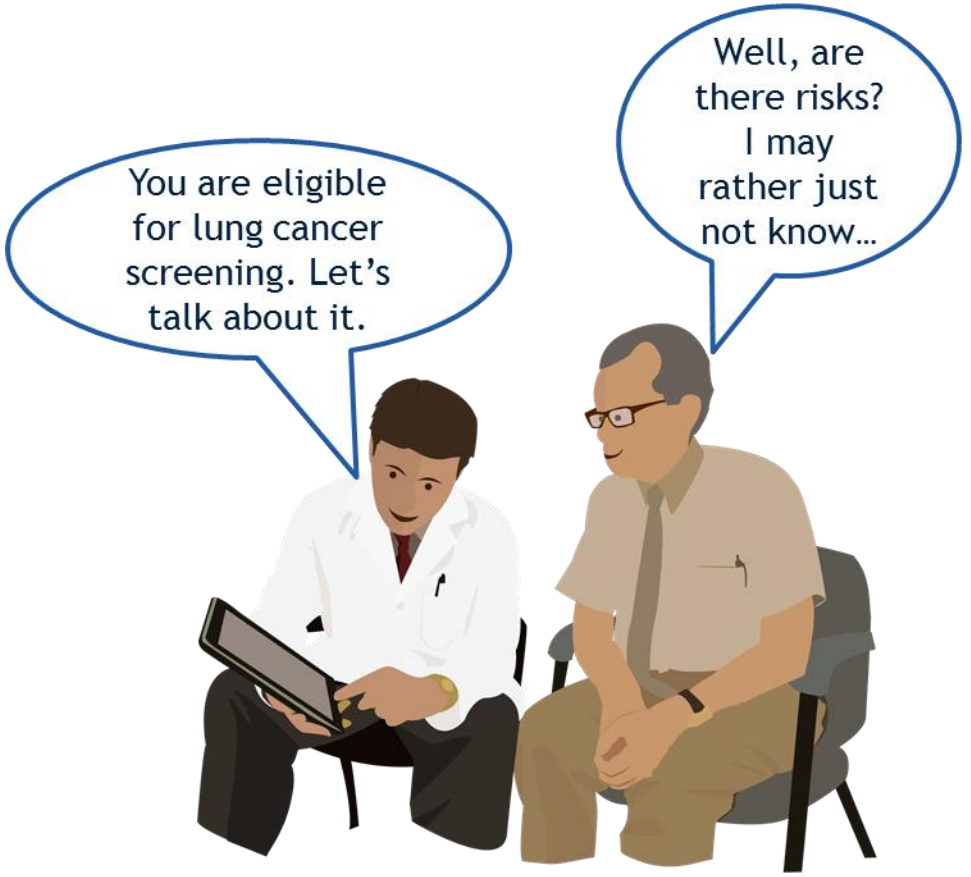
- Verification of patient eligibility for screening
- Education, values elicitation, and preference clarification using a decision support intervention that gives a balanced presentation of potential benefits and harms of screening
- Counseling on the importance of following up abnormal screening results and adherence to annual screening
- Counseling on tobacco treatment for current smokers

(CMS, 2015)

Decision Support Interventions and Shared Decision Making (SDM)

- Decision support interventions enable patients and clinicians to make a shared decision





Is SDM about LCS Happening?

- A national survey of current smokers showed that only 9% had discussed lung cancer screening (LCS) with a physician
- In clinical practice, only half of persons eligible for LCS recalled having a discussion about screening with their primary care physician
- When conversations about LCS take place in clinical practice, they average < 1 minute, and potential harms related to screening are usually not mentioned.
- LCS rates nationally are less than 20%

(Brenner et al., 2018; Byrnes, Lillie, and Studts, 2019; Huo et al., 2019; Rai et al., 2019)

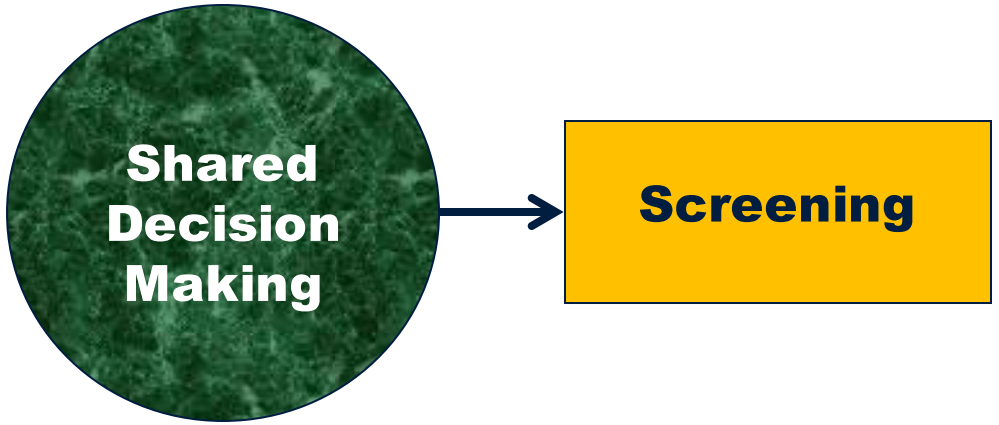
Decision Support Interventions

- Print and online materials, scripted presentations, audiovisual presentations, interactive software
  - Help people understand what options are available
  - Provide information about benefits and risks of available options
  - Identify how personal values related to available options
  - Clarify level of preference for each available option
  - Make a choice that aligns with personal values and preference

(Elwyn et al., 2010)

An Interactive Online SDM Intervention

- Decision Counseling Program:
  - Education
  - Values Elicitation
  - Preference Clarification



www.jefferson.edu/university/jmc/departments/medical_oncology/divisions/population_science.html

