

Head and Neck Cancer Survivors’ Perspectives on Telemedicine-Based Follow Up Care

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Introduction

Telehealth, effective in facilitating aspects of survivorship care, is relatively untested in head and neck cancer (HNC) survivorship, especially for care management. Despite challenges, great potential exists for telemedicine to optimize HNC survivorship care for those who may not otherwise receive it.

Methods

- One-on-one, semi-structured telephone interviews with HNC survivors engaged in post-treatment follow up
- Interviews were audio-recorded and transcribed
- Thematic content analysis was conducted

Results

Participants

- 20 HNC survivors
- Time since treatment: 2 months to 15 years
- 9 participants had telephone follow up; 3 declined telephone follow up; 8 had face-to-face follow up

Challenges of HNC Follow-Up Telemedicine

- Lack of physical examination, especially laryngoscopy
- Clinical Relationship
- Technology
- Reimbursement

Potential of HNC Follow-Up Telemedicine

- Patients see potential in combination of telemedicine and in-person follow-up
- Saves time, travel
- Able to address some treatment side effects
- Time since treatment affects patients’ confidence, trust

While the **centrality of the physical examination to head and neck cancer survivorship care is a barrier to telehealth delivery, patients still see multiple benefits to the option of telehealth survivorship care.**



I felt it went very well. He asked the same kinda questions and had the same kinda comments that we've had in prior visits. ...**My only concern is that he, you know, he always asks, "Are you--have you found any new lumps or bumps?" And I don't, you know, personally check my neck every day or whatever. I don't even really think about it, but he does, and he knows what to feel for.**

...I still feel like if he's gonna do the scans, if I have scans or I have some type of evidence that there's no cancer growing in me again, then I would be fine with a videoconference or phone. ...I just feel like it's one thing for my GP to do a videoconference. And, you know, I can take my own blood pressure, and I can do my weight, and I can find out if my blood pressure is high or if I've gained too much weight or lost too much weight. But **I still need some type of physical evidence, medical evidence that there's no cancer growing in me, and that has to be there somehow.** Does that make any sense?

Patient 20

“I thought it was great. Um, I didn't know exactly what to expect, but I think he covered everything, uh, uh, everything he should. Um, and, given the circumstances of the current--you know, the current circumstances, I thought it was okay.

“[When asked about future telemedicine visits] I'm fine with it. There’s nothing--you know, I'm not feeling any pain, or I don't have any concerns about how it looks. ...I thought it went well, and, plus, it saved me, uh, an hour over and an hour back.”

Patient 02

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