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# Black American's Perceptions of Communication and Other Factors During Oncology Care Virtual Visits

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# Oncology Practices Quickly Pivoted to Offer Virtual Visits during COVID-19 Pandemic

- Prior to pandemic, **virtual visits were rare** within oncology care
- After its rapid introduction during COVID-19, it has been found that **individuals with increased barriers to accessing care had lower use of virtual visits**
- Current state of cancer care delivery has resulted in **existing disparities** in disease outcomes
  - Disparities particularly evident in **head and neck cancer, prostate cancer, and multiple myeloma**
- These three cancers have well-documented racial disparities that **disproportionately affect Black adults**

## **Study Aim:**

How are virtual visits perceived by Black patients, who have historically faced access barriers and poorer cancer outcomes?

# Methods

- **In-depth interviews** to elicit Black patients' perceptions of and experiences with oncology virtual were conducted
- **Study Setting:** Two large academic medical centers, including their community affiliates
  - Both health systems serve large number of Black/African American patients

# Patient and Family Advisory Board (PFAB)

- Newly established PFAB
  - Includes membership from both participating organizations
  - Two members participated in grant development
- Meets approximately quarterly via zoom
- Provided **feedback** on sampling strategy, recruitment material, and interview guide content
- Assisted with interviewer **training** and interview guide **piloting**
- Contributing to **theme identification** and **results interpretation**

# Target Population and Patient Identification

- Black/African American adults receiving oncology care at one of two large academic medical centers or their community affiliates (target sample size = 48 patients)
  - Patients included regardless of experience with virtual visits
- **Inclusion criteria:**
  - $\geq 20$  years old
  - Diagnosis of head & neck cancer, multiple myeloma, or prostate cancer
  - $> 1$  established-patient encounter in med/heme oncology, radiation oncology, urology or ENT
  - Receiving oncology care between 6/1/19-3/20/21
- **Exclusion criteria:**
  - Non-English speakers
- Sampling was stratified by organization and the three cancer diagnoses