Decision Counseling Program - Education

Lung Cancer Screening: *Yes or No?*

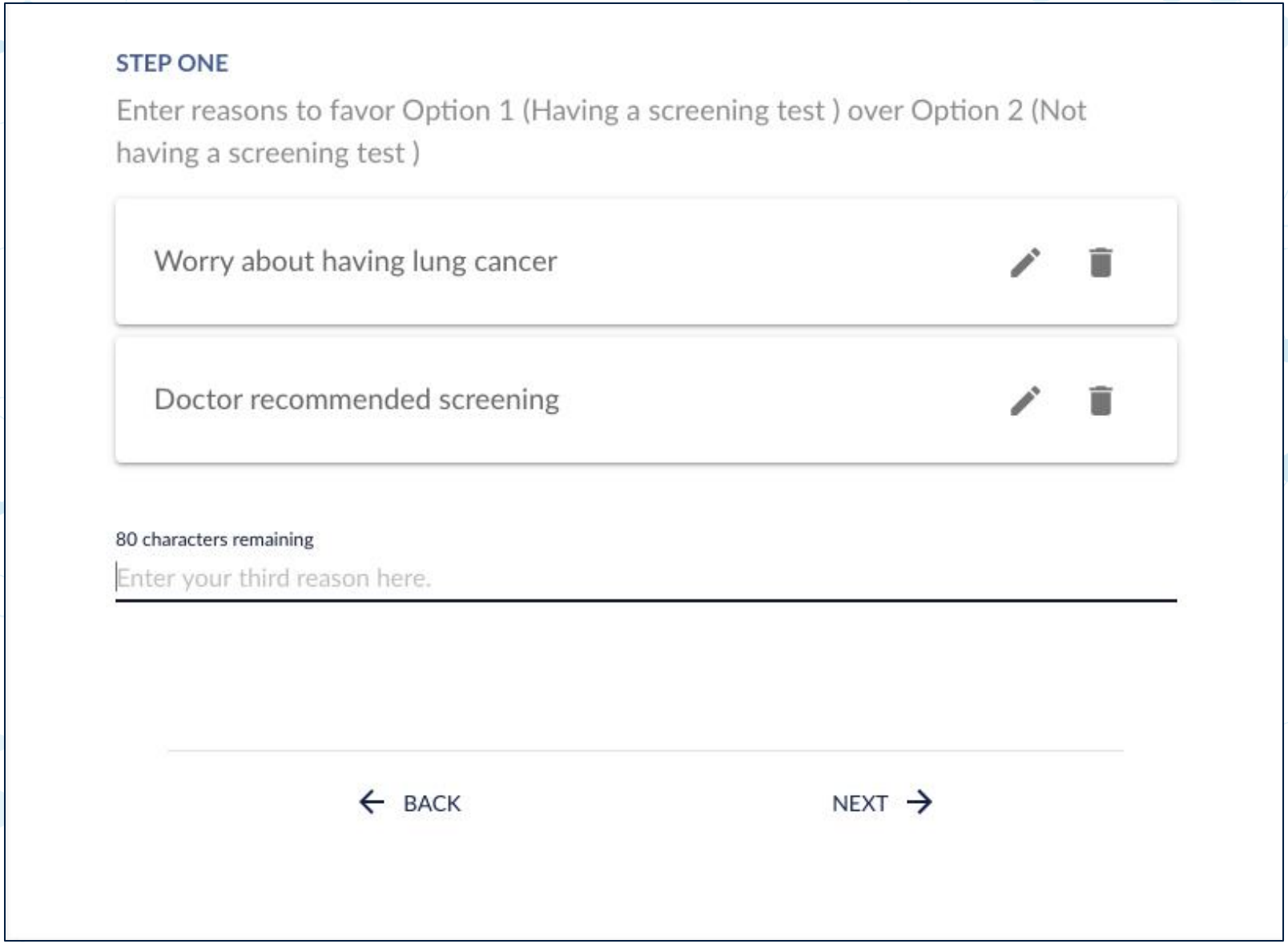
optiongrid

Lung cancer is a disease in which abnormal cells grow in the lung. Screening tests look for cancer before you have symptoms. Lung cancer screening is typically offered to smokers who are over 50 and have smoked very heavily.

