Leveraging Telehealth Solutions to Provide Supportive Services to Patients with Metastatic Breast Cancer

A focus on symptom management, psychological health, and genetic counseling

Some patients with metastatic breast cancer face numerous challenges and disparities in accessing quality cancer care, particularly underserved patient populations that are less likely to receive optimal care due to low income, ethnicity, uninsured or publicly insured status, and/or geographic disadvantages. While local and national organizations attempt to address these challenges, there remains a need to reduce disparities and increase access to care to improve disease outcomes.

In 2019, the Association of Community Cancer Centers (ACCC) held a Multidisciplinary Metastatic Breast Cancer Summit focused on addressing disparities in care for these patients, wherein telehealth delivery was identified as a key action item to improve access to supportive services. Patients with metastatic breast cancer facing disparities in care can benefit from telehealth services by receiving much of their care at home through virtual appointments, via patient portals, and through online education. In light of social distancing throughout the COVID-19 pandemic, more cancer programs are offering telehealth services than ever before. Benefits of cancer care delivery through telehealth solutions include:

- Increased access to services, particularly for previously hard-to-reach geographic areas
- Decreased cancellation rates
- Flexibility for patients, especially those feeling unwell, or when there is urgency to the request, or when an in-person appointment is not immediately available
- Decreased "waiting room" time, which can improve patient satisfaction and reduce time away from work, home, or other responsibilities
- Frequent contact with patients, opening the door to additional supportive care
- Availability for interpretation for deaf patients or patients more comfortable with other languages.

In 2021, ACCC held a series of focus groups to learn how cancer programs are effectively implementing telehealth to manage symptoms and treatment side effects, deliver psychosocial screening and support services, and provide genetic counseling and testing. Practical tips from these focus groups include:

- **Orient patients, caregivers, and care partners to the technology.** Whether in-person or virtually, make step-by-step instructions available through an online patient portal or mobile app. Patients may be hesitant or lack devices that allow optimal access to telehealth. Bringing caregivers into telehealth discussions can help ensure an efficient process.
- **Staff a volunteer telehealth team.** Provide outpatient hours to answer patient calls specific to the telehealth platforms and/or technology.
- **Embed video link(s).** Incorporating video links into the patient portal or through a mobile app can streamline the experience for less technology-savvy patients.
- **Have a backup plan.** Provide several options for video appointments (e.g., Zoom, Doximity, etc.) or use a telephone to help decrease the risk of technological glitches or incompatibility issues.
- **Provide reliable contact information.** In case of a disconnected video and/or phone call, provide patients with multiple means of reconnecting to providers to simplify the virtual process and ease tech-related anxiety.
- **Be aware of licensure issues.** Laws vary across states. If patients plan to connect from a location outside of their primary residence where a provider is unlicensed, a state waiver may be needed. Check with the local professional licensing board for details.
- **Assess the effectiveness of a hybrid model.** An initial in-person evaluation can establish baseline data, followed by as-needed virtual appointments. For instance, patients may attend a telehealth appointment prior to an infusion appointment to identify symptoms or toxicities, which can

alert clinicians to the need for an in-person evaluation when the patient is in the infusion room.

Symptom and Side Effect Management via Telehealth

Metastatic breast cancer can involve nearly any organ and a multitude of treatment options makes disease management challenging. Patients with metastatic breast cancer are commonly in treatment for extended stretches of time, with an added burden of medication side effects, despite intermittent periods of stable disease. The cancer care team must respond quickly to disease progression so that the patient is able to start a new treatment plan. Working with patients to manage symptoms and side effects, caregivers and care partners can offer useful feedback and a different perspective, while providing support to ensure treatment success, such as scheduling and attendance of follow-up appointments or prescription pick-ups.

