Improving access to survivorship care through Telehealth: A pilot project

The James

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BACKGROUND

Our academic cancer center is an accredited member of the American College of Surgeon's Commission on Cancer (CoC), which requires eligible cancer survivors to receive a Treatment Summary and Survivorship Care Plan (TS/SCP)[1]. Annual goals for provision of TS/SCPs to eligible survivors at OSUCCC – The James were met in 2015 through 2018. However, existing processes for provision of SCPs were not sufficient for OSUCCC - The James to exceed the CoC goal (50%) for 2019. Multiple stakeholders developed a process improvement plan to increase delivery of TS/SCP to eligible survivors.

Telehealth has been successfully utilized in oncology practices[2,3]. Despite limited evidence regarding use of telehealth to deliver TS/SCPs there have been examples of web-based technologies used effectively to augment information on care plans[4,5]. Expanding use of telehealth for cancer survivorship care is an emerging concept to reduce barriers to TS/SCP delivery[6,7].

Purpose: To evaluate the effectiveness of a pilot project utilizing telehealth technology in the delivery of TS/SCPs.

SURVIVORSHIP MODEL

A consultative model was used at the OSUCCC – The James to deliver TS/SCPs.

Survivorship Clinic
• Specialty NPs
• 5 days/week

Primary Oncology team
• Usually APP
• Done in conjunction with surveillance visit