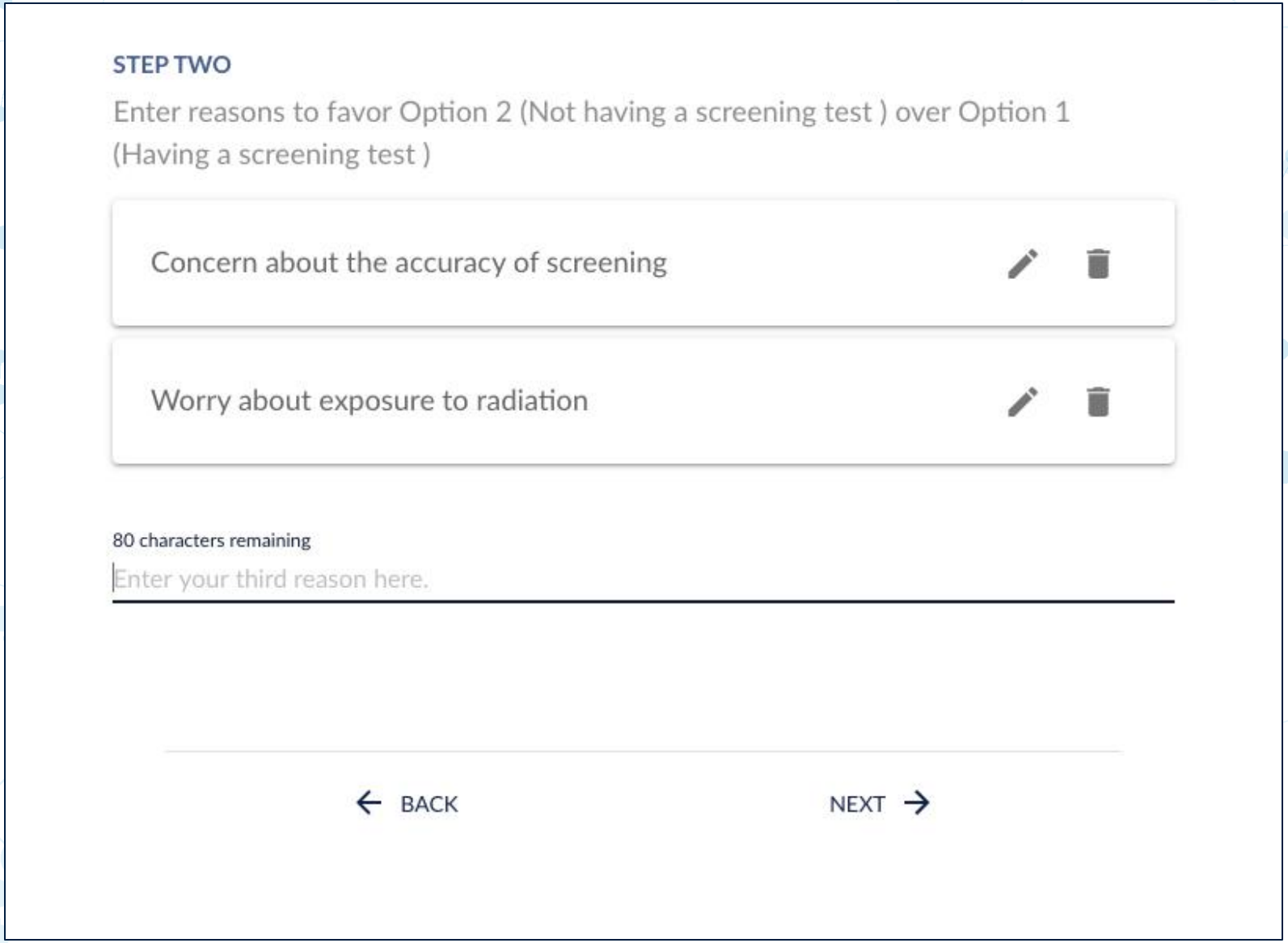
This decision aid is not for people with symptoms of lung cancer or people at low risk for lung cancer.

Patient Questions	Screening	No screening
What does the screening test involve?	Pictures of your lungs are taken once a year using a low-dose computed tomography (CT) scan. This scan gives a radiation dose similar to having a spine X-ray. The test itself takes about 5 minutes to complete. The cost of the CT is usually covered by your health insurance.	Does not apply
What does the screening test look for?	The test looks for abnormal growths (nodules) in your lungs.	Does not apply
What is my chance of having lung cancer diagnosed?	Out of 1,000 people who are screened: • lung cancer will be found during the test in about 24 (about 2%) • lung cancer will be missed in about 16 (about 2%), but found later because of symptoms	Out of 1,000 people who are not screened, lung cancer will be found in about 34 (about 3%).
What are the benefits?	Screening can find cancer at an earlier stage and you can be treated earlier.	You avoid tests and treatments. You avoid the risks that come with testing.
What are the risks?	Out of 1,000 people screened over 10 years: • 13 (1%) will die from lung cancer during that time • 367 (37%) will have nodules found but more testing does not show lung cancer • 100 (10%) will have other things seen inside the lung that may lead to more testing • 200 (20%) will have other things seen outside the lung that may lead to more testing • 4 (less than 1%) will get treated for a lung cancer that would not cause death if left alone	Out of 1,000 people not screened over 10 years, 22 (2%) will die from lung cancer during that time.