Unfortunately, patients frequently feel uncomfortable initiating the reporting of symptoms or side effects or claim better treatment tolerance than they are experiencing out of fear of treatment being discontinued. A valuable method for monitoring care for patients not regularly in clinic is the use of patient-reported outcomes (PRO) measurement scales, to provide clinicians with a starting point for a deeper discussion and a more accurate picture of the impact of symptoms or side effects on the patient. Many PRO measurement tools, however, were initially designed for in-person assessment and have yet to be tested heavily in the telehealth setting. As telehealth use expands, this opportunity presents an area of research that will help improve symptom and side effect management.

Monitoring tools include:

- **Patient-Reported Outcomes Version of the Common Terminology Criteria for Adverse Events (PRO-CTCAE).** Used to evaluate frequency, severity, interferences, and presence and/or absence of a wide range of treatment toxicities in clinical trials
- **Patient-Reported Outcomes Measurement Information System (PROMIS).** A set of measures for monitoring physical, mental, and social health outcomes, this free tool can be delivered through several major electronic health record (EHR) platforms, REDCap, or through a tablet application
- **Functional Assessment of Chronic Illness Therapy – Fatigue (FACIT-F).** Developed to assess quality of life issues related to fatigue for patients with cancer
- **Edmonton Symptom Assessment Scale (ESAS).** A free tool with a 0-10 rating scale for nine symptoms, both physical and emotional, which can be incorporated into EHR platforms.

Tips for Effective Symptom and Side Effect Management via Telehealth

Disease management in patients with metastatic breast cancer is challenging. While tracking PROs is a simple, yet effective, method to monitor patients and create systems to triage at regular intervals, cancer care teams must be prepared to respond rapidly to disease progression through alternative treatment options in managing symptoms (e.g., pain, nausea) and side effects (e.g., skin toxicities, diarrhea), while providing supportive care for treatment success. Telehealth services provide the cancer care team the opportunity to effectively evaluate and manage chemotherapy-induced neuropathy or aromatase inhibitor-related pain, for instance, by posing key questions and providing treatment options through virtual appointments, as appropriate. Similarly, telehealth appointments allow providers to evaluate the cause of skin irritation and/or toxicities brought on by radiation or targeted therapies used to treat metastatic breast cancer. Likewise, determining the underlying cause for disease-related nausea and/or diarrhea can, at least initially, be evaluated by telehealth so that patients can stay close to home while feeling unwell. If an in-person appointment is needed after the initial virtual appointment, a follow-up visit or a scheduled home health nurse visit can be arranged.

Genetic Counseling via Telehealth

Genetic counseling for patients diagnosed with cancer is standard of care at academic medical centers, but patients cared for at community-based programs may not have access to these resources. Telehealth delivery via telephone counseling and video conferencing has become more widely accepted for genetic counseling, and is most often offered through two prevailing models:

1. Patients visit a clinic to use clinic equipment to speak with the off-site genetic counselor.
2. Patients attend a virtual appointment with the genetic counselor by phone or video from home.

Table 1, next page, outlines benefits and drawbacks to both models.

Tips for Offering Genetic Counseling via Telehealth

To increase the success of genetic counseling service utilization, ACCC focus group participants recommended the following strategies:

1. **Clear communication of value.** Referring providers must clearly explain the value of genetic testing and what patients can expect to help ensure successful telehealth appointments

TABLE 1. Advantages and Disadvantages to Two Models for Offering Genetic Counseling via Telehealth

MODEL	ADVANTAGES	DISADVANTAGES
Telehealth Services Offered	• Patients without adequate technology at home can access services • On-site staff can assist patients with technology • Health system can recoup certain costs through facility fee(s) • Easy sample specimen collection	• Schedule restricted to clinic hours • Patients living far away may face geographic barriers
Telehealth Services Offered from Patient's Home	• Flexible scheduling, often with evening and weekday appointment options • Family members attend • Fewer cancellations	• Requires staff at the clinic to manage logistics • Easier to overlook sending in sample specimen(s) for testing

2. **Timing of testing.** Once a diagnosis is made, testing as early as possible is encouraged. Logistical barriers—such as treatment side effects or previous appointments—may make patients less likely to follow through with the start of new treatment options.
3. **Clear communication of purpose.** Patient consent and comfort level is critical; results of a genetic test will guide treatment decisions. Emphasizing the value of testing is necessary, since available options exist for patients with metastases who carry a gene mutation.
4. **Patient education.** Providing patient education materials about genetic test results for the patient and their family is advised, and tips on how to share information can help ease decision-making.

