

Telehealth Expansion & Oncology Care: What You Need to Know

April 3, 2020



Discussion tips:

- All lines are muted
- Questions to CMS were requested in advance. Those have been submitted to CMS or have been answered. Chat questions during that session will not be answered.
- Chat questions during other sessions will be answered if time allows. (See your webinar task bar.)



Reminder – COVID-19 Resources from COA:

- Library of COVID-19 resources – updated daily
 - <https://communityoncology.org/coronavirus-covid-19-practice-resources-and-protocols/>
- COVID-19 Clinician Listserv – for sharing practical tips, asking questions, and sharing
 - Subscribe on the resource page link above
- Virtual 2020 Community Oncology Conference – Dedicated sessions on telehealth, COVID-19 and more
 - www.COAConference.com
 - April 23-24, 2020 and all happening online!
 - Free registration for health care professionals, with on-demand playback after sessions for registrants
- Patient-Practice Connector Service – Allows patients to connect with an oncology provider or practice for cancer or blood disease treatment during this national pandemic
 - <https://communityoncology.org/patient-practice-connector/> **NEW!**



***THANK YOU* to Everyone:**

- CMS – For their expediency, leadership and implementation of very helpful changes during these critical times.
- Cancer care teams – For retooling their delivery systems to support and care for their patients.
- Our leaders – Heroes and champions everywhere that are leading the charge for new normals, with calm and encouragement, and then sharing their experiences with others.
- Front line – Those on the front line – the doers. Implementing these new normals.

#CommunityStrong





Ted Okon, Executive Director
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Ryan Howe

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Telemedicine for Cancer Care

Debra Patt, MD MPH MBA

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President Elect Texas Society of Clinical Oncology

Clinical Professor Dell Medical School

FIGHT CANCER

TEXAS  ONCOLOGY
More breakthroughs. More victories.®

“Don’t let the Perfect be the Enemy of the Good”

—Voltaire

“Change is the only Constant”

—Heraclitus

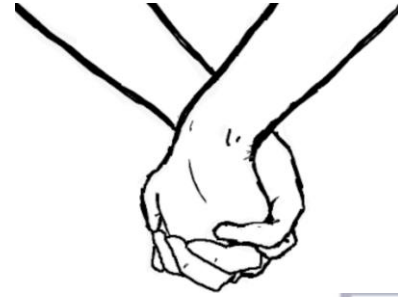
Agenda

- Why is this important?
- How will our process evolve?
- Why are we using VSEE?
- What does this look like for the Patient/Clinician?
- Review Use Cases
- Limitations

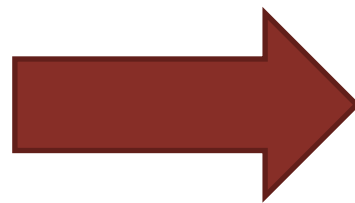
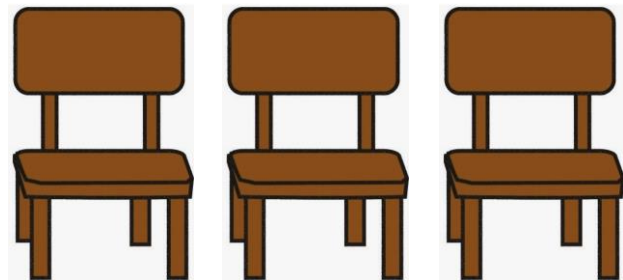
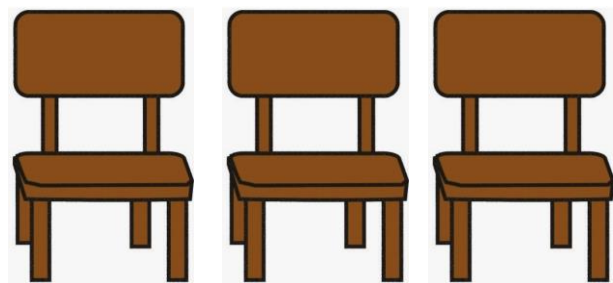
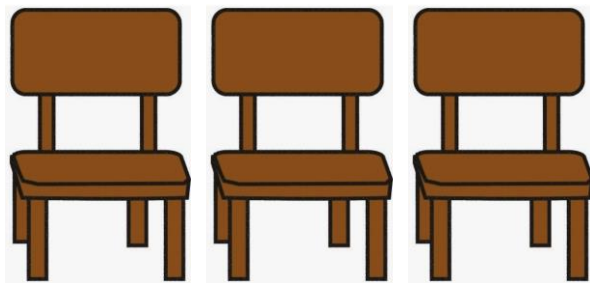
Why Telemedicine?

