



MEDICAL ONCOLOGY

Community hospitals treat cancer with confidence thanks to support from TeleHealth Oncology Program

PROBLEM

Cancer is one of the top five leading risks of death for rural residents¹, who make up about 15-20 of the nation's population. But with oncologists concentrated in urban areas, there is often a large geographical gap between cancer patient and specialists²⁻³. As a result, getting treatment is often time-consuming and emotionally and financially burdensome to patients and their loved ones. Getting treatment also regularly takes caregiving out of local communities.

SOLUTION

Supported by the largest, most in-depth network of leading cancer specialists in Utah, Intermountain Healthcare's TeleHealth Medical Oncology Program brings safe, effective cancer care to smaller communities. Intermountain Healthcare affirmed its commitment to rural communities by opening the first telehealth medical oncology clinic in central Utah in 2015. Since program inception, over 3,000 patient encounters have been conducted in local community hospitals. Compounding and delivery of chemotherapy infusions by Intermountain Homecare pharmacy services ensures alignment with state-of-the-art clinical protocols and safety.

STUDY RESULTS

Intermountain Research conducted a study between program inception and December 2018 on the TeleHealth Medical Oncology Program. The study found that the program:

- Offered the same high-quality care to patients that they would have received in-person in a large, urban setting.
- Provided 1,025 scheduled visits.
- Saved patients more than 4,000 hours of travel time and over a quarter-million miles of travel.
- Saved patients approximately \$333,000 in travel costs and lost wages associated with time away from work.

TELEHEALTH MEDICAL ONCOLOGY CLINICAL BENEFITS

Local primary care providers are able to continue providing high-quality, patient-centered care without patients transferring to specialists in urban areas. The delivery of healthcare locally benefits patients, providers, and healthcare facilities in rural communities⁴. Additionally, an unanticipated benefit is raising overall cancer awareness and improvements in cancer treatment⁵. Using telehealth technologies⁶, oncologist-led cancer care teams are available for:

- Initial consults and all follow-up visits
- Visit scheduling and pre-authorization coordination
- Pre-treatment visits and patient education
- Supportive care visits
- Chemotherapy, including pharmaceutical compounding and delivery
- Survivorship care
- 340B coordination and consultation

TELEHEALTH PROGRAM ECONOMIC BENEFITS

Local facilities retain revenue by providing essential services such as labs, radiology, infusion services, and medications. Depending on patient condition and hospital resources, pathology and procedures may also be completed by local physicians. Available federal initiatives such as the 340B drug discount program ensure that communities can continue to support low-income, uninsured and underinsured people living in rural America⁷. In qualifying communities, a facility fee determined by the originating site may be charged for telehealth services⁸. In our central Utah example, pharmacy, infusion, radiology, and lab services have contributed new revenue of approximately \$3.6 million between 2015 and 2018⁹.

PATIENT AND COMMUNITY BENEFITS

Patients save time and money when treatment is available close to home. The TeleHealth Oncology program helps to reduce financial and physical burdens associated with extended travel to allow patients, families, and loved ones to focus upon personal wellness while living with cancer. Our communities benefit from a reduction in carbon emissions. The avoided travel during the study reduced CO2 emissions by 106,000 kg.

WORKING IN COLLABORATION WITH THE LOCAL TEAM TO KEEP PATIENTS CLOSER TO HOME

Sustainable oncology telehealth programs require coordination and commitment from onsite administrators and the entire local clinical team. Intermountain oncology caregivers partner with the local healthcare provider group -- primary care, emergency, pharmacy, and nursing staff -- to deliver guideline-concordant cancer care whether the patient is seen in person or via telehealth technologies. While used rarely, coordinated emergency services are an essential requirement for these programs to provide care for an unanticipated reaction to cancer treatments. The team also corroborates with our partners to preserve and promote existing relationships among primary care providers and patients.

ABOUT INTERMOUNTAIN HEALTHCARE

Intermountain Healthcare is a not-for-profit system of 25 hospitals, 225 clinics, a Medical Group with 2,800 employed physicians and advanced practice clinicians, a health insurance company called SelectHealth, and other health services throughout the Intermountain West. Intermountain is widely recognized as a leader in transforming healthcare using evidence-based best practices to consistently deliver high-quality outcomes and sustainable costs. For more information, see intermountainhealthcare.org. Intermountain TeleHealth Services has been working with multiple clinical groups since 2014 and currently collaborates with over 35 clinical services to improve care, reduce costs and improve clinical outcomes throughout eight states in the Intermountain West and Alaska.

References:

1. About Rural Health 2017 [cited 2019 October 2, 2019]; Available from: <https://www.cdc.gov/ruralhealth/about.html>.
2. 2010 Census Urban and Rural Classification and Urban Area Criteria [cited 2019; Available from: <https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural/2010-urban-rural.html>.
3. About Rural Health Care. Available from: <https://www.ruralhealthweb.org/about-nrha/about-rural-health-care>.
4. Sirintrapun, S.J. and A.M. Lopez, Telemedicine in Cancer Care. American Society of Clinical Oncology Educational Book, 2018(38): p. 540-545.
5. Find Cancer Early. Available from: <https://www.cancer.org/healthy/find-cancer-early.html>.
6. Chan, B.A., et al., Do teleoncology models of care enable safe delivery of chemotherapy in rural towns? Medical Journal of Australia, 2015. 203(10): p. 406-406.
7. 340B Drug Pricing Program 2019 [cited 2019; Available from: <https://www.hrsa.gov/opa/index.html>.
8. Telehealth Services. January 2019 [cited 2019; Available from: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsh.pdf?utm_campaign=2a178f351b-EMAIL_CAMPAIGN_2019_04_19_08_59&utm_term=0_ae00b0e89a-2a178f351b-353229765&utm_content=90024810&utm_medium=social&utm_source=facebook&hss_channel=fbp-372451882894317.
9. Thota, R., et al., Telehealth Is a Sustainable Population Health Strategy to Lower Costs and Increase Quality of Health Care in Rural Utah. JCO Oncol Pract, 2020. 16(7): p. e557-e562.