Improving sample collection and submission for patients with metastatic breast cancer is a key aspect of telehealth success. Assigning a designated on-site staff member to help with logistics—specifically when working with third party genetic testing companies—will ensure a smooth process. Ideally, sample collection will occur before patients begin chemotherapy, since treatment may result in dry mouth and make saliva samples more difficult to obtain. Using home saliva kits or engaging a mobile phlebotomist to visit the patient's home for a blood draw can simplify the process. At times, mobile phlebotomists may be unable to draw blood from a port, or patients with a port may not want blood drawn from their arm. In such cases, patients must wait for their next scheduled chemotherapy appointment to have blood drawn, which delays testing.

Many patients may need a reminder or need help coordinating genetic testing, especially if they fail to initially follow-through with the specimen collection process. This outreach can be used as an additional touchpoint to provide patient education and answer additional questions.

Psychosocial Screening via Telehealth

While many cancer programs screen patients for psychosocial distress during in-person appointments, transitioning this process to a virtual environment requires new considerations with regards to which screening tool(s) to use, and how or when to deliver screening tools to patients.

Many patients report wanting to know sooner about the availability and benefits of psychosocial programs. If psychosocial services are not provided in-house, becoming familiar with local or national telehealth support services (e.g., Cancer Support Community, Cancer*Care*, etc.) can help to get patients needed support. The ACCC focus group suggested that individual psychotherapy, group therapy, and mindfulness coaching has been effective for most patients in a telehealth setting, while participation in active crisis management or real-time support for the clinical team might be better delivered in-person.

Tips for Doing Psychosocial Assessment via Telehealth

It can take longer to build rapport with new patients via telehealth, whether in virtual individual or group settings. Being patient and using verbal statements—instead of relying on non-verbal cues to show interest—can demonstrate active involvement and listening by staff, while openly acknowledging that building trust in a virtual setting may take longer. Video conferencing can allow for assessment of non-verbal cues, though certain signals that would traditionally be more evident in-person may be missed. Having a second facilitator on hand to address technological challenges arising during the group, without derailing the meeting, will further provide a sense of ease and comfort, helping to decrease patient anxiety and stress.

Whether in a virtual group or individual treatment session, engaging the patient to fill out informed consent and confidentiality agreements can drive home the point of a process that enforces patient privacy.

A Look Ahead

Cancer programs have made significant improvements and adjusted well to recent expansion of telehealth delivery of supportive care services for patients with metastatic breast cancer. The transition to incorporate telehealth services has resulted in increased service use, decreased logistical and geographic barriers to supportive care, and helped to decrease disparities. Despite these successes, cancer programs must continue to think creatively to ensure that lack of appropriate devices, restricted internet access, and low technology literacy do not interfere with patient access to telehealth services, while allowing for patient readiness and willingness to use telehealth services. The next logical step in incorporating telehealth delivery into cancer care programs is to refine current approaches and adapt to diverse patient needs to ensure that telehealth delivery benefits as many patients as possible.

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The Association of Community Cancer Centers (ACCC) is the leading education and advocacy organization for the cancer care community. Founded in 1974, ACCC is a powerful network of 28,000 multidisciplinary practitioners from 2,100 hospitals and practices nationwide. As advances in cancer screening and diagnosis, treatment options, and care delivery models continue to evolve–so has ACCC–adapting its resources to meet the changing needs of the entire oncology care team. For more information, visit accc-cancer.org. Follow us on social media; read our blog, ACCCBuzz; tune in to our podcast, CANCER BUZZ, and view our vodcast channel, CANCER BUZZ TV.

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