- Seeing infectious patients by telemedicine allows them to have high quality evaluation
 - Without exposing vulnerable patients and staff
 - Without exposing themselves to the ER
- Seeing new and follow up patients by telemedicine
 - Dramatically reduce clinic volumes to make a safer environment for our most vulnerable patients
 - Continue to care for new and established cancer patients by serving them while they shelter in place
- By reducing volumes and having safer clinic environments, it allows our most vulnerable patients to get the care they need.

Where Should we Use Telemedicine and Why?



Clinic Structure



Clinic Transitions What has Changed? And Not?

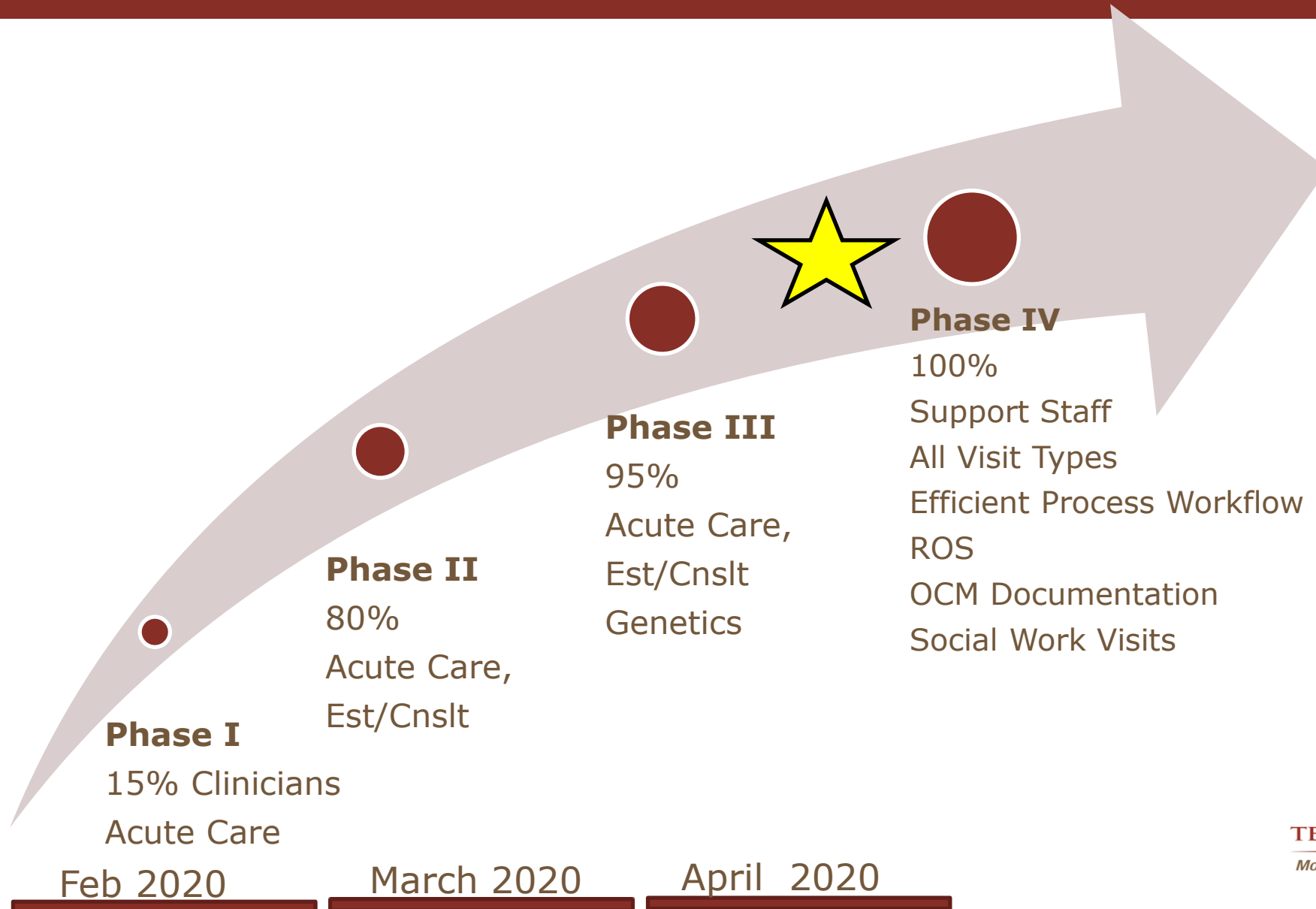
- Visitors
- Normal Staffing
- Professional Attire
- Close Personal Contact
- Triage to Office Visit

- Trying to keep your patients out of the hospital unless necessary

- No Visitors
- Staggered Staffing
- Scrubs, Masks, Gloves
- 6 Feet