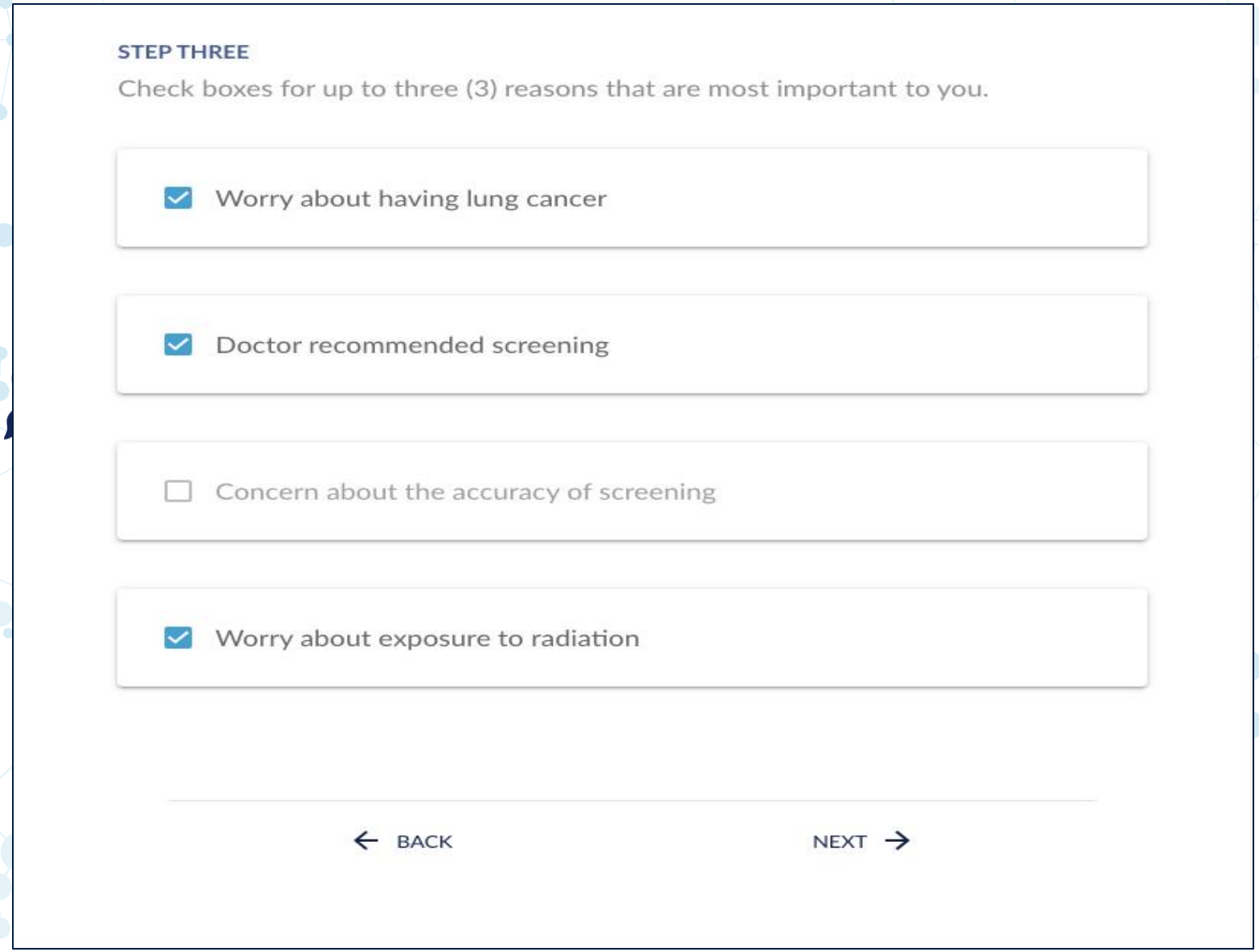
Decision Counseling Program – Values Elicitation



Decision Counseling Program – Values Elicitation



Decision Counseling Program – Values Elicitation



Decision Counseling Program – Preference Clarification

Decision Counseling Session

NAME/ # /DATE

PRINT PAGE

Lung Cancer Screening Preference: Results of this session indicate a preference that favors screening.

A. Preference (0-100%) for Option 1 and Option 2

● Option 1 (71%)
Having a screening test

● Option 2 (29%)
Not having a screening test

B. Top Reasons Influencing Preference

Reasons to favor Option 1

- Worry about having lung cancer
- Doctor recommended screening

Reasons to favor Option 2

- Worry about exposure to radiation

What if SDM were delivered via telehealth to primary care patients identified via the EMR as potentially-eligible for LCS?

An Outreach and SDM Pilot Study

EHR list of potentially-eligible patients in 4 primary care practices (N=2,376)

Randomization

Usual Care (UC) Group (N=1,748)

Outreach Contact (OC) Group (N=314)

Outreach Contact + Decision Counseling (OC-DC) Group (N=314)

Conclusions

- SDM and LCS rates are low in primary care
- It is feasible to deliver outreach and SDM contacts by mail and telephone
- LCS rates increase when SDM is added to standard mail and telephone contact
- Research is needed to determine the impact of telehealth (telephone and video) contacts on engaging patients in the SDM - prior to a scheduled primary care office visit

