

# Notice of Special Interest (NOSI): Telehealth Research in Cancer Care NOT-CA-24-033

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# Webinar Speakers



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# Definitions

- **Centers for Medicare and Medicaid Services (CMS)**
  - Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health.
- **Health Resources and Services Administration (HRSA)**
  - Extends definition to include use of telecommunications technologies to support distant clinical health care, patient and professional health-related education, public health, and health administration.

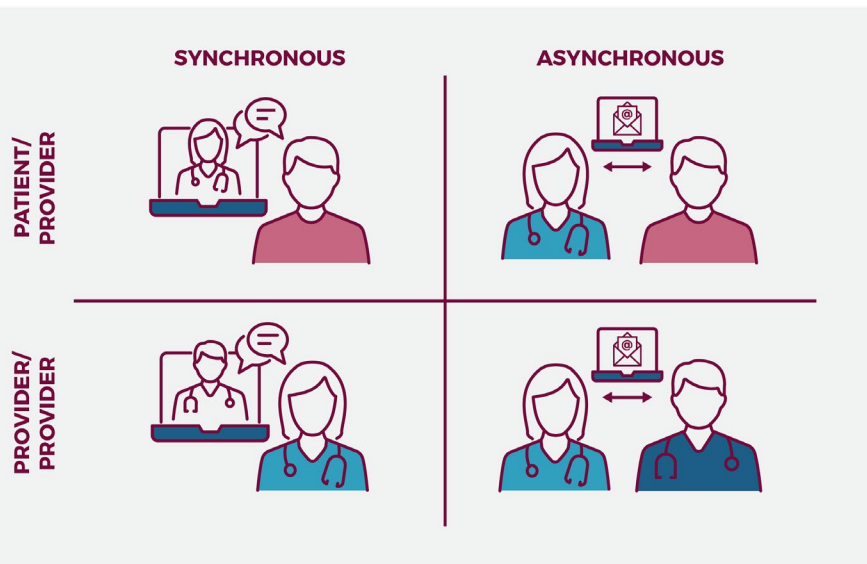
# Use of Telehealth Increased Due to COVID-19

- Spike in telehealth usage since onset of pandemic
  - While plateauing, usage will likely not return to pre-pandemic levels
- **Motivated Patients:**
  - Patients are willing to seek out alternatives to in-person visits
    - Telephone calls, patient portal-mediated communications, real-time video calls
- **Reimbursement flexibility:**
  - Virtual visit billing is comparable to in-person visits
  - In some areas, under some conditions, patients can see doctors licensed in other states (though reimbursement policies and prescribing policies are changing soon)

# Potential Benefits of Telehealth in Cancer Care

- Cancer care provided via telehealth can improve:
  - Healthcare access and quality, including timely care
  - Patient/provider communication
  - Health-related quality of life

# Telehealth Scope for this NOSI: Synchronous & Asynchronous Communications



- NOSI calls for synchronous (real-time) and asynchronous (sequential) telehealth interactions.
- Includes patient-provider and provider-provider interactions.
- May include caregiver-provider interactions with or without the patient present.
- Patients include people at any point of the cancer control continuum (from prevention to end-of-life) for all ages and delivered in all care settings.

# Patient-Provider Research (Examples)

- Examine the utilization of and evaluate the effectiveness of telehealth for primary and secondary cancer prevention (such as counseling for tobacco, alcohol, physical activity, diet, HPV vaccination, and mental health; provide genetic counseling for germline mutations; provide shared decision making for preference-sensitive cancer screening tests; and improve adherence to cancer screening).
- Evaluate the effectiveness of telehealth interventions aiming to increase cancer screening rates, improve the accuracy and timeliness of cancer diagnoses, and initiate appropriate cancer treatment.
- Evaluate the effectiveness of telehealth in improving treatment and management of cancer and/or the provision of palliative care.
- Evaluate the use of telehealth to support cancer survivors, including surveillance for adverse effects of cancer treatments, recurrence of cancer, and treatment of comorbidities.
- Understand the tasks, and the time and cognitive burden of performing the tasks, imposed by the telehealth interactions on patients and their caregivers.

# Provider-Provider Research (Examples)

- Evaluate the effectiveness of telehealth in improving communication and coordination of oncology care, including communication and coordination between oncology care and primary care providers.
- Evaluate the effectiveness of telehealth for precision oncology, including the use and interpretation of tests for genomic or other molecular markers.
- Understand the clinical workflow and the cognitive and other burdens imposed by current clinical information technology (IT) systems on providers in their telehealth-related interactions.
- Understand how organizational policies, clinical team interactions, and the configuration of IT systems influence the clinical workflow and delivery of telehealth.