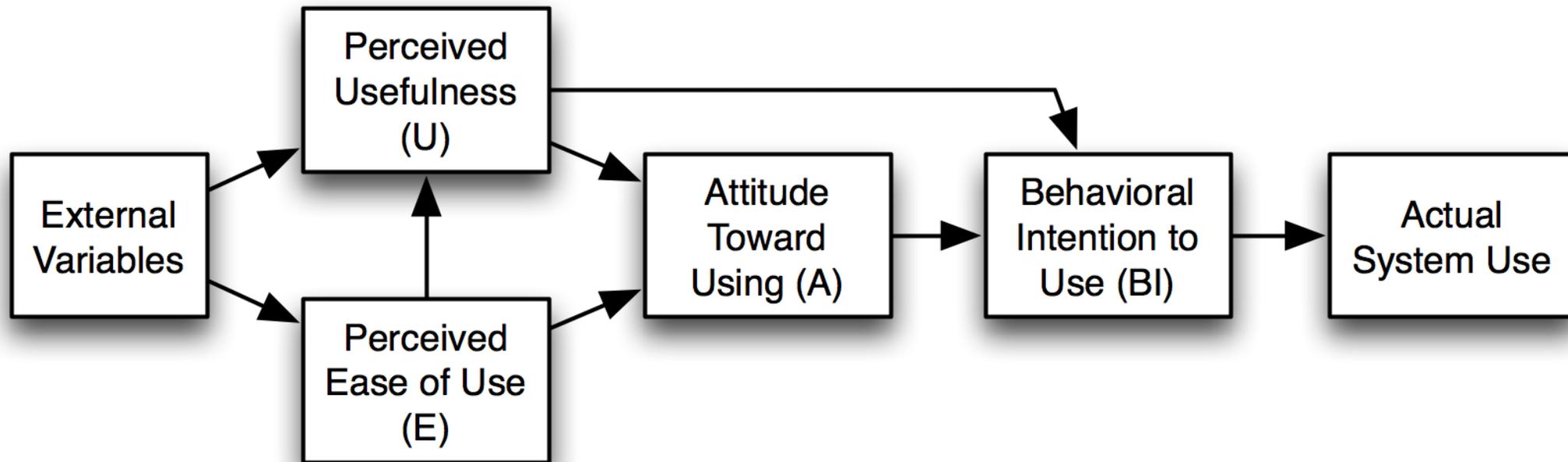
# Recruitment Strategy

- Study eligible patients assigned random number, ordered by random number within each of the 6 strata
- Prior to a telephone recruitment call, patients mailed letter of study introduction and study flyer
  - Study website available for online presence
- Interviewers from each institution placed up to 5 telephone calls at varying days/times to recruit eligible participants
- Goal was to recruit 8 patients per cancer type at each institution
  
- Patient interviews were conducted and recorded via Zoom (audio only)

# Semi-structured Telephone Interviews

- All interviews conducted between 6/1/19 - 3/20/21
- Interviews were audio-recorded, transcribed, and coded for a priori themes and new ones identified during data immersion
- Two trained research assistants coded transcripts, using Atlas.ti for data management

# Conceptual Framework: Technology Acceptance Model



# Results

- Overall, 49 adults completed an interview between 9/2021 and 3/2022 (n=16 head and neck, n=16 prostate, and n=17 multiple myeloma)
- These results focus on first N=25 interviews (all from one health system)

Characteristic		N (%)
<b>Mean age (range)</b>		61 years (range = 39 to 74)
<b>Sex</b>	Male	11 (44)
	Female	14 (56)
<b>Cancer Type</b>	Head and Neck	8 (32)
	Prostate	8 (32)
	Multiple Myeloma	9 (36)
<b>Had Virtual Visit</b>	Yes	16 (64)
	Telephone only	8 (50)
	Video only	3 (18.8)
	Both	5 (31.2)

Code	Totals
<b>General Health Care Experience Codes</b>	
Sentiments towards oncology provider/care team members	66
Negative health care experience	55
Other Healthcare Experiences	106
Patient-provider communication in general	28
COVID	29
Other	13
<b>Visit Conversion Codes</b>	
Conversion of video to telephone/or in-person to virtual	17
Comparison of virtual vs. in-person visit	71

Code	Totals
<b>Virtual Visit Specific Codes</b>	
Technical/logistical aspects regarding virtual visits	51
Reason for patient presenting to /outcome of virtual visit	32
Assistance provided prior to the virtual visit	29
Assistance provided during the virtual visit	2
Communication during the virtual visit	36
Follow up after virtual visits	22
Positive perceptions regarding virtual visits	117
Negative perceptions regarding virtual visits	52
Privacy during virtual visit	19
Family engagement during the virtual visit	11
Patient centeredness in scheduling the visit	11
Timeliness regarding start of virtual visits	22
Appropriateness/inappropriateness of virtual visits	34
<b>Totals</b>	<b>823</b>

# Foundational Assumptions

*Fundamental requirements for perceptions to be true*

## ***If this was true...***

- Health need/reason for visit suitability/appropriate for virtual visit
  - Medication refill, follow up/check-in and symptom management all used to describe when suitable/appropriate
- Insurance coverage available
- Internet and device access