Acknowledgements

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Telehealth and Oncology

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President Florida Society of Clinical Oncology (FLASCO)
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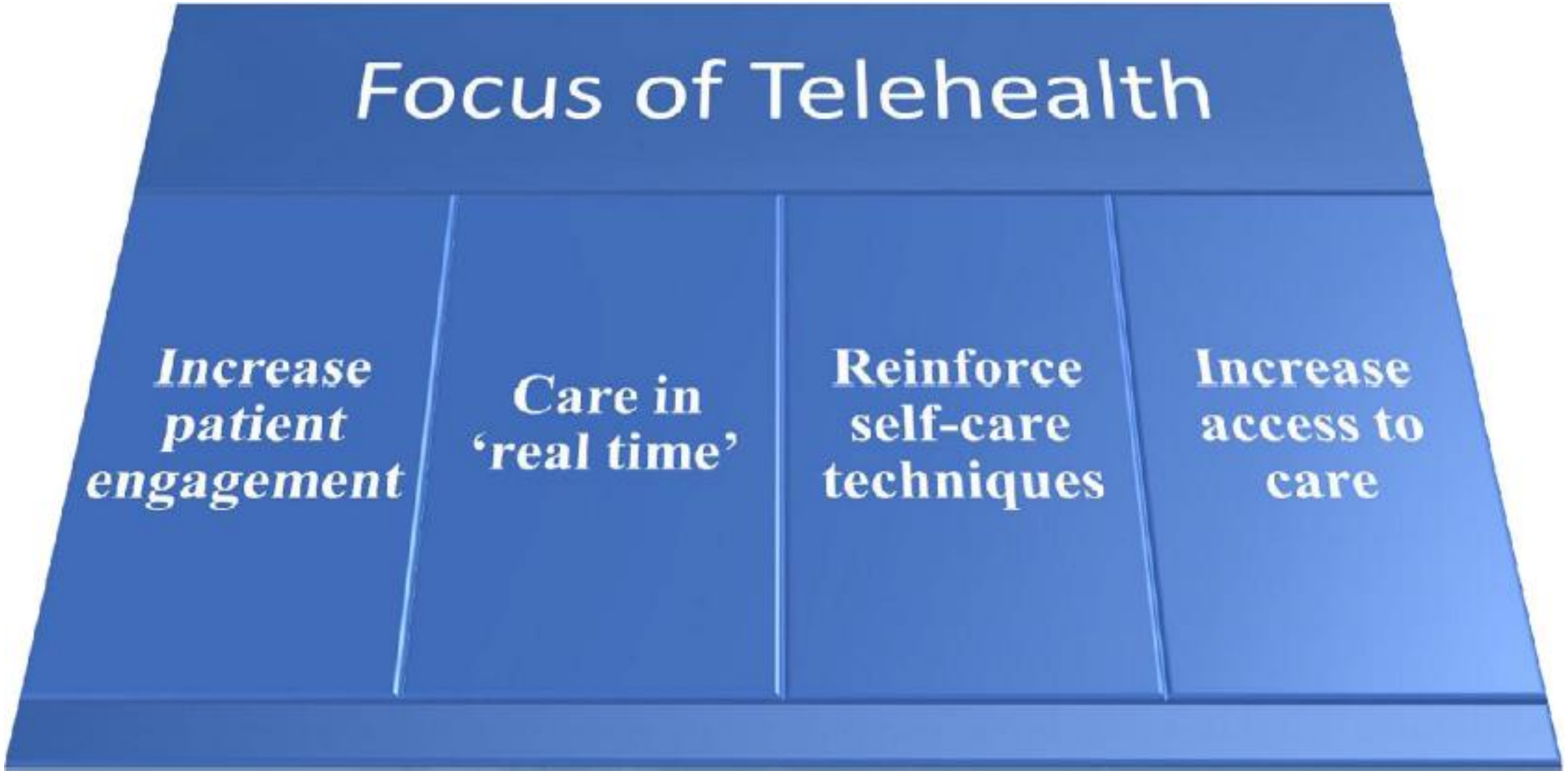
Clinical Professor of Medicine
Herbert Wertheim College of Medicine
Florida International University

Telemedicine

- Telemedicine, a term coined in the 1970s, which literally means “healing at a distance”, signifies the use of ICT to improve patient outcomes by increasing access to care and medical information.
- Recognizing that there is no one definitive definition of *telemedicine* – a 2007 study found 104 peer-reviewed definitions of the word – the World Health Organization has adopted the following broad description:
- *“The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities”*


Focus of Telehealth
Increase patient engagement
Care in 'real time'
Reinforce self-care techniques
Increase access to care

Embracing Telehealth

90% of employers are currently offering or planning to offer telehealth

Towers Watson

When the Veterans Health Administration used telehealth for their post-cardiac arrest care program, hospital **readmissions fell by 51%**

American Hospital Association

Healthcare executives cite improved patient satisfaction scores as providing the **biggest ROI**

ReachHealth

More than **one-half** of all US hospitals have a telehealth program

American Telemedicine Association

ICU telemedicine programs are associated with **better survival rates** and reduced hospital lengths of stay

American Hospital Association

The average cost per in-person visit is $125, while the average **cost** for a telehealth visit is around $45

US News & World Report

PRACTICAL APPLICATIONS

Telemedicine is the use of telecommunications technology to deliver health care to populations with limited access to care.

Telemedicine has generally been demonstrated to be at least equivalent to in-person care, improve access, and decrease costs with high levels of patient and health professional satisfaction.

Telemedicine may take place synchronously, asynchronously, or blended with in-person care. The patient and the consultant may engage virtually via fully interactive video technology in real time or asynchronously by storing and forwarding clinical data elements, such as medical reports, images, and video recordings, to be interpreted at a later time.

Effective teleoncology interventions include cancer telegenetics, telepathology, bundling of cancer related teleapplications, remote chemotherapy supervision, symptom management, survivorship care, palliative care, and approaches to increase access to cancer clinical trials, some of which may use mobile technologies.

Sirintrapun SJ, Lopez AM. Telemedicine in Cancer Care. Am Soc Clin Oncol Educ Book. mayo de 2018;(38):540-5

Barriers to Telehealth Expansion

1 | Restrictions on how Medicare and other payers cover and pay for telehealth.
2 | Licensure laws and regulations that limit the ability to provide telehealth services across state lines.
3 | Some areas still lack adequate broadband service to support telehealth.
4 | Lack of leadership and organizational commitment to develop an overarching strategy and integrate into care delivery.
5 | Decentralized departmental solutions and pilot programs without governance structure and dedicated management.
6 | High cost of the technologies and infrastructure and a lack of funding.
7 | Inadequate clinical engagement and readiness without consideration of human factors in the user experience and workflows for both clinicians and patients.
8 | Evolving measures of success and key performance indicators hamper scaled platforms