• The majority of service lines referred to the Survivorship Clinic where Advanced Practice Registered Nurses (APRNs)
  • completed a comprehensive & holistic assessment
  • provided TS/SCPs to eligible patients
• TS/SCPs were prepared in the electronic medical record (EMR)
  • information was auto populated from EMR
  • finalized 1 week in advance of patient appointment
  • delivered within 6 months of completing active treatment
  • document was printed and given to survivor and sent to EMR patient portal (if active)
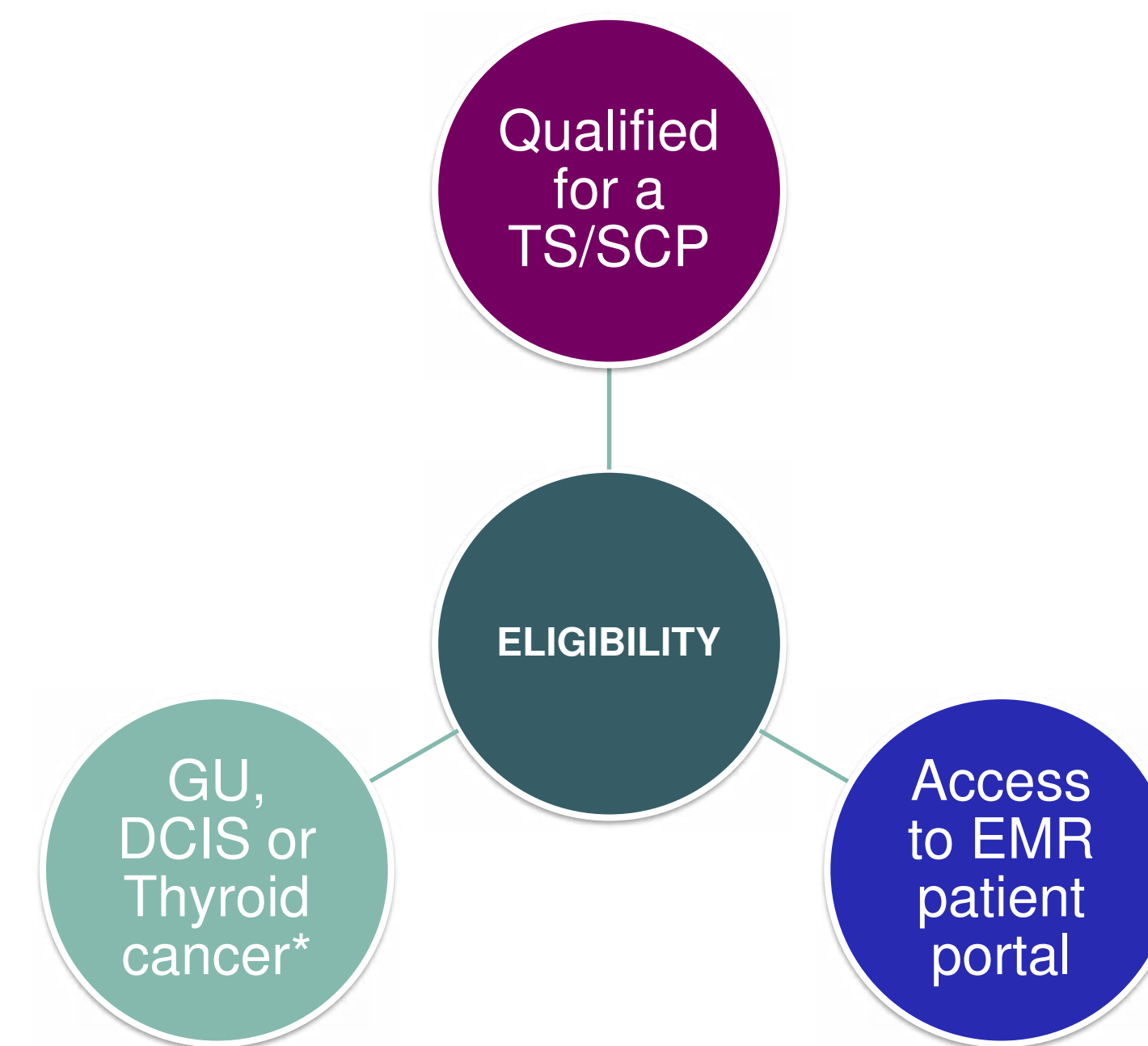 • a copy was sent to primary care provider
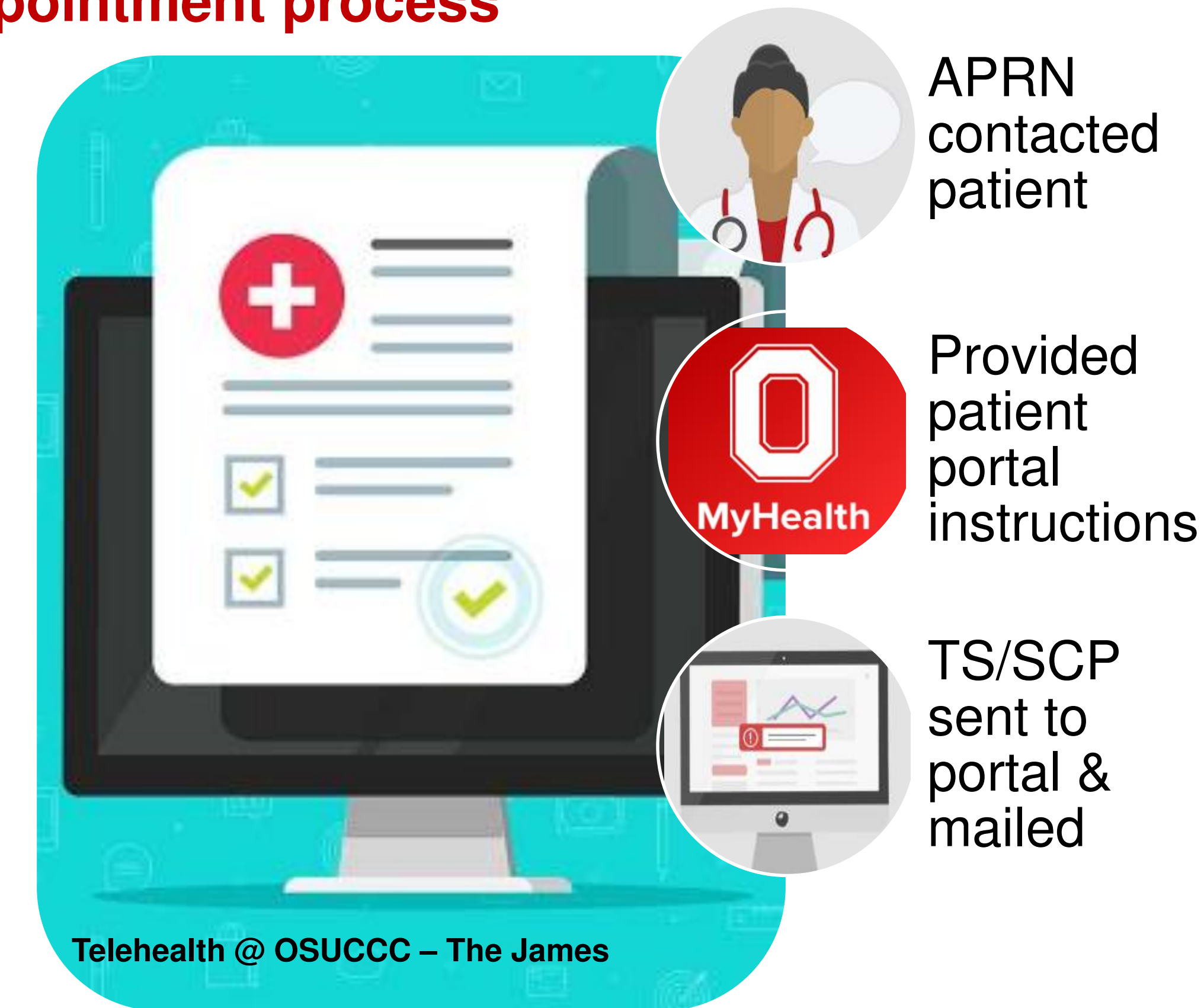
TELEHEALTH MODEL