***...they had a positive sentiment***

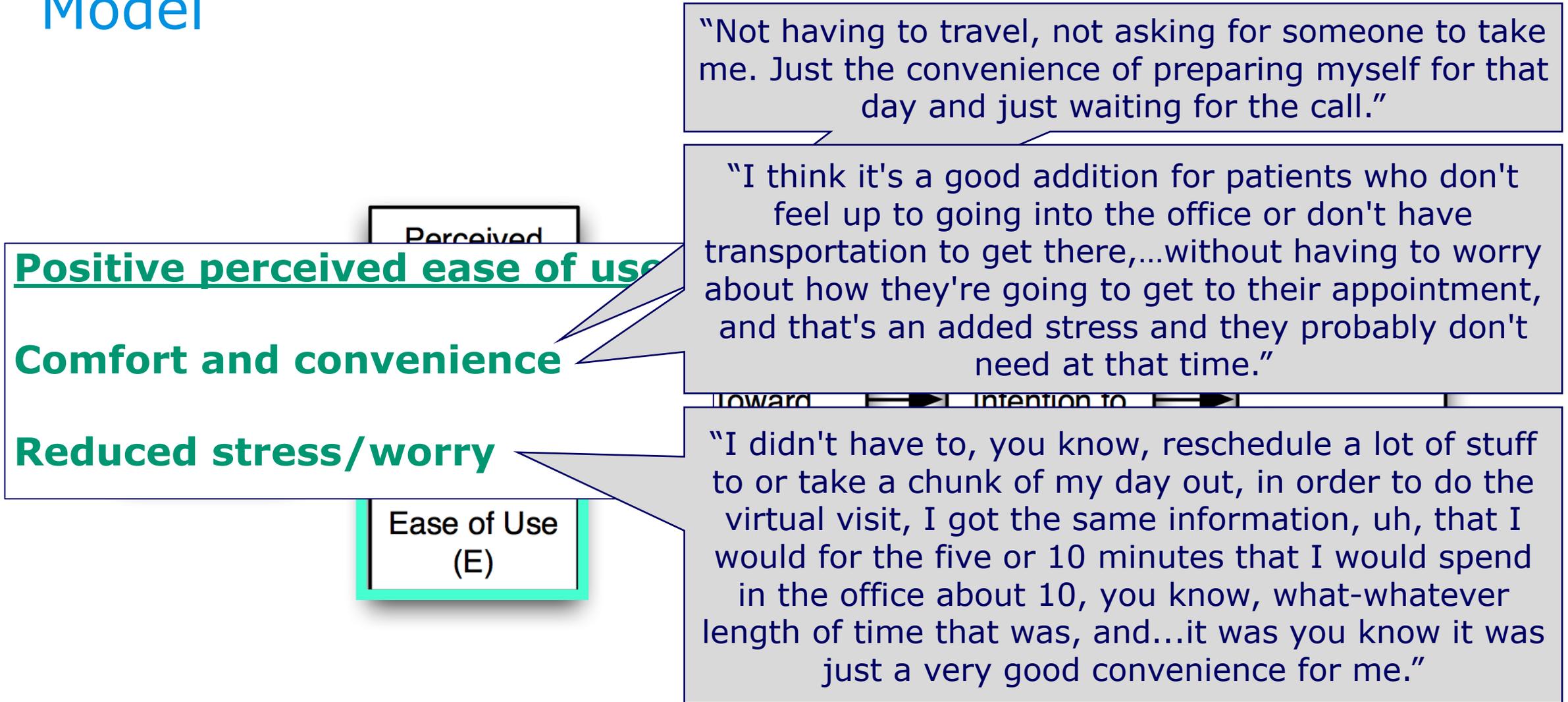
"I was perfectly fine with it as long as I could get past the technology."

"And it was just a check in, if something was wrong I could have changed it and had- and been seen in the same day clinic but I didn't have a problem it was just a follow up."

"I think my insurance covered the majority of the cost of my virtual visit. So I was okay with that."

"I don't like that they charge you the same for a video call appointment than they do for in-person appointments, and my insurance don't pay for video appointments."

