ALEXANDRIA, Va. -- Flexibilities in reimbursement that have allowed the expanded use of telemedicine during the COVID-19 pandemic should continue and be made available to more providers and patients, says the leading organization representing cancer doctors. The group also calls for further research on telemedicine’s effectiveness and benefits. The American Society of Clinical Oncology (ASCO) today issued an interim position statement on telemedicine in cancer care with recommendations on federal and state coverage, health equity, patient education, and research in this growing and evolving field.

“The pandemic required an enormous adjustment as the cancer community rapidly implemented telemedicine to ensure the continued delivery of high-quality cancer care for our patients,” said ASCO President Lori J. Pierce, MD, FASTRO, FASCO. “As telemedicine’s role in care delivery continues to evolve, this interim statement is intended to provide guidance on significant issues that have emerged during the public health emergency.”

The National Academy of Sciences broadly defined telemedicine as “the use of electronic information and communications technologies to provide and support health care when distance separates participants.” Since the COVID-19 crisis began, data from ASCO’s
CancerLinQ® and PracticeNET platforms has shown sharp increases in telemedicine instead of face-to-face visits, without meaningful changes in treatment.

ASCO’s statement also describes challenges regarding the use of telemedicine in oncology, including data privacy, data security, and medical liability. In addition, since the Centers for Medicare & Medicaid Services (CMS) adjusted the reimbursement rates and scope for telemedicine visits, there is worry that the increased availability of telemedicine visits could increase healthcare utilization and spending. More research is needed to better understand cost, acceptance, and utility of telemedicine in cancer care.

To offer guidance on how oncologists can implement telemedicine while addressing such concerns, ASCO developed the following recommendations. This guidance reflects the current state of cancer care during the COVID-19 pandemic under the U.S. government’s declaration of a public health emergency (PHE).

- **CMS should continue reimbursement flexibilities it has implemented to ensure telehealth is accessible to practitioners and patients during the PHE and should consider extending those expanded telehealth policies after the PHE ends.** The Coronavirus Preparedness and Response Supplemental Appropriations Act gave Medicare the authority to pay for office, hospital, and other visits through telehealth. While many of the requirements that govern Medicare telehealth services are statutory in nature and could only be revised through Congressional action, CMS does have authority to make certain permanent changes to telehealth reimbursement through rulemaking.

- **State and federal policymakers should make permanent appropriate coverage and reimbursement for audio-only services.** Patients who lack computer skills or Wi-Fi access could potentially benefit from audio-only services. Federal and state agencies should extend these regulatory changes beyond the PHE.

- **Policymakers should ensure broad coverage and adequate reimbursement for all telemedicine services by all plans and payers.** Service and payment parity of telemedicine compared to in-office visits would incentivize health systems and practices to provide it as a model of care. Policymakers should also take steps to make sure patients can access telemedicine services from their home as the “originating site” rather than requiring that they go to a health care facility. These principles should apply throughout the cancer care continuum, from prevention to survivorship.

- **Federal and state governments should work to promote health equity by encouraging use of telemedicine in all care settings, including but not limited to health safety net providers.** Medicaid and other safety net providers should have access to the same regulatory and financial support as others to prevent the unintentional exacerbation of health disparities in the U.S.

- **Patient education efforts by providers, clinicians, and other health care stakeholders should include information on utilizing telemedicine.** The digital divide
that pervades health care is exacerbated by complex barriers that include, but are not limited to, socioeconomic factors, geographic location, age, language, and a lack of health and digital literacy. Although resources are being developed for telemedicine under the PHE, few address the lack of technology, service, utilization, and literacy patients need to effectively utilize telemedicine.

- **Federal and state governments should promote universal access to high-speed broadband through expanding digital infrastructure.** Reliable broadband connections are still needed in many areas of the U.S. in order to successfully make telemedicine fully accessible. Efforts should be made to expand broadband access across the U.S.

- **Medical liability policies should provide coverage for telehealth, and physicians should make sure they are covered in all states where they practice.** According to the Center for Connected Health Policy, some but not all malpractice insurance will cover telemedicine services. Medical liability providers should include telemedicine and data security risks in their policies. Physicians should also determine if they are adequately covered, as malpractice insurance carriers may not extend their coverage to other states.  

- **Neither public nor commercial payers should apply burdensome utilization management policies in telemedicine.** Any barriers to care through telemedicine, including prior authorization or other treatment delays, should be eliminated to ensure timely access for patients.

ASCO will continue to follow developments in telemedicine closely, including identifying ways that lessons learned can be applied to improve quality of care and the patient experience.

Guidance on telemedicine and other pandemic-related issues is available in ASCO’s COVID-19 Resource Center.

Read *ASCO Interim Position Statement: Telemedicine in Cancer Care* now.

More information about telemedicine is available at ASCO’s patient-information website, Cancer.Net.

---

1. Telemedicine: A Guide to Assessing Telecommunications for Health Care Marilyn J. Field, Editor; Committee on Evaluating Clinical Applications of Telemedicine, Institute of Medicine

2. [https://www.cchpca.org/telehealth-policy/malpractice](https://www.cchpca.org/telehealth-policy/malpractice)

**About ASCO:**

Founded in 1964, the American Society of Clinical Oncology, Inc. (ASCO®) is committed to
making a world of difference in cancer care. As the world's leading organization of its kind, ASCO represents nearly 45,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation. Learn more at www.ASCO.org, explore patient education resources at www.Cancer.Net, and follow us on Facebook, Twitter, LinkedIn, and YouTube.