Manatt 2019

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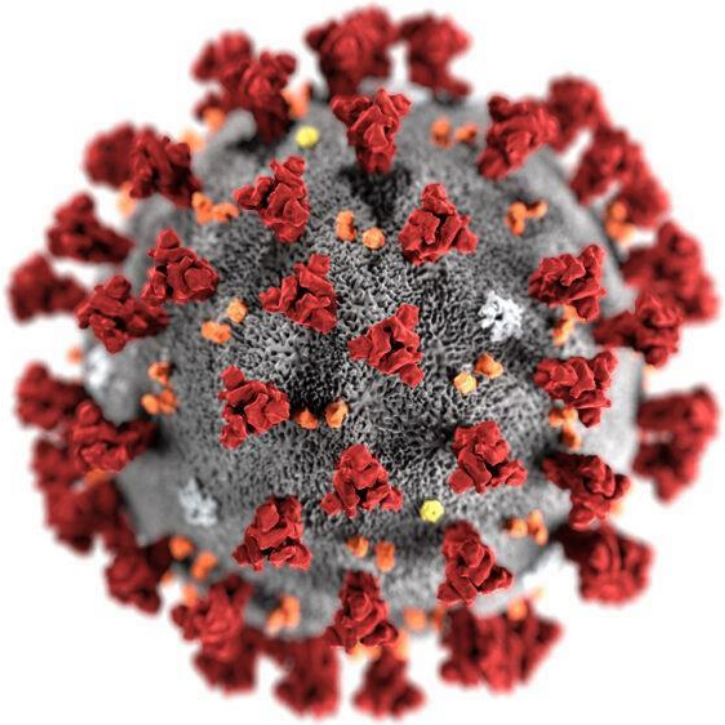

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Manatt 2019

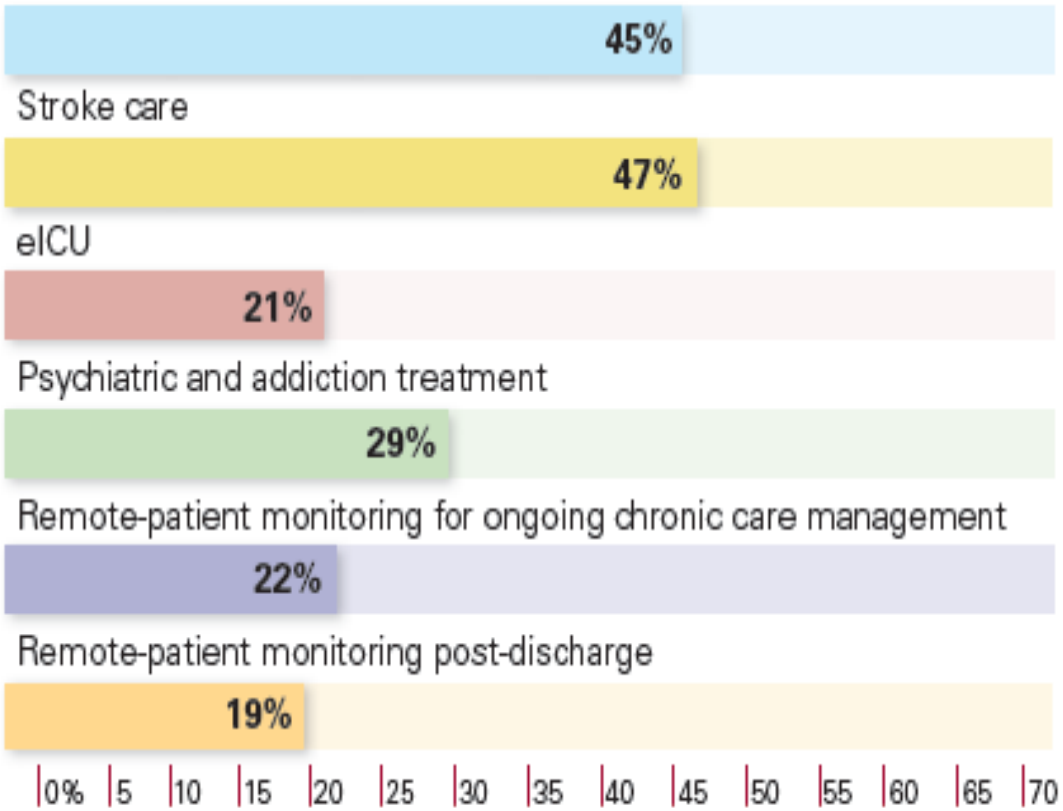
Use Case	Description	Timing	Video	Information transferred
Provider-to-Provider Platforms				
1 **eConsult**	Templated communications, where primary care provider eConsults with specialist to share information and discuss patient care.	Asynchronous	No	Medical records and images
2 **Virtual video consult**	Distant specialist connects in real time to a provider/clinical setting to deliver a clinical service directly supporting the care of a patient (e.g., telestroke).	Synchronous	Yes	Medical records and images
3 **eICU/TeleAcute**	Remote covering clinicians use multiple modalities (video, monitor data) to follow a defined set of seriously ill patients.	Synchronous	Yes	Medical records,images and monitoring data
Direct-to-Consumer Platforms				
4 **Second opinion**	Patient-initiated electronic request for provider to give an opinion on a clinical case.	Asynchronous	No	Medical records and images
5 **Remote-patient monitoring**	Providers remotely monitor patients via connected/mHealth devices or PROs.	Synchronous	No	Monitoring data and patient-reported data
6 **Video visit**	Provider connects directly with patient via video to conduct equivalent of a visit.	Synchronous	Yes	None
7 **eVisit**	Provider connects with patient via email or secure messaging to provide clinical advice or support.	Asynchronous	No	Patient-reported data and images

