

## Northwest Regional Telehealth Resource Center and the Telehealth Alliance of Oregon Welcome You



Non-profit:

Pacific Northwest University of Health Sciences

University of Utah Health Clinical Neuroscience



- Audio and video are muted for all participants
- Use the Q&A feature to ask questions
- Moderator will read questions to the speaker
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Transitioning Care to Tele-oncology: One physician's experience during the COVD-19 pandemic



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- Presenter:
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Until every cancer is cured

# Transitioning Care to Tele-oncology: One physician's experience during the COVID-19 pandemic

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## **Overview**

- Present Jefferson Health System Telemedicine Program
- Outline our telehealth/tele-oncology experience
- Discuss specific implementations related to the COVID-19 emergency





#### **14 Hospitals**

- Abington Hospital\*
- Abington Lansdale Hospital\*\*
- Jefferson Bucks Hospital
- Jefferson Cherry Hill Hospital\*
- Jefferson Frankford Hospital
- Jefferson Hospital for Neuroscience\*
- Vickie and Jack Farber Institute for Neuroscience
- Jefferson Methodist Hospital\*
- Jefferson Stratford Hospital\*

- Jefferson Torresdale Hospital
- Jefferson Washington Township Hospital\*
- Magee Rehabilitation Hospital
- Physicians Care Surgical Hospital
- Rothman Orthopaedic Specialty Hospital
- Thomas Jefferson University Hospital\*
  - Sidney Kimmel Cancer Center (NCI-designated)

\* Magnet® designation from the American Nurses Credentialing Center for nursing excellence

\*\* Pathway to Excellence® designation from the American Nurses Credentialing Center for sustaining a positive practice environment

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

#### Sidney Kimmel Cancer Center

Updated February 2019 (FY18 Data)

Until every cancer is cured



7,400 (full/part time)

**40+** outpatient and urgent care locations

Over **4.5 million** 

## JeffConnect - Scope of Telemedicine at Thomas Jefferson University



Jefferson Health NCI - designated

#### TABLE 2. DOMAINS AND SUBDOMAINS OF THE TELEHEALTH MEASUREMENT FRAMEWORK

Domain	Subdomain(s)
Access to Care	<ul> <li>Access for patient, family, and/or caregiver</li> </ul>
	<ul> <li>Access for care team</li> </ul>
	Access to information
Financiai Impact/Cost	<ul> <li>Financial impact to patient, family, and/or caregiver</li> </ul>
	Financial impact to care team
	<ul> <li>Financial impact to health system or payer</li> </ul>
	<ul> <li>Financial impact to society</li> </ul>
Experience	<ul> <li>Patient, family, and/or caregiver experience</li> </ul>
	Care team member experience
	Community experience
Effectiveness	System effectiveness
	Clinical effectiveness
	Operational effectiveness
	<ul> <li>Technical effectiveness</li> </ul>

## Why telemedicine? Why telehealth? Why tele-onc?







## **Telemedicine** approaches

- Synchronous:
  - Videoconference, fully interactive
  - Real-time
  - Specific attachments for the exam
  - Schedule: teleconsultant, telepresenter, pt
- Combination

- Asynchronous
  - Store-forward
  - Review of clinical data (images) at an alternate time
  - Schedule: teleconsultant



## What Makes a Good Teleconsultation?

- Understand the goal of the consultation
  - Increase access
  - Confirm diagnosis
  - Assist in management
- Use the right technology to fit the clinical question
- Assure complete data and diagnostic images
- Build in quality review



## Is telemedicine as effective as in-person care?

- Overall, studies demonstrate equivalency
  - HIPAA compliant technology
- Some studies show improved outcomes
- Fairly uniform high level of patient and clinician satisfaction
- How can we best use tele-applications in oncology care?



## Tele-oncology: Use of telehealth technology in cancer care.

Multidisciplinary in nature:

- Prevention
- Early detection
- Diagnostic consultation
- Surgical oncology
- Medical oncology
- Radiation oncology

- Clinical trial education and evaluation
- Supportive care and follow-up
- Palliation
- Tumor board
- Chart review models of care



## Rationale for tele-oncology

- Virtually redistribute oncology workforce to meet healthcare needs:
  - Shortage of oncologists
  - Maldistribution of health care
  - Greying of the population
- Provide care when needed
- Consider: diagnostic question dictates technology use
  - Transmission of images/sounds
  - Where the "talk is the treatment"
  - The right technology for the diagnostic question



#### **Research Letter**

November 27, 2018

Telehealth uptake surprisingly low among physicians, AMA finds



Intermountain Healthcare

## Trends in Telemedicine Use in a Large Commercially Insured Population, 2005-2017

Michael L. Barnett, MD, MS<sup>1</sup>; Kristin N. Ray, MD, MS<sup>2</sup>; Jeff Souza, MA<sup>3</sup>; <u>et al</u>

 $\gg$  Author Affiliations | Article Information

JAMA. 2018;320(20):2147-2149. doi:10.1001/jama.2018.12354

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**RESEARCH ARTICLE** 



HEALTH AFFAIRS > VOL. 37, NO. 12: TELEHEALTH

## The Use Of Telemedicine By Physicians: Still The Exception Rather Than The Rule

Carol K. Kane and Kurt Gillis

AFFILIATIONS  $\checkmark$ 

PUBLISHED: DECEMBER 2018 No Access

https://doi.org/10.1377/hlthaff.2018.05077



HOME > ACP NEWSROOM > ACP RELEASES SURVEY RESULTS ABOUT TELEHEALTH TECHNOLOGY AVAILABILITY AND USE AMONG INTERNISTS

## ACP releases survey results about telehealth technology availability and use among internists

ACP plans to develop and release practical resources to close gap between physician use of telehealth and patients' desire for flexibility

Philadelphia, April 11, 2019 – Survey results released today by the American College of Physicians (ACP) at its Internal Medicine Meeting 2019 showed that 51 percent of internal medicine physicians and subspecialists who are members of ACP work in a practice that has implemented at least one of five different telehealth services: video visits, e-consults, remote patient monitoring, remote care management/coaching, and integration of data from patient wearables. Overall, ACP found that adoption and usage of telehealth among internists and subspecialists vary widely depending on application.

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March 23, 2019 01:00 AM

## Low adoption of telemedicine may spur patient migration away from traditional providers

STEVEN ROSS JOHNSON 🕑 🖂



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#### Coronavirus Should Finally Smash the Barriers to Telemedicine

American physicians, insurers and regulators are pushing the rapid expansion of technologies once confined to optimistic press releases.

By <u>Virginia Postrel</u> April 10, 2020, 6:00 AM EDT



A thing of the past? Photographer: Andrew Harrer/Bloomberg

🔗 Copy Link

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## Telemedicine in the time of COVID

- Tele-intake to minimize contact between clinician and patients under investigation for COVID-19.
- Upon admission to the hospital: Tele-inpatient consultstelehealth to monitor patient status while also ensuring safety
  - Saves personal protective equipment
- Tele-ICU: telemonitoring-multimodal sensors with AV capabilities.
- Tele-follow-up after discharge (from the emergency room or the hospital): regular check-ins to monitor symptoms, guide the need for more intensive treatment, tele-rehab, and ensure long-term outcomes

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## Bundling of tele-oncology services

- Oncology care is multidisciplinary, interprofessional care: may be bundled services: may include in-person
  - Supportive care (nutrition, physical activity, support group),
  - Tele-Palliative/Hospice care: Pain mgmt
  - Tele-nursing/pharm: patient education, medication recon/education
  - Tele-navigation
  - Tele-symptom management: e.g. skin reaction
  - Tele-social work
  - Transitions of care: hospital at home
  - Same day/sick visits
  - Tele-radiology
  - Tele-pathology

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## The Virtual House Call



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## Home Health Care Applications

- •Wound care
- •Post-operative care
- •Bone marrow transplantation
- •Physical therapy/Prehab







- Tele-geri-onc
- Tele-palliative care

## Engage your team

- Provide a script to your staff to share about telemedicine visits
- Update your website
- Send a note to patients via your portal



## Tele-visit

• Think of the technology as a tool *for* patient care



## **Telehealth Tips**

- Remember that you are on camera
  - Window within a window view
- Assure patient privacy
- Maintain professionalism
- Physical Exam: focused on observation



## A word on documentation

- Confirm patient identification: name/dob
- Confirm pt and clinician location
- Document:
  - Explained rationale for telehealth
  - That a telehealth visit was performed
- Who's present
  - Include family, interpreter, other clinical staff
- Document time spent

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#### MEDICAL ONCOLOGY TELEHEALTH VISIT Type: Telemedicine or Telephone

Patient Identified: Yes

Location of Patient:

Location of Physician:

Individuals Present and Roles (as applicable): Medical Oncology Physician xxxxxx Medical Oncology Nurse xxxxxxx Patient Name Others if present (example family with the patient)

\*I explained to the patient the rationale for the telehealth visit. I received consent from the patient to proceed with this telehealth visit.

\*This visit is being conducted via telehealth for continuity of care during the COVID-19 national emergency.

I spent xx minutes in communication with the patient during this telehealth visit.



## Points to remember

- Follow your in-person process as much as possible
  - Collect VS
  - Update of history, Med recon, ROS
- Note if there is lag time in your system
- Explain your layout to the patient eg if you are looking away
- Be ready to troubleshoot the technology
- Be sure your written recommendations reach the pt



## A tele-encounter is a clinical encounter

- Documentation standard is the same
- Orders and prescribing are generally the same



### Tele-genetics, Tele-survivorship, Tele-behavioral health



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## Symptom Monitoring









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## Virtual Physical Exam: observation-based

- Appearance:
- Head:
- Eyes:
- Ears:
- Neck:
- Respiratory:

- Abdomen:
- Skin:
- Neurologic:
- Psychiatric:
- Musculoskeletal:
- Ext:



## Virtual Exam Tips

- Engage the patient/caregiver to assist with the findings:
- Moving the camera to demonstrate a finding: rash or to show an overall image/gait
- Digital images if you have a secure portal for transmission
- Elicit edema
- Elicit site of tenderness
- Lateral position of camera to identify areas of fullness



## Facilitate access to cancer clinical trials

- Eligibility assessment
- Consent
- Follow-up
  - Symptom assessment



### Factors to consider for effective telehealth expansion

- April 2019: 36 states mandated insurance coverage for telehealth services
  - Massachusetts recently required all insurers to cover telehealth
- Telehealth copays:
  - In the past few wks, United (45M), Humana (39M), and Aetna (13M) waived telehealth copays
- Re: reimbursement
  - 20% of states ensure telehealth reimbursement parity
  - Reimbursement rates: on average 20-50% lower than in-person care
  - Medicare: video visits compensated at the same rate as in-person

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### Factors to consider for effective telehealth expansion

- Who can receive teleconsult?
  - Existing patient only. NP and existing
- Is asynchronous technology ("store and forward") reimbursable?"
  - Reimbursement is limited in most states.
- No restriction on where telehealth can originate
- To promote patient care, there has been a relaxation of outof-state licensing practice and expediting of licenses
- Health equity challenges: TeleHealth TaskForce
  - Broadband limitations, technology access

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## What will our new telemedicine normal be?

- What are the non-technological, practical elements that need to be addressed?
  - Clinical implementation
  - Coverage and reimbursement
  - Social challenges
- The federal government's recent policy changes: addressed many of these issues included limitation of tort liability; allowing common teleconferencing platforms that may not be strictly HIPAA compliant
- What of the 86.5% of Americans not on Medicare?
  - How can telehealth reach these 281M?

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## **Telemedicine Myth Busting**

- My patients don't want it
- It is not as good as an in-person visit
- You can't examine the patient
- It is not reimbursed

- Many do & many like it better than inperson visits
- Data argue otherwise
- Better than no visit or a phone call
- You can do a level 5 physical exam
- More than half the states have parity laws



## Telemedicine

- Telemedicine is a care delivery model.
- The medicine is the same.



Acknowledgements:

Arizona Telemedicine Program <u>https://telemedicine.arizona.edu/</u>

Huntsman Cancer Institute University of Utah Health Sciences <u>https://healthcare.utah.edu/huntsmancancerinstitute/</u>

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