



Responses to NCI Request for Information (RFI) on Cancer-Related Telehealth Research

NOT-CA-20-080

Access and Equity in Telehealth Delivery Models

The National Cancer Institute received 46 responses to the *Seeking Stakeholder Input on Scientific Gaps and Research Needs Related to Delivery of Cancer-related Care via Telehealth* RFI. Here, we summarize responses related to access and equity in telehealth delivery models by three main topics: potential beneficiaries of telehealth care, equitable access, and equitable delivery.

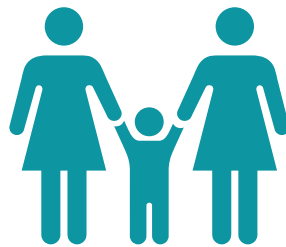


Who can benefit from telehealth care?

Respondents recognized the potential for telehealth care delivery models to improve access to care by reducing or eliminating the time and expense associated with travel to a healthcare facility. The removal of travel burdens may be especially beneficial for 1) patients seeking specialty care (e.g., pediatric oncology, rehabilitation), as these sites may be more geographically dispersed than treatment sites for standard care; 2) medically-fragile patients; 3) patients with time constraints due to work, childcare, or eldercare responsibilities; and 4) patients in rural or geographically remote areas.

Respondent-identified research gaps:

- Do telehealth delivery options increase healthcare usage? If so, what patient characteristics predict use?
- Does patient access to specialty care improve with a telehealth delivery model?



Note: This document summarizes responses to the RFI and **does not indicate funding priorities of the NIH.**



Is access to telehealth care equitable?

Respondents acknowledged that access to telehealth care may be influenced by patient's access to and comfort with communication-related technology. Access may be prohibited by a lack of broadband internet connection or compatible digital device, which may be more common among rural communities, older individuals, and patients of lower socioeconomic status. Respondents identified limited digital literacy as a barrier to successful adoption of web-based healthcare tools and strategies. Although many telehealth care delivery platforms are centered around video connection, respondents noted that some patients may be uncomfortable using digital platforms. Respondents called for more research on telephone-only telehealth delivery and suggested methods to improve overall usage of telehealth, including providing devices to patients, using patient navigators, and designing user-friendly patient portals.



Is delivery of telehealth care equitable?

Respondents described different ways that poor patient-provider communication — including language barriers, ineffective communication techniques, and lack of cultural competency — could affect the equitable delivery of telehealth care, possibly leading to lower patient comprehension and worse health outcomes. Respondents identified a research gap in how to best prepare medical professionals to practice telehealth care. Respondents also suggested more research on how family members may be involved in a patient's telehealth visit and care plan to improve communication and home care.



Respondent-identified research gaps:

- How do telephone-only telehealth appointments compare to video appointments?
- How do patient navigators (either virtual or in-person) affect telehealth usage and patient satisfaction?
- What is the efficacy and cost-effectiveness of providing internet- and video-enabled devices to patients?
- How can community infrastructure, such as libraries or local clinics with internet access, be leveraged in a telehealth care delivery model?

Respondent-identified research gaps:

- How can provider training in telehealth communication techniques improve patient comprehension and outcomes? What training methods are most effective?
- What are the best practices to involve family and caregivers in a patient's telemedicine appointment?
- Does the presence of family or caregivers impact a patient's feeling of privacy? Do patients share or withhold their private concerns with their provider when others are present?

*Note: This document summarizes responses to the RFI and **does not indicate funding priorities of the NIH.***