Source: Manatt, 2019

Community Hospitals

76% have a computerized telehealth system

Telehealth-use cases

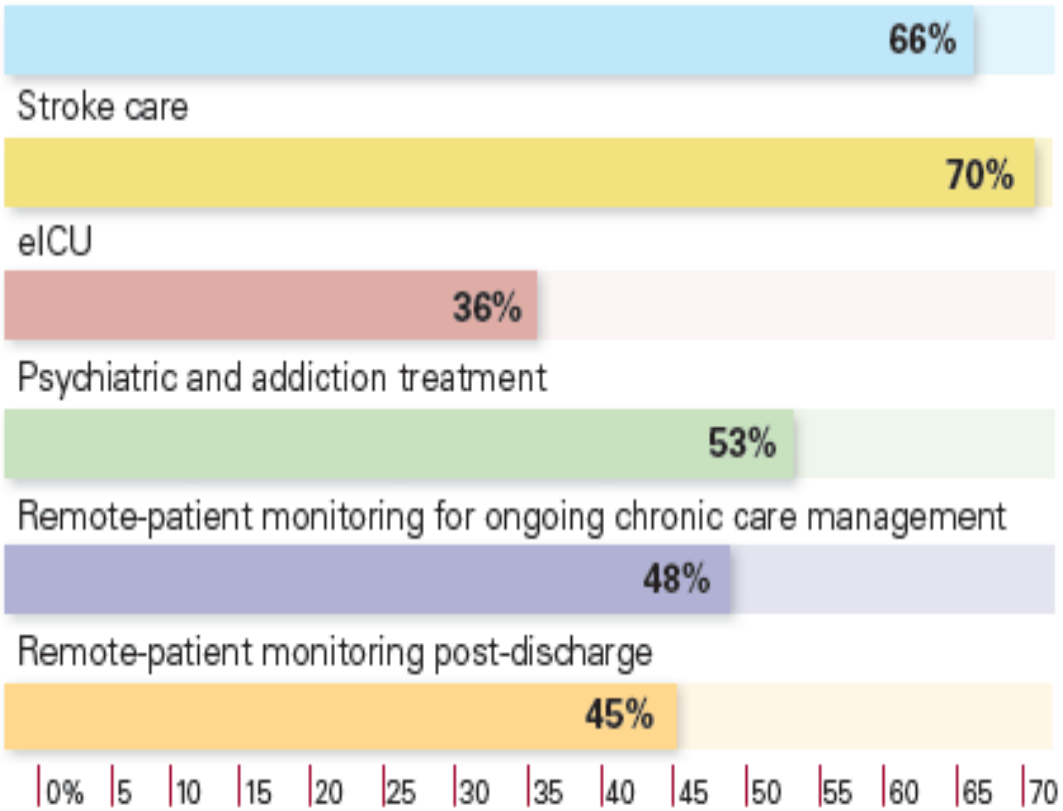


Source: 2017 AHA Annual Survey; 2017 AHA IT Supplement Survey

Health Systems

89% have a computerized telehealth system

Telehealth-use cases



Source: 2017 AHA Annual Survey; 2017 AHA IT Supplement Survey

Oncology Telehealth Programs

- Surgical Oncology – Utilizing telehealth connections for post surgical consults
- Radiation Oncology - Effectively utilizing physician resources across facilities to ensure we have the right provider at the right time
- Provider on-call - Using an APRN from Oncology to see patients who are reaching the on-call line or doing Triage of patients with oncology complications
- Oncology Support Services – Providing support services such as social worker, nutrition, psychology, integrative medicine and patient navigators
- Using telemedicine in each emergency room for dermatology, pediatrics and other consults

Never Truly Being Discharged

Using telehealth to create solutions where our care of the patient continues after discharge.

- Utilizing telehealth technology to connect with patients sooner and more frequently
- Providing a virtual resource to assist with social determinants of health, care navigators or a re-connection point
- Developing a support system for secondary conditions such as wound care

As a result, Memorial Healthcare System offers the following telehealth programs:

- Wound care (soon, TeleWound Care)
- Telehelath on-call
- Virtual Lactation Consultant
- TeleNutritionist
- Post-surgical follow-up
- TeleBehavioral Health
- Post-discharge TelePharmacy
- Virtual Primary Care Coordination

- MEMORIAL HEALTHCARE SYSTEM

Epic

Memorial MyChart

Ver en Espanol

Coronavirus Alert

Memo rial Healthcare System is dil igentl y monit oring the development of COVID-19 (2019novel Co ron avirus) and taki ng all app ropriate and necessary precau tions for the safety and w ell-being of our commun ity. We are w orking closely w it h local and state officials. We remain vigilant and cont1nue to follow the Cente rs for Di sease Cont rol (CDC) and Fl orida Depart ment of Heal th gu1del1nes. Please refer to our w websit es below for updated informat ion related to COVID-19 (Coronavirus) prio r to you r visit to Memori al Healt hcare Syste m.

MHS COVID-19 Upd ates

JDCH COVID-19 Updates

If you are concerned that you have been exposed to COVID-19, Browaird county is askingto please call 954-412-7300 before traveling to any health care facility.

MyChart Usem ame

Passw ord

SIGN IN

Forgot Use rna me? Forgot Password?

New User?

SIGN UP NOW

Communicate with your doctor

Get answ ers to you r medk al questions from the comfort of your ow n home

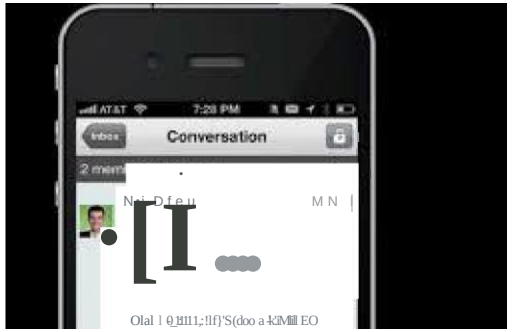
Access your test results

No mor e w ait ing for a phone call or lett er - view your results and your doctor's comments w ith in days

Request presc ription refi11s

Manage your appointme nts

Ifdoximity



Memorial
Healthcare System

Memorial Regional Hospital | Memorial Regional Hospital South | Joe DiMaggio Children's Hospital
Memorial Hospital West | Memorial Hospital Miramar |Memorial Hospital Pembroke

Benefits for Research

- Remote consenting
- Remote follow ups: Telemedicine visits and tests done at home

