

Oncology Nursing Society
Statement for the Record
House Energy and Commerce Health Subcommittee
“The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care”
Tuesday, March 2, 2021

Chairwoman Eshoo, Ranking Member Guthrie, and members of the Subcommittee, the Oncology Nursing Society (ONS) would like to thank the House Energy and Commerce Health Subcommittee for the opportunity to provide input on the importance of expanded telehealth during the ongoing COVID-19 public health emergency and the need to preserve and expand these flexibilities in the future.

The Oncology Nursing Society (ONS) is a professional organization of more than 39,000 registered nurses and other health care providers dedicated to excellence in patient care, education, research, and administration in oncology nursing. ONS members are a diverse group of professionals who represent a variety of professional roles, practice settings, and subspecialty practice areas. As advocates for the nursing profession and our cancer patients, ONS welcomes the opportunity to inform the Subcommittee about the importance of the expanded use of telehealth services for oncology nurses and their patients.

Telehealth has helped oncology nurses maintain communication and protect vulnerable patients, ensuring the safety and well-being of both patients and staff, during the COVID-19 pandemic. Increased access to telehealth in recent months has also facilitated continued participation in clinical trials for many patients, which is often crucial to their care.

New models of ambulatory cancer care have helped ensure the safety and well-being of both patients and staff during the COVID-19 pandemic, providing a crucial method for oncology nurses to stay connected with patients. ONS is happy to share real-life examples of how oncology care has changed during the public health emergency.

At one cancer center, any clinic appointments that did not need to be in-person were converted to online visits. Oncology supportive programs, like social work, support groups, and nutrition, also transitioned to telehealth, and the team has been using social media and email to educate patients about safety, telehealth, and coping and stress management. Nurses lead virtual chemotherapy education appointments for patients and their caregivers, allowing for one-on-one teaching and a virtual tour of the infusion suite prior to their first visit.

Another ONS member shared the example of a newly diagnosed patient who needed to discuss their treatment options. A tele-video appointment gave the patient and their family the

opportunity to meet their doctor ‘face-to-face,’ learn about their diagnosis, ask questions, and facilitated the scheduling of additional testing to determine the extent of the disease.

A geriatric-oncology nurse practitioner has found that telehealth can be more valuable than an in-person visit in the clinic setting. This nurse described being able to complete a geriatric assessment, including a ‘Get Up and Go Test’, with her 82-year-old patient on long-term survivorship surveillance. She notes that the patient’s daughter was able to be in attendance, and that the patient was fully engaged and focused. This nurse practitioner completed a medication review, virtually observed the patient’s home setting, and provided real-time feedback on additional safety measures.

Virtual care and telehealth services have proven not only to be a viable solution to providing patient-centered care throughout the pandemic, but a tremendous value for patients, providers, and the health system broadly. As the Subcommittee continues to examine the impacts of the ongoing pandemic, ONS urges you to consider the positive effects that expanded telehealth flexibilities have had on patients, caregivers, and providers. ONS strongly supports making permanent the new flexibilities established in response to the public health emergency that expand the use of telehealth services and provide payment parity for telehealth and in-person visits.