Telehealth for Cancer Care Increased During COVID-19 Pandemic

However, Black people and uninsured folks with cancer were not as likely to access care via telemedicine.

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While telemedicine for cancer care grew more common during the COVID-19 pandemic, its use varied by race and socioeconomic status, according to study findings presented at the 2022 American Society of Clinical Oncology (ASCO) Annual Meeting. Black people, lower-income people and those without health insurance were less likely to access telehealth services.

During the height of the COVID-19 pandemic, telemedicine was widely adopted to reduce exposure to the coronavirus in health care facilities and to allocate limited staff and resources to COVID care. Although many medical services have largely returned to normal, the use of telehealth continues.

Jenny Guadamuz, PhD, of Flatiron Health, and colleagues assessed the demographic and socioeconomic factors linked to telemedicine access among people receiving treatment for 21 common cancers.

Using the nationwide Flatiron Health database, the researchers retrieved de-identified data for adults who started cancer treatment from March 2020 to November 2021 at some 280 community care centers, with follow-up running through March 2022. The study population included 26,788 people. The median age was 69 years, and they were about evenly divided between men and women.

Overall, 15.9% of participants used telemedicine services, defined as one or more visit within 90 days after beginning treatment. The team looked at the association of telemedicine use with race/ethnicity, insurance status, residence area and socioeconomic status.

The researchers found that Black people were less likely to use telemedicine than white people during the first two years of the pandemic (13.2% versus 15.6%, respectively). Telemedicine use was also less common among people without health insurance (11.7%) compared with those covered by Medicare or other insurance plans (16.4%). In addition, people in urban areas (17.7%) used telemedicine more than those in suburban (12.9%) or rural areas (9.8%). Lastly, people living in poorer areas (10.6%) were less likely to receive care through telemedicine than those living in

more well-off communities (23.6%).

“Our study provides the most recent and comprehensive evaluation of trends and inequities in telemedicine use across many sociodemographic characteristics,” Guadamuz said in an ASCO press release. “While telemedicine may expand access to specialty care, the proliferation of these services may widen cancer care disparities if vulnerable populations do not have equitable access.”

Whether people receive the same level of care those through telemedicine as through in-person visits remains to be explored.

Given these disparities, telemedicine use in cancer care could use some boosting. For instance, the researchers suggest improving access to insurance coverage and technologies needed to access telehealth.

“Telemedicine can improve access to timely cancer care, but as this study points out, telemedicine must be available equitably, so that every patient can access the care they need and deserve,” said ASCO president Everett E. Vokes, MD.

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