

Overview of Survey

The American Society of Pediatric Hematology/Oncology (ASPHO) desired to gain a better understanding of how member utilization of telehealth shifted due to the pandemic and gauge the current climate of telehealth utilization in the field of pediatric hematology/oncology using an on-line survey. Survey results were intended to inform opportunities to advocate for support of continued payer policy evolution and ensure appropriate reimbursement and ease of use. The ASPHO 2020 Telehealth Survey invited feedback from the following membership categories: regular, fellow, one-year post fellowship, and allied.

Questions were administered through an online survey tool distributed by ASPHO through email. The survey was sent to 1,846 members and was open from December 2, 2020 through January 13, 2021; a total of 210 responded to the survey for a response rate of approximately 11%. The response rate achieved by this survey exceeds the industry benchmark of 10% as reported by most online survey tools.

Demographic Overview of Respondents

- 90% are attending physicians (5% fellows, 5% APP)
- Institution size (small 20%, medium 44%, large 36%)
- Career stage:
 - Fellow 5%
 - 1-10 yrs post fellowship 31%
 - 11-19 yrs post fellowship 26%
 - 20+ yrs post fellowship 38%

Overview of Telehealth Usage

- Of the survey respondents, 56% said that their institution participated in telehealth visits prior to the COVID-19 pandemic.
- However, 84% reported that they had not participated in utilization of telehealth visits **prior to** the pandemic.
- 91% of respondents reported that they had participated in telehealth visits since the beginning of the pandemic, with 91% of those that had participated continuing to utilize these visits at the time of the survey (December-early January).

Telehealth and the Impact on Practice and Quality of Life

- The majority of respondents reported that telehealth had a positive impact on their practice and/or quality of life (52.1% positive, 33.2% no impact, 14.7% negative).
- For patients and their families, the vast majority noted a positive impact (77.1% positive, 17.2% no impact, 5.7% negative).

Barriers to Telehealth

- Several barriers to telehealth were noted as shown in the table below, with technology related issues being the most common.

Value	Percent	Responses
Insurance coverage	19.5%	37
Cost/lack of equipment for your institution	23.2%	44
Internet availability/lack of equipment for patient/family	76.8%	146
Software usability	45.8%	87
Scheduling	43.2%	82
Language/Cultural barriers	44.7%	85
Other - Write In	20.0%	38

- *Other write in barriers:*
 - Lack of ability to perform a hands-on physical exam, which could lead to the potential for something to be missed and delayed diagnosis.
 - Telehealth does not seem appropriate for most initial consults
 - Unable to give active treatments (chemo, transfusions)
 - Labs, radiology and needed specialized tests are difficult to obtain
 - Can be less personal than in-person
 - Inability to charge facility fees for telehealth visit

Benefits of Telehealth

- Decreases a myriad of challenges of transportation/travel for the patient and family
- Increased access to care (e.g. rural and underserved areas, second opinions)
- Reduced risk of exposure for those that are immunocompromised
- Allows for more immediate follow-up and improved compliance
- Convenience for parents (e.g. less missed work, less missed school for child)
- Quick evaluations via telehealth can help to decrease need for ED/Urgent Care/PCP visit
- Billable virtual encounters are appropriately replacing many of the follow-up non-billable phone calls, with better overall patient/family connection.
 - Can get reimbursed to review labs and scans with patient and family virtually

Telehealth Post-COVID

- 74% responded that their institution is planning to continue telehealth after the COVID-19 pandemic.
- Several responses were received related to specific actions institutions are taking to expand the use of telehealth in the future, including:
 - Increasing access to technology platforms
 - Promoting the use of smartphones to patients
 - Advocating at the state level and with payors to continue adequate/equal reimbursement after the state of emergency/pandemic
 - Obtaining licensure for providers to see patients in multiple states

- 92.8% responded that they think telehealth should play a role in the future (post-COVID) practice of pediatric hematology/oncology
- Common responses for utilizing telehealth post-COVID for specific types of patient encounters included:
 - Beneficial for patients and families with transportation challenges
 - ED/hospital follow-up
 - Second opinion consults
 - For patients in maintenance chemotherapy/treatment
 - Off therapy and surveillance visits
 - Survivorship
 - Simple new hematology visits (e.g. sickle cell trait)
 - Drug monitoring for established patients
 - Any visit where the physical exam is not critical
- Licensure and treating out-of-state patients for a consult or second opinion via telehealth was mentioned often with write-in suggestions. In addition, 62.9% said that providers should be able to treat out-of-state patients without having a license in the outside state, with 26.7% saying they were not sure, and 10.5% saying no.

ASPHO's Role in Helping Support/Enhance Telehealth

Based on the reported data noted above, the Advocacy Committee and Practice Committee have the following insights as ASPHO looks to support our members and continue to engage in telehealth-focused advocacy and practice efforts. There was a prevailing idea that telehealth should be promoted. Prior to the pandemic, telehealth was viewed as not possible for hematology/oncology patients, however it has been shown that it functions well. Responses and suggestions related to advocacy and practice efforts are listed below.

The following are notable responses and suggestions for advocacy:

- Telehealth availability should be expanded beyond underserved areas after the pandemic
- Advocacy for optimal reimbursement for telehealth visits
- Advocating for federal and state agencies and payors to continue adequate/equal reimbursement after the pandemic state of emergency
- Licensure and treating out-of-state patients – efforts could focus on allowing telehealth visits for out-of-state patients and reimbursing for these visits

The following are notable responses and suggestions for practice:

- Establish guidelines for the appropriateness of telehealth visits
- Create education that includes practice tips and tricks and tools for making visits friendly and informative
- Create algorithms for patient populations that would be ideal for telehealth and how to work through the visits for the best outcomes for all involved
- Tutorials/webinar on telehealth, with CME offered if possible