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sites. Finally, additional administrative work in the RO-APM is expected to cost approximately 0.8% of the total reimbursement rate.

Conclusion: In our analysis using extracted clinical patterns from two separate clinics, lower fractionation patterns can lead to a higher return on investment in the RO-APM compared to the FFS-M, demonstrating viability of the proposed RO-APM.

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Telemedicine Use and Satisfaction Amongst Radiation Oncologists During the COVID-19 Pandemic: Evaluation of Current Trends and Future Opportunities

A. Deshane,¹ N. Damico,² M.Z. Kharouta,³ A. Wu,⁴ G.M. Wang,⁵ A.M.S. Kumar,⁶ S. Choi,⁷ M. Machtay,⁸ and A.D. Bhatt¹; ¹Department of Radiation Oncology, University Hospitals, Seidman Cancer Center, Cleveland, OH, ²Cleveland Clinic, Cleveland, OH, ³Department of Radiation Oncology, University Hospitals Seidman Cancer Center, Cleveland, OH, ⁴University Hospitals of Cleveland Department of Radiation Oncology, Cleveland, OH, ⁵Case Western Reserve University School of Medicine, Cleveland, OH, ⁶Department of Radiation Oncology, Louis Stokes VA Medical Center, Cleveland, OH, ⁷University of California, San Francisco, San Francisco, CA, ⁸Department of Radiation Oncology, University Hospitals/Seidman Cancer Center and Case Comprehensive Cancer Center, Case Western Reserve University, Cleveland, OH

Purpose/Objective(s): During the COVID-19 pandemic telemedicine became an attractive alternative to in person appointments. The role of telemedicine in patients who undergo frequent on-site treatment, such as radiation therapy, is unclear. The purpose of this study was to examine telemedicine use, physician satisfaction and barriers to continued use in radiation oncology.

Materials/Methods: An anonymous, electronic survey was distributed to radiation oncologists internationally. Participants described demographic and practice characteristics and a 5-point Likert scale assessed provider satisfaction, ease of use and overall utility of telemedicine. Analyses include descriptive statistics and subgroup comparisons using Chi-square and Fisher's exact test.

Results: 232/5343 (4.3%) completed the survey, 63.8% of whom were male, 52.6% age 50 or younger and 78.0% from the United States (U.S.). Only 14.2% used Telemedicine previously, which increased to 93.1% during COVID-19. Amongst all telemedicine users, usage rates were 77.9% for initial consultations, 97.2% for follow-up visits, and 35.9% for on-treatment visits. 69.8% report that < 25% of patients requiring treatment experienced delays due to COVID-19. Most conducted appointments from the workplace, with 40.1% also doing so from home. Satisfaction was high at 73.8%, perceived usefulness was 76.9% and 81.5% hope to continue using telemedicine after the pandemic. However, 82.4% had concerns with the inability to examine patients. Although 82.1% believed that telemedicine would improve patient access to health care services overall, 63.0% were concerned with patient ability to access required technology. 49.5% had concerns regarding continued billing/reimbursement; less commonly at government centers (18.8%) compared to academic/satellite facilities (52.7%) and free-standing centers/community hospitals (50.7%), $P=0.039$ for both comparisons. These concerns were also significantly higher amongst US physicians (53.2% vs 34.9%, $P=0.048$).

Conclusion: Widespread adoption of telemedicine by radiation oncologists occurred during COVID-19 with high rates of satisfaction and interest in continued use. Sustained reimbursement for telemedicine services is a significant concern, particularly in the US and outside of government facilities.

Abstract 2725 – Table 1: Demographic statistics of survey respondents

Gender n (%)	Age n (%)	Country n (%)	Subspecialization n (%)	Practice Setting n (%)
Male 148 (63.8%)	< 41 55 (23.7%)	USA 182 (78.4%)	Breast 46 (19.8%)	Academic Center 100 (43.1%)
Female 84 (36.2%)	41-50 67 (28.9%)	Outside of USA 50 (21.6%)	CNS 36 (15.5%)	Academic Center Affiliate 42 (18.1%)
	51-60 66 (28.4%)		Cutaneous 14 (6.0%)	Community Hospital 49 (21.1%)
	61-70 39 (16.8%)		Gastrointestinal 25 (10.8%)	Free Standing Center 24 (10.3%)
	70+ 5 (2.2%)		Genitourinary 47 (20.3%)	Government Center 17 (7.3%)
			Gynecologic 26 (11.2%)	

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Delivering Cancer Care During a Pandemic: Patient and Healthcare Staff Experience in a High-Volume Radiation Oncology Department

V. Di Lalla, H. Patrick, N. Siriani-Ayoub, J. Kildea, T. Hijal, and J. Alfieri; McGill University Health Centre, Department of Radiation Oncology, Montreal, QC, Canada

Purpose/Objective(s): The COVID-19 pandemic has shifted practices in oncology to prioritize patient and healthcare staff safety while maintaining necessary treatment delivery. We obtained feedback from both patients and healthcare staff on pandemic-based practices in our radiotherapy department to adapt policies and procedures to improve safety and quality of care.

Materials/Methods: We developed a piloted questionnaire which quantitatively and qualitatively assessed patients' pandemic-related concerns and satisfaction with specific elements of their care. Adult patients treated at the start of the pandemic with an initial consultation via telehealth and received at least 5 outpatient fractions of radiotherapy were invited to complete the survey by telephone or online. We simultaneously provided an online survey to our healthcare staff including radiation technologists, oncologists, dosimetrists, physicists and allied health professionals regarding workplace conditions and perceived safety. Relative frequencies of categorical and ordinal responses were calculated, and Mann-Whitney-U tests and t-tests were used to compare response rates between subgroups.

Results: A total of 53 patients (48% of eligible individuals) and 87 staff (44% technologists, 21% radiation oncologists, 36% other) responded to the surveys. Most patients responded positively to telehealth and pandemic department procedures, and all (100%) reported being satisfied with their treatment experience. Constructive criticism voiced in a minority of patients (13%) centered around hearing difficulties, appointment scheduling confusion, and a desire for access to more support services. In contrast, satisfaction with working conditions significantly decreased from 69% to 24% among staff, especially among technologists and oncologists. Multiple staff identified sub-optimal shift-scheduling, interprofessional communication gaps, and uneven assignment of tasks as the primary contributors to decreased morale. Of all the professionals surveyed, technologists were the most negatively affected, reporting increased workload, decreased efficiency, and dissatisfaction with work scheduling.