

Community Oncology Alliance Issues Position Statement on Telehealth in Cancer Care

Telehealth is Effective Substitute for Some, but not all and In-Person Visits for Cancer Care Should Continue Beyond COVID-19 Public Health Emergency

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*Debra Patt, MD, PhD, MBA,
Texas Oncology*

EINPresswire.com/ -- Today, the Community Oncology Alliance (COA) Board of Directors released a [position statement](#) supporting the use of telehealth as a valuable supplement to in-person visits during the COVID-19 (novel coronavirus) pandemic and continued usage when appropriate after the pandemic has subsided.

The COVID-19 pandemic has spurred the rapid adoption of telehealth by oncology providers. The relative ease of use by patients and providers, new regulatory options from the Trump administration, U.S. Department of Health and

Human Services (HHS), and Congress, and the safety afforded by allowing remote physician visits all contributed to the near instant set up of infrastructure to support telehealth operations.

[- Click here to read COA's position statement on telehealth in cancer care.](#)

The easing of regulations and passage of interim rules was a key part of encouraging clinicians, many of whom were unfamiliar with telehealth previously, to use this new modality. Mark Thompson, MD, COA's medical director of public policy, praised the governmental response to an increased need for flexibility during the pandemic.

“Prior to the COVID-19 pandemic, telehealth regulations were extremely cumbersome and limiting at the state and federal levels, with poor reimbursement. The rapid response of Federal policymakers to loosen telehealth restrictions and raise reimbursement rates were a true lifesaver for patients and practices. Community oncology practices are resilient and quickly integrated telehealth into their workflow thanks to these changes. The newfound flexibility allowed practices to pivot and seamlessly adopt new tools for caring for patients.”

For patients, the value of telehealth has been incalculable, easing fears and potentially saving lives as they are able to continue treatment without interruption. The immunocompromised

status of many oncology patients places them at a higher risk of contracting COVID-19 and dying from the disease. Debra Patt, MD, PhD, MBA, a COA board member and practicing oncologist at Texas Oncology, said telehealth has been crucial to providing care.

“Telehealth isn’t a replacement for in-person visits, but it has allowed us to keep seeing new and existing patients at a time when coming into the office could be life-threatening to them. Cancer does not stop for COVID, which is why it has been absolutely critical for us to continue seeing patients and getting them the care they need. The ability to launch a telehealth platform and keep caring for our patients has been such a powerful tool during these difficult times. More specifically, we are keeping infectious patients out of the office, but getting them the care they need, we are managing patients with chronic cancer and in follow up effectively, and we are facilitating the work up and care faster and more efficiently by using telehealth to deliver high quality cancer care in our communities.”

Now that telehealth has been adopted by a wide swath of the health care industry, it should not be undone. Clinicians and patients have seen the benefits of accessible care that, for some patients, may only require a computer and telephone. However, telehealth is not a replacement for in-person care, and some regulations must be imposed to ensure the provision of high-quality telehealth services, patient privacy, and physician efficiency can continue after the pandemic subsides. COA strongly supports the continued use of telehealth as a care tool and looks forward to acting as community oncology’s voice when the time comes to integrate telehealth into the normal regulation structure.

COA is committed to developing and maintaining formal position statements on key issues that impact access to local, affordable cancer care. Each of COA’s formal position statements provides background, history, and detail on a key issue affecting cancer care. Issues covered to date include the 340B Drug Pricing Program, “Fail-First” Step Therapy, In-Office Dispensing, Oral Parity, Site Parity, White & Brown Bagging, and Biosimilars. Many cover issues that are part of legislation or policy under consideration by the Centers for Medicare & Medicaid Services, the United States Congress, state governments, and others.

A complete version of every COA Position Statement is available online at <https://communityoncology.org/category/position-statements/>.

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About the Community Oncology Alliance: COA is a non-profit organization dedicated to advocating for community oncology practices and, most importantly, the patients they serve. COA is the only organization dedicated solely to community oncology where the majority of Americans with cancer are treated. The mission of COA is to ensure that cancer patients receive quality, affordable, and accessible cancer care in their own communities. More than 1.5 million people in the United States are diagnosed with cancer each year and deaths from the disease have been steadily declining due to earlier detection, diagnosis, and treatment. Learn more at

www.CommunityOncology.org. Follow COA on Twitter at www.twitter.com/oncologyCOA or on Facebook at www.facebook.com/CommunityOncologyAlliance.

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