December 22, 2020

ADM Brett P. Giroir, M.D.
Assistant Secretary for Health
Department of Health and Human Services
200 Independence Ave SW
Room 715-G
Washington DC 20201

Submitted Electronically to OASHcomments@hhs.gov

Re: Request for Information—Landscape Analysis to Leverage Novel Technologies for Chronic Disease Management for Aging Underserved Populations

Dear ADM Giroir,

The Association for Clinical Oncology (ASCO) appreciates the opportunity to respond to this Request for Information (RFI) on leveraging innovative technologies for chronic disease management for aging populations in underserved areas. ASCO is a national organization representing nearly 45,000 physicians and other professionals specializing in cancer treatment, diagnosis, and prevention. We are also dedicated to conducting research that leads to improved patient outcomes, and we are committed to ensuring that evidence-based practices for the prevention, diagnosis, and treatment of cancer are available to all Americans.

Background

On November 17, the Department of Health and Human Services (HHS) released an RFI soliciting stakeholder input on the use of technology for chronic disease management for aging populations in underserved areas. The purpose of this RFI is to gain a more comprehensive understanding of how relevant stakeholders are approaching innovative efforts around chronic disease management for aging populations in underserved areas by leveraging technology driven solutions, including those designed to optimally utilize future 5G infrastructure.

While no individual is exempt from the health threats of the COVID-19 pandemic, those experiencing inequity at baseline are at increased risk of illness and reduced access to care. An individual's environment, or social determinants of health, greatly affect one's quality-of-life, health outcomes, and risks. For example, older adults experience increased risk of loneliness and

social isolation, which has a negative impact on quality of life.[1] The biological risk factors most closely associated with increased risk for COVID–19 include age (65 years and older), frailty and those with chronic diseases. Furthermore, those living in rural or underserved areas do not have equitable access to healthcare due to a lower density of healthcare infrastructure. In response to the pandemic, healthcare providers have altered the way they deliver care, and many have begun to increasingly rely on technology. HHS is interested in learning how innovative efforts to include technology have potential to improve health outcomes in aging populations and for those in underserved areas (e.g., low income, Medicaid-eligible, rural). HHS is seeking information on:

A. Barriers and opportunities for technology-driven solutions
B. Key indicators & data sources of technology-driven chronic disease management
C. Health promotion activities using technology-driven solutions
D. Public-private partnerships

We would like to offer our input on the following two subjects.

A1) What barriers (e.g., privacy concerns, other clinician and patient barriers) and opportunities are most relevant for bringing technology-driven solutions to aging populations in underserved areas?

The incorporation of technology into healthcare has tremendous power to bring clinical consultations to people in remote areas who cannot easily travel to cancer centers. The implementation of technology is especially critical during the COVID-19 pandemic as the call for "social distancing" often prevents older cancer patients from visiting the doctor's office for cancer screening, treatment, monitoring (i.e. imaging and blood work), and symptom management (e.g. pain or nausea). However, significant barriers prevent older adults, especially those in rural areas, from accessing the care potentially available to them through technology.

One of the most critical issues requiring action is the unreliable access to technology, whether due to the absence of broadband or the appropriate technology device. A digital divide pervades the health care system and is exacerbated by complex barriers including, but not limited to, socio-economic factors, geographic location, age, language, and a lack of health and digital literacy. Few resources address the inequity of technology, service, utilization, and literacy required for patients to confidently utilize technology.

In addition to education for both the physician and the patient on optimizing the use of technology at home, physical and (especially) cognitive impairments can prevent the effective use of technology like telehealth in older adult cancer patients.

Additional potential technologies, such as monitoring with remote cameras, are also promising, but not without limitations. In the case of adverse events, such as patient falls, next steps need to be addressed and a health professional needs to be on standby. Remote monitoring through cameras may be useful, but also has potential to violate patient privacy if privacy risks are not clearly discussed and if consent is not received from an older adult patient.

[1] Kotwal, Ashwin A., et al. "Social Isolation and Loneliness Among San Francisco Bay Area Older Adults During the COVID-19 Shelter-in-Place Orders." Journal of the American Geriatrics Society (2020).

The ability of cancer patients to stay adherent with often numerous medications is a challenge that can be somewhat mitigated with special delivery services; however, this often requires assistance from others to open and read pill bottles and to ensure prescriptions are ordered appropriately when needed.

ASCO recommends that patients older than 65 years receiving chemotherapy receive a geriatric assessment from their physician to identify vulnerabilities that are not routinely captured in oncology assessments including assessments of function, comorbidity, falls, depression, cognition, and nutrition.[2] Community oncologists report that these are even more difficult to perform in a remote setting.[3] Electronic data collection of largely self-reported geriatric assessment is feasible and allows collection of the necessary data to inform identification and intervention on aging-associated vulnerabilities, but this technology is not widely implemented.[4]

B3) What selected health conditions should be addressed as priority conditions to assess technology-driven capacity to influence access, timeliness, and quality of healthcare treatment and preventive services to aging populations living in rural areas?

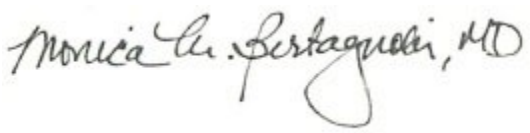
Adults over the age of 65 represent a majority of patients diagnosed with cancer in the United States (US). Nearly 70% of cancer survivors are over 65. As cancer is predominantly a disease of aging, the majority of cancer diagnoses and cancer deaths occur in older adults.[5] The treatment of older adults is complicated by the heterogeneity of aging, similar to other age-related conditions, and older adults often experience higher rates of treatment-related toxicities compared to their younger counterparts. Leveraging technology in creating more comprehensive and streamlined patient evaluations, including both patient-reported measures and objective assessments, allows for the personalization of oncology treatment necessary to match patient fitness and treatment preferences with cancer treatments.[6] Furthermore, technology driven solutions for remote monitoring and symptom reporting from home between patient visits hold great promise in supporting earlier identification of patient issues[7] and development of adverse events.[8] In addition, cancer treatments can often be complicated, requiring various medications on different days of a treatment cycle, and medication adherence tools could assist in minimizing non-adherence.

We appreciate the opportunity to comment on the Chronic Disease Management for Aging Underserved Populations Request for Information. Please contact Gina Baxter (gina.baxter@asco.org) or Karen Hagerty (karen.hagerty@asco.org) with any questions or for further information.

---

[2] Mohile, Supriya G., et al. "Practical assessment and management of vulnerabilities in older patients receiving chemotherapy: ASCO guideline for geriatric oncology." Journal of Clinical Oncology 36.22 (2018): 2326.
[3] Dale, William, et al. "How Is Geriatric Assessment Used in Clinical Practice for Older Adults With Cancer? A Survey of Cancer Providers by the American Society of Clinical Oncology." JCO Oncology Practice (2020): OP-20.
[4] https://ascopubs.org/doi/abs/10.1200/JOP.19.00208
[5] Smith, Benjamin D., et al. "Future of cancer incidence in the United States: burdens upon an aging, changing nation." Journal of clinical oncology 27.17 (2009): 2758-2765.
[6] Loh, Kah Poh, et al. "Using information technology in the assessment and monitoring of geriatric oncology patients." Current oncology reports 20.3 (2018): 25.
[7] Chien, Leana, et al. "Telehealth in geriatric oncology: A novel approach to deliver multidisciplinary care for older adults with cancer." Journal of geriatric oncology 11.2 (2020): 197-199.
[8] Fallahzadeh, Ramin, et al. "Digital health for geriatric oncology." JCO Clinical Cancer Informatics 2 (2018): 1-12.

Sincerely,



Monica Bertagnolli, MD, FACS, FASCO

Chair of the Board

Association for Clinical Oncology