

Telemedicine and Cancer Care: Today's Learnings for a Post-Pandemic World

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Despite a century-long history and a substantial body of recent empirical evidence that attests to its clinical and economic effectiveness and improved access, telemedicine has yet to become a routine part of clinical practice for the majority of clinicians. If used appropriately, it can serve as an effective substitute

How will COVID-19 impact the role of telemedicine in the future of cancer care and immunotherapy?

for in-person care which does not require physical examination in nearly all facets of the medical care process, including prevention, diagnosis, treatment, monitoring, and follow-up.

The COVID-19 pandemic altered the medical landscape dramatically, and while most clinicians transitioned promptly to telemedicine, many were ill-prepared for the rapid conversion. Indeed, telemedicine has become an essential component of care at least for the duration of the pandemic. Its current widespread use has been aided by the suspension of preceding restrictive regulations and rules (though not uniformly observed in all states) regarding conditions for reimbursement, interstate medical licensing, synchronous videoconferencing, confidentiality, compliance, and patient residential location. Recent speculation has focused on whether some, or all, of these regulations will be reinstated after successful mediation of COVID-19. Total reinstatement is not likely. In any case, states will retain control over medical practice licensing, and the Centers for Medicare & Medicaid Services (CMS) will likely find ways to limit its financial exposure to unrestrained use of service.

To date, clinicians in various specialties, including oncology, have reported positive experiences during the pandemic in terms of improved access among patients and their own satisfaction with the medium. Some were not familiar with the full capabilities of

the technology, and very few found it limiting their ability to detect subtle signs and symptoms of serious disease. Without definitive clinical trials and conclusive evidence during the pandemic, we would be left with anecdotal, descriptive, or categorical information not conducive to optimal policy or decision-making.

Telemedicine can serve as an effective tool in various facets of immunotherapy, including the dissemination of uniform diagnostic tools, standardized monitoring and reporting of adverse events by patients, eligibility recruitment for participation in clinical trials, appropriate follow-up care, and assistance with palliative end-of-life care. The ultimate aim is to ensure that all candidates for immunotherapy, regardless of residential location or ability to pay, are identified and assisted in the various aspects that facilitate their treatment, thereby providing optimal professional help for afflicted individuals and their families at a very difficult time in their lives.

We now stand, hopefully, near the threshold of new vistas with advanced tools and demonstrable effectiveness to transform the traditional paradigm of healthcare delivery, including cancer care, generally, and more specifically immunotherapy. The capabilities of the enabling technology have been well demonstrated long before the pandemic. Indeed, this technology has become an essential utility in all sectors of society, including healthcare. The future of telemedicine in a post-pandemic cancer care environment will depend partly on our continued preparedness and partly on developments currently beyond our control.

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