# Telehealth Policy Research (Examples)

- Examine the impact of changes in state policy related to geographic differences in licensing requirements for use of telehealth services across state lines.
- Examine the effects of potential changes in federal (e.g., CMS) telehealth policies related to access and coverage that are set to expire January 1, 2025.
- Examine the effects of potential changes in federal (e.g., Drug Enforcement Administration and Health and Human Services) requirements for in-person visits related to prescriptions of controlled substances for cancer-related pain management, which are in place through December 2024.
- Examine how policy changes may affect populations based on insurance type, cancer type, geography, SES, race or ethnicity, disability, or sexual or gender minority status.
- Generate baseline data to track potential changes in telehealth policy.

# Focus on Inequities and Disparities

- NCI encourages telehealth research in populations that:
  - experience inequities in access to care
  - have limited access to broadband and digital technologies
  - have low health and/or digital literacy
  - have worse cancer outcomes compared to the general population
- Studies that examine telehealth in the context of community oncology practices, including those in rural areas or those serving under-served populations, is encouraged.
- Research that examines how telehealth can be implemented without exacerbating health disparities, as well as research that examines how telehealth can be used to reduce health disparities and promote health equity, is also encouraged.

# Non-Responsive Topics

- Stand-alone mHealth studies where apps are used outside the context of cancer care
- Web-based interventions or decision support tools that do not have an explicit connection with care delivery
- Studies where the focus is on the development of new drugs or devices

# Study Designs

- Observational, interventional, or combination of both
- May examine interactions and/or interventions at one or more levels (patient-, provider- or system-level)
- R21s and R03s may support formative work to develop telehealth interventions or examine their impact in pilot studies.
- R01s may support evaluation of interventions in a cancer care delivery context.
- Identify the aspects of telehealth that are being tested in order to isolate their effects on variability in specified patient outcomes.

# Application Instructions

- Choose FOA from list on next slide (note different receipt dates)
  - All accept new applications, renewals, resubmissions
  - NOSI applies to due dates on or after June 5, 2024
- See SF424 (R&R) Application Guide
- Include “NOT-CA-24-033” (without quotation marks) in the Agency Routing Identifier field (**box 4b**) of the SF424 R&R form.

# Eligible NOFOs

Activity Code	FOA/NOFO Title	First Due Date	Expiration Date
R01	<a href="#"><u>PAR-24-122</u></a> Modular R01s in Cancer Control and Population Sciences (R01 Clinical Trial Optional)	June 05, 2024	November 06, 2024
R01	<a href="#"><u>PAR-24-072</u></a> Cancer Prevention and Control Clinical Trials Grant Program (R01 Clinical Trial Required)	June 05, 2024	January 08, 2027
R01	<a href="#"><u>PAR-22-164</u></a> Innovative Approaches to Studying Cancer Communication in the New Information Ecosystem (R01 Clinical Trial Optional)	June 05, 2024	September 08, 2025
R01	<a href="#"><u>PAR-22-064</u></a> Patient-Clinician Relationship: Improving Health Outcomes in Populations that Experience Health Care Disparities (R01 Clinical Trial Optional)	June 05, 2024	January 08, 2025
R01	<a href="#"><u>PAR-22-145</u></a> Leveraging Health Information Technology (Health IT) to Address and Reduce Health Care Disparities (R01 Clinical Trial Optional)	June 05, 2024	May 08, 2025
R21	<a href="#"><u>PAR-22-165</u></a> Innovative Approaches to Studying Cancer Communication in the New Information Ecosystem (R21 Clinical Trial Optional)	June 16, 2024	September 08, 2025
R21	<a href="#"><u>PAR-21-341</u></a> Exploratory Grants in Cancer Control (R21 Clinical Trial Optional)	June 07, 2024	October 09, 2024
R03	<a href="#"><u>PAR-23-058</u></a> NCI Small Grants Program for Cancer Research for Years 2023, 2024, and 2025 (R03 Clinical Trial Optional)	June 20, 2024	January 08, 2026

# Common Questions & Answers

- Where will applications be reviewed?
  - Standing CSR study sections
  - Applications to NOSIs are not reviewed by Special Emphasis Panels and do not have set-aside funds.
  - Funded via RPG pool (no set-aside funding for meritorious applications)
- Can my application have a foreign component?
  - Foreign components are discouraged due to the unique health care and telehealth context in the U.S.
- Can I apply to a NOFO that is not listed on the NOSI?
  - No. You must use one of the listed NOFOs (or their future reissuances).

# Scientific Contacts

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The webinar recording will be archived on the following webpages in approximately three weeks.

<https://healthcaresdelivery.cancer.gov/media/NOT-CA-24-033.html>



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