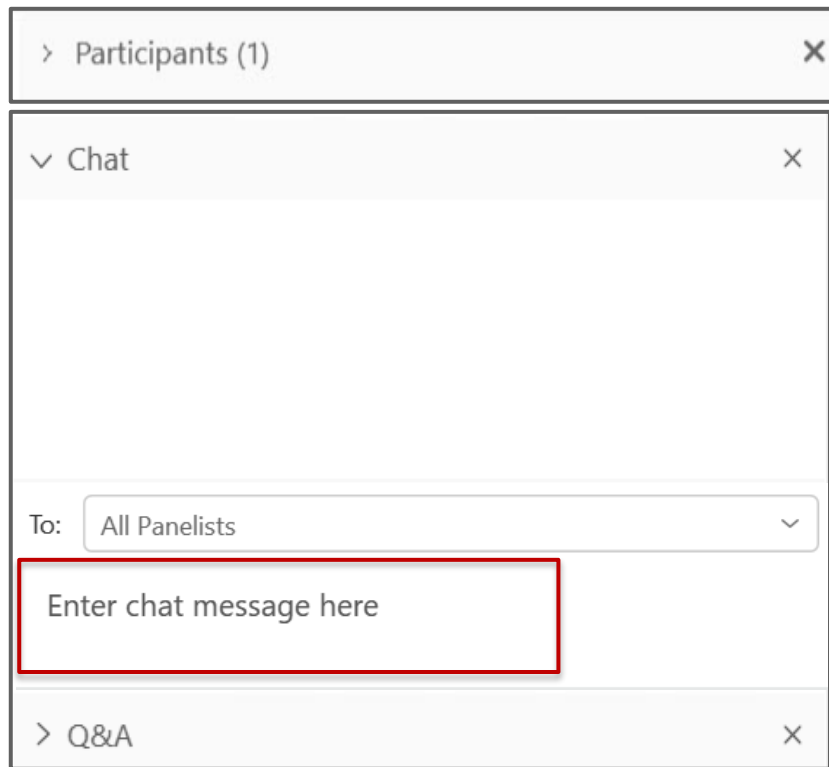


Notice of Special Interest (NOSI): Telehealth in Cancer Care NOT-CA-21-043

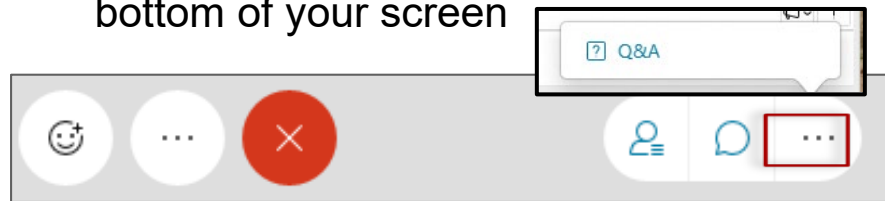
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Division of Cancer Control and Population Sciences

Using WebEx and Webinar Logistics



- All lines will be in listen-only mode
- Submit comments at any time using the **Q&A** feature and select All Panelists
- You may need to activate the appropriate panel using the menu option found at the bottom of your screen



- Closed captioning is available as a link in the Chat Box
- This webinar is being recorded



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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.

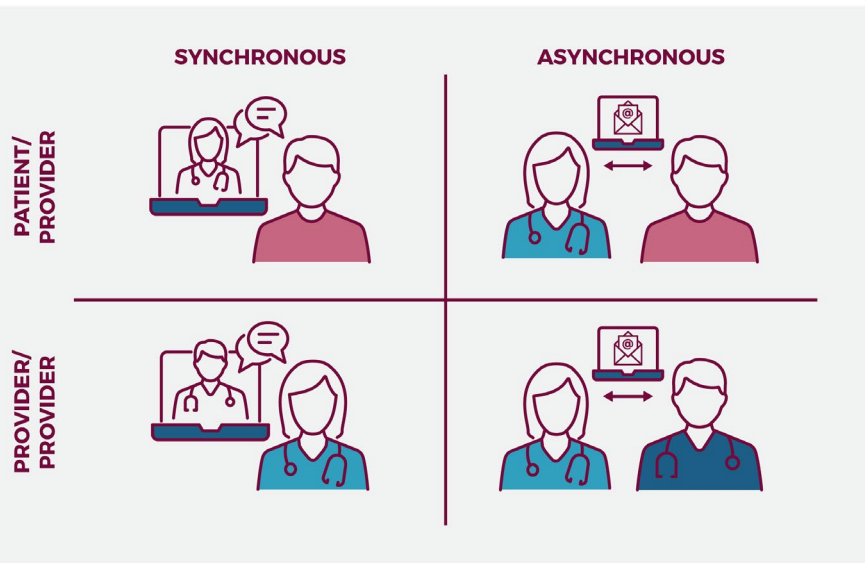
Use of Telehealth Increased Due to COVID-19

- 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
 - **Reimbursement flexibility:**
 - Virtual visit billing is comparable to in-person visits
 - Patients can see doctors licensed in other states

Potential Benefits of Telehealth in Cancer Care

- Cancer-focused telehealth can improve:
 - Healthcare access and quality
 - Patient/provider communication
 - Health-related quality of life

Synchronous & Asynchronous Communications



- Scope of NOSI encompasses synchronous (real-time) and asynchronous (sequential) interactions.
- Scope includes patient-provider and provider-provider interactions.
- Patient interactions include interactions with family members or caregivers.
- Interactions at any point of the cancer control continuum (from prevention to end-of-life) for all patient ages and delivered in all care settings are within scope.

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.

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

- Studies examining aspects of patient self-management without any interaction with an oncology care team
- Stand-alone mHealth studies
- 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 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 below (note different receipt dates)
 - All accept new applications, renewals, resubmissions
- See SF424 (R&R) Application Guide
- Include “NOT-CA-21-043” (without quotation marks) in the Agency Routing Identifier field (**box 4b**) of the SF424 R&R form.

Activity Code	FOA Title	First Available Due Date	Expiration Date
R01	<u>PAR-21-190</u> : Modular R01s in Cancer Control and Population Sciences (R01 Clinical Trial Optional)	October 8, 2021	March 8, 2024
R01	<u>PAR-21-035</u> : Cancer Prevention and Control Clinical Trials Grant Program (R01 Clinical Trial Required)	June 5, 2021	January 8, 2024
R01	<u>PAR-19-348</u> : Innovative Approaches to Studying Cancer Communication in the New Information Ecosystem (R01 Clinical Trial Optional)	June 9, 2021	June 9, 2022
R21	<u>PAR-19-350</u> : Innovative Approaches to Studying Cancer Communication in the New Information Ecosystem (R21 Clinical Trial Optional)	June 9, 2021	June 9, 2022

Common Questions & Answers

- Where will applications be reviewed?
 - Applications to NOSIs are not reviewed by Special Emphasis Panels and do not have set-aside funds.
 - Standing CSR study sections
 - Funded via RPG pool
- 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 an FOA that is not listed on the NOSI?
 - No. You must use one of the four listed (or their future reissuances).

Scientific Contacts

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Thank you for joining us!

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

<https://cancercontrol.cancer.gov/brp/events/telehealth-in-cancer-care>



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