HEALTH INNOVATION ALLIANCE

Telehealth Update

Overview: Congressional Coronavirus Response

- Congress has enacted three laws to address the Coronavirus threat

Respond to the Threat

Help Those in Need

Treat the Sick, Protect the Economy

Coronavirus Supplemental (HR 6074)

- **$8.3 Billion**
- Signed into law 3/6
- Focus on response: vaccines, treatment, surveillance, testing and protective gear

Families First Coronavirus Response Act (HR 6201)

- **$3.4 Billion**
- Signed into law 3/18
- Free testing, paid leave and unemployment

CARES/Supplemental (HR 748)

$2 trillion COVID Package III:

- Signed into law 3/27
- $340 billion appropriation
- $1.7 trillion in stimulus and other policies
- Cash to individuals
- Corporate liquidity
- Payments to HC providers, PPE and vaccines
- Medicare extenders through 11/30/20

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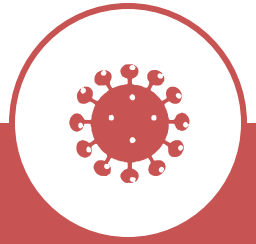
Overview: Telehealth Provisions in Coronavirus Packages



Coronavirus Supplemental (HR 6074)

HHS can waive restrictions during emergency:

- Originating site and geographic restrictions
- Urban and rural restrictions

Other restrictions:

- Bill requires smart phone
- Previous (within 3 years) relationship

For provider, a previous payer relationship with the patient doesn't count.

Families First Coronavirus Response Act (HR 6201)

Requires insurers to provide coverage – without any cost sharing or prior authorization or other medical management requirements for:

(1) COVID IVD products and

(2) items and services furnished to an individual during health care provider office visits (which includes in-person visits and telehealth visits), urgent care visits, and ER visits that result in an order for or administration of an in vitro diagnostic product

CARES/Supplemental (HR 748)

- Deletes modality and previous relationship restrictions in first coronavirus bill
- Reauthorizes the network and resource centers grant program
- First dollar coverage for telehealth in HSAs
- Allows payments to FQHC and RHCs
- Allows telehealth for dialysis, hospice authorization
- Expands authority to provide telehealth for home health services
- Provides funding for VA, IHS, FCC for telehealth services and infrastructure

Overview: CMS Expansion of Medicare Coverage & Payment of Virtual Services

The Centers for Medicare and Medicaid Services (CMS) expanded access to Medicare telemedicine health care services—via broader services and lesser geographic restrictions—through regulatory flexibilities under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act.

TELEHEALTH

Effective March 6, 2020 and for the duration of the COVID-19 Public Health Emergency (PHE), telehealth services --

- Expanded to include all areas in all settings
- Applicable to new or established patients a/
- BILLING – Payments furnished for services in all settings, at same rate for in-person visits
- COST SHARING – Medicare coinsurance and deductible applies for all services and settings*

* HHS OIG provides flexibility for providers to reduce or waive cost-sharing for telehealth visits paid by federal health care programs

VIRTUAL CHECK-INS

- No geographic or location restrictions
- Applicable only to established patients
- Individual services need to be agreed to by the patients, but practitioners may educate beneficiaries on availability of the service prior to patient agreement
- BILLING – Services may be billed using HCPCS codes G2012 or G2010, as applicable
- COST SHARING – Medicare coinsurance and deductible applies for these services

E-VISITS

- No geographic or location restrictions
- Applicable only to established patients
- Individual services need to be initiated by the patient, but practitioner may educate beneficiaries on availability of the service prior to patient initiation
- BILLING – Services may be billed using CPT codes 99421-99423 and HCPCS codes G2061 – G2063, as applicable
- COST SHARING – Medicare coinsurance and deductible applies for these services

* Patients communicate with their provider via online patient portals

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a/ To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this PHE.

What's Next? Efforts to Bolster Telehealth Post-Pandemic

- Permanent authorization – no snap back
- Help employers – excepted benefits; fix employer benefits notice issue
- Occupational licensure reform -- make licensure across state lines work
  - New era for this longstanding debate
  - Focus of administration's recent deregulatory efforts; urging state reform
- Broadband funding
- At-home testing
- Reimbursement clarity (Medicare issue/employer issue)
- Telemental and telebehavioral health reforms
- 90+ bills reaching telehealth in this Congress; more to come

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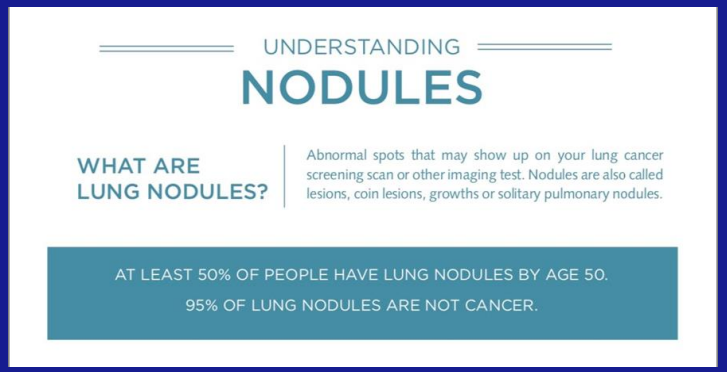
GO_2 Foundation—Your "Go To" for O_2!

Patient Ed Video



Booklets & Fact Sheets

Lung Cancer Living Room

Tomorrow!
9:00 AM PST/Noon EST

Virtual 5K Your Way, June 20, 2020
Youtube.com/go2foundationforlungcancer

Centers of Excellence Virtual Summit: Stay Tuned!

screening@go2foundation.org

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