# Conceptual Framework: Technology Acceptance Model



# Conceptual Framework: Technology Acceptance Model

## Negative perceived ease of use

**Can feel rushed/hurried/unprepared**

**Unpredictability of technology**

**Lack technology savvy**

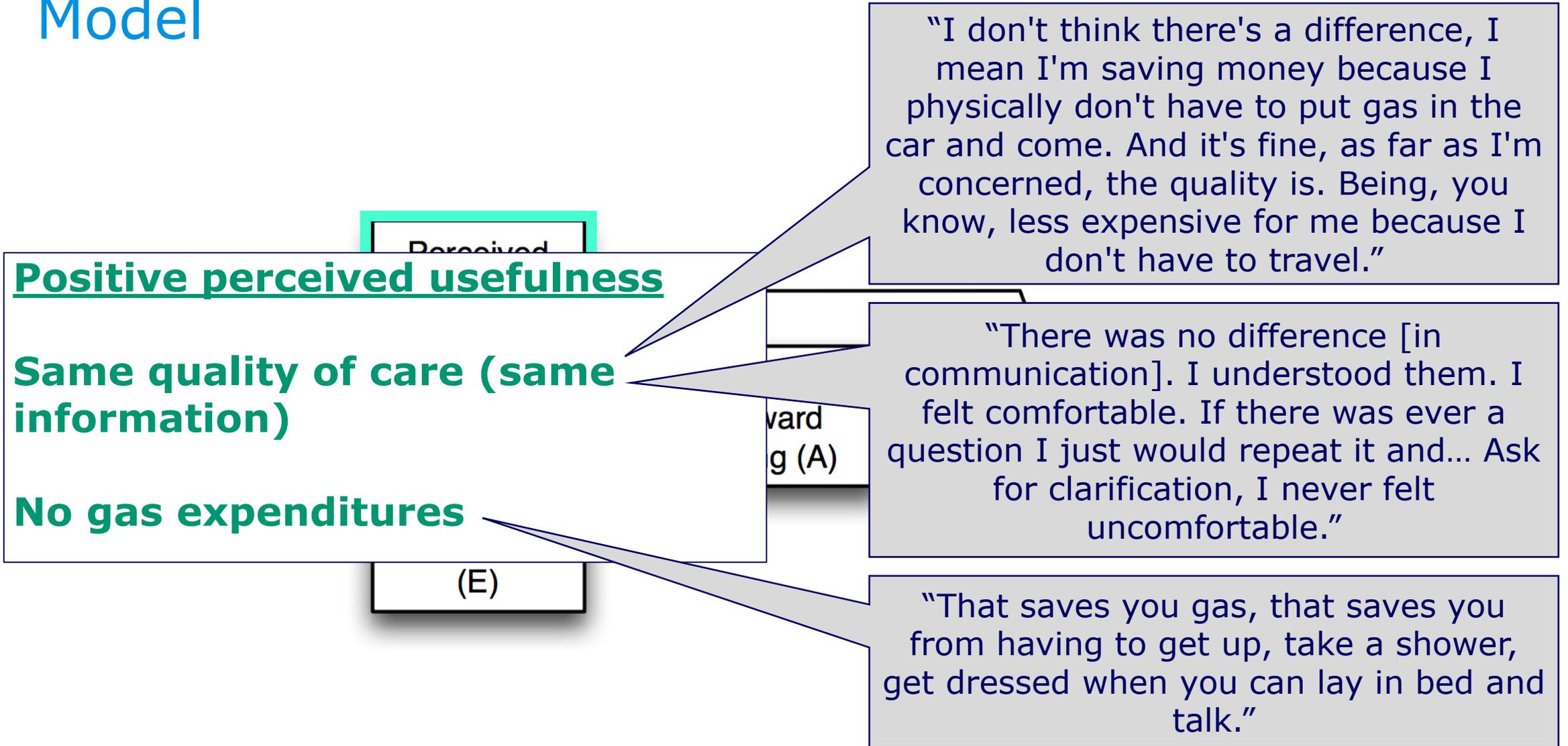
Ease of Use  
(E)

"...it seemed like a little bit more going to the next person than if I was there seeing him personally. He took more time to spend with me and take care of all of my needs..."

"...because it's computers and things like that that might have been a little glitch in trying to get connected...But that's just computers for you"

"For disadvantages, I'm just not that skilled at those types of things, like dealing with computers and tablets and stuff"

# Conceptual Framework: Technology Acceptance Model



# Conceptual Framework: Model

**Negative perceived usefulness**

**Interpersonal voids and gaps**

**Care delivery limitations**

**Potential for provider  
distractions**

"Patients might not feel as connected with the provider...Because there's that distance, even though you see them or hear them, but you it's that that touch that sometimes patients need."

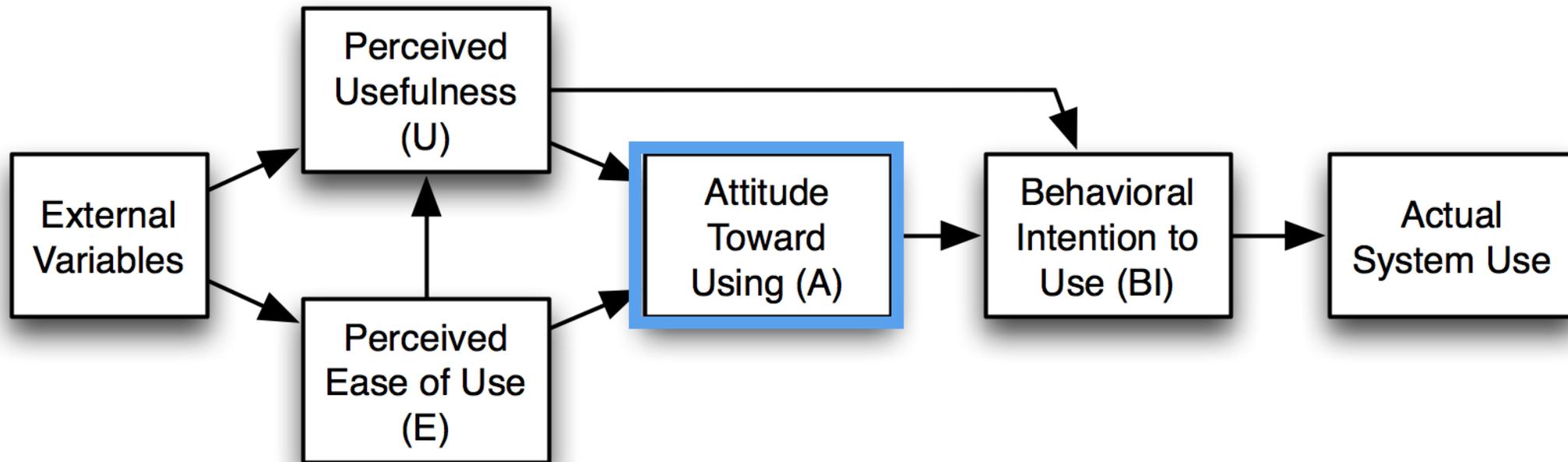
"Oh, you know, it's always best to see one of those face to face,...you don't get a feel for one another that way, you know, body language and all that type of stuff going on."

"I didn't like that they weren't able to draw labs on the day of the appointment. I didn't like that they were not able to, you know, do my vitals. And I just don't like video calls."

"So I think it depends on where they are if they are able to give you their undivided attention. I think that makes a big difference in your care as well, and your truth"

"...the only disadvantage, and I don't feel like it was in my case, would be being distracted or trying to multitask."

# Conceptual Framework: Technology Acceptance Model



# Patient thoughts on communicating during virtual visits

- Doctor's body language
  - Important when communicating
  - Body language makes patient more trusting
  - Reading facial expressions can interpret honesty of doctor
- Relationship with provider is essential.
  - There is a feeling that they can open up to their doctor about anything
  - However, patients feel that they are better at opening up in person

# Patients like communicating through virtual visits if:



## **The doctor is:**

- Clear
- A good listener/ understanding
- Able to answer questions quickly
- Focused during the visit
- Attentive during the visit



## **The patient has:**

- Good internet connectivity
- Understood the provider
- Prepared for the conversation
- A comfortable setting
- An opportunity to ask questions
- An appointment not about a procedure
- Communication that extends beyond virtual visit they can go in depth during follow-ups

# Summary

- We found Black adults receiving oncology care to be generally supportive of virtual visits
  - Useful in defined situations and at times easy to use, especially when they
    - Were not feeling well enough to travel
    - Had no health concern to report to their provider (routine check-in)
  - Yet these adults also acknowledged concerns regarding:
    - Voids in interpersonal connections and physical touch
    - Technological barriers
    - Service limitations

# Policy Implications

- A number of gaps exist to enhance virtual care
  - Making scheduling more patient centered
  - Increasing uniformity in insurance coverage
  - Supporting patients who feel less confident with technology and overcoming technological uncertainty
  - Improving the human connectedness

# Research Team

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