Palliative care was once believed to be too high-touch to be delivered via telehealth. However, numerous studies have demonstrated the positive effects of palliative care delivered through telehealth. Because the COVID-19 pandemic has quickly shifted how health care is delivered to patients with cancer, particularly because of their immunocompromised status and the risks associated with unnecessary exposures in the clinic, previous lessons from palliative care research studies can be used to inform practice. This article presents a case study that illustrates evidence and best practices for continuing to deliver palliative care via telehealth after COVID-19 restrictions are lifted.

**AT A GLANCE**

- The increased use of telehealth throughout the COVID-19 pandemic has offered renewed insights about palliative care telehealth integration in oncology practice.
- Evidence-based palliative care communication strategies adapted for the COVID-19 pandemic can be used for more effective communication, including building rapport and establishing trust with patients and families dealing with serious illness.
- Community-based personnel may provide an additional bridge between oncology providers, patients, and families who are increasing their use of telehealth.

# Telehealth in Palliative Care

## Communication strategies from the COVID-19 pandemic

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When COVID-19 was declared a pandemic in March 2020, oncology teams scrambled to continue to provide effective, high-quality care while mitigating the risks of viral transmission between patients in clinic. Many clinics switched from in-person visits to telehealth (Lonergan et al., 2020; Mehrotra et al., 2020; Wosik et al., 2020). Oncology clinicians who were accustomed to developing relationships with patients and families in person were challenged with establishing and maintaining these same relationships in a way that seemed foreign.

Established palliative care coaching and communication strategies, such as the techniques employed in the early palliative care telehealth intervention ENABLE© (Educate, Nurture, Advise, Before Life Ends) (Bakitas et al., 2020) and the *COVID Ready Communication Playbook* developed by VitalTalk© (2020), provide a foundation for best practices in palliative care telehealth. The ENABLE and VitalTalk methods have been reiteratively adapted and refined to address palliative care for patients with cancer and to better connect with and coach patients and family caregivers. In this article, a case study is presented illustrating how current evidence and best practices in palliative care telehealth can be used to continue virtual delivery of palliative care after COVID-19 restrictions are lifted.

Palliative care benefits include improved quality of life (Haun et al., 2017; Zimmermann et al., 2014), longer survival time (Bakitas et al., 2015; Temel et al., 2010), and improved caregiver health (Dionne-Odom et al., 2015; El-Jawahri et al., 2017). A growing evidence base has led to professional oncology organization guidelines, recommending early palliative care delivered concurrently with disease-directed treatment for patients with a new cancer diagnosis (Ferrell et al., 2017; National Comprehensive Cancer Network, 2020). However, early palliative care integration continues to be a struggle in rural and remote locations because most palliative care services are located in large, urban medical centers (Center to Advance Palliative Care and National Palliative Care Research Center, 2019). Telehealth in oncology palliative care in particular has been an area of active research because of a limited palliative care workforce and the need to provide access to high-quality palliative care for all patients with cancer. This may be one reason why research on telehealth in palliative care has largely focused on the provision of care in rural and remote populations that are underserved and have disparities in health-related outcomes (Bakitas, Lyons, Hegel, Balan, Barnett, et al., 2009; Dionne-Odom et al., 2018).

Slow adaption of telehealth in palliative care clinical practice before COVID-19 may be attributed to an enduring misconception that telehealth is less