Approval process

• Telehealth in the OSUCCC – The James Survivorship clinic was approved by the institution's Virtual Health department in September 2018
• APRNs had 1 hour training session with OSU's Virtual Health team for use of 'Video Visit' in the EMR (Epic)
• Pilot was from December 2018 through May 2019

Eligibility

Cancer survivors offered a telehealth visit if:

Qualified for a TS/SCP

ELIGIBILITY

GU, DCIS or Thyroid cancer*

Access to EMR patient portal

*Highest volume of eligible survivors

Appointment process

APRN contacted patient

Provided patient portal instructions

MyHealth

TS/SCP sent to portal & mailed

Telehealth @ OSUCCC – The James

RESULTS

Population sample

Survivor cohort screened [~10% analytic cases] (N=328) → Eligible survivors with active patient portal (n=138) → Patients contacted by survivorship team (n=75) → Completed telehealth (n=24)

Results

Survivors contacted (n=58) chose the following appointment choice:

	Telehealth Visit (n=30)	Clinic Visit (n=11)	Declined (n=17)
Gender			
Female	9	3	4
Male	21	8	13
Age (years)	63	60	59
Cancer diagnosis			
Bladder	8	9	6
Ductal Carcinoma *in situ*	2	0	0
Prostate	10	0	1
Renal	7	0	9
Testicular	1	0	0
Thyroid	1	2	1
Urethral	1	0	0
Distance traveled			
Local	17	7	8
≥50 miles	13	4	9

• Six preferred a phone consult rather than video visit
• There was a higher 'no show' rate for telehealth visits (20%) than standard clinic visits (9%)
  • Two appointments were canceled due to technical difficulties
• Two did not receive the mailed TS/SCP prior to appointment
• Survivors who declined a video visit
  • reported interest but were uncertain if oncology team approved
  • were uncomfortable with the technology

Feedback from cancer survivors
• Appreciated the information shared in the visit and use of telehealth so they did not have to travel to clinic
• Challenging to download the mobile app
• Unable to view the TS/SCP in the portal during the visit

Feedback from APRNs
• Telehealth training was feasible & Epic's 'Video Visit' technology was easy to use
• Identification of patients for a telehealth visit was cumbersome
• TS/SCP had to be prepared at least 7 to 10 days prior to appointment to mail a copy
• Reimbursement is limited for APRNs in Ohio, USA

CONCLUSIONS

Academic cancer centers with high volumes of TS/SCP eligible survivors contend with barriers in meeting the CoC's TS/SCP standard. This pilot program demonstrated that telehealth is a viable delivery model for TS/SCPs.

The pilot identified the need to
• improve workflow patterns to identify appropriate patients for telehealth
• provide access to the mobile app with the patient portal prior to telehealth visit
• develop reimbursement strategies for TS/SCP delivery, specifically using telehealth

Limitations
• Lack of generalizability to non-academic cancer centers
• Potential selection bias due to non-randomization of survivors selected for screening
• Lack of formal patient and APRN satisfaction questionnaires

Future directions
• Formalize evaluation of cancer survivor experience with telehealth
• Improve workflow to automate identification of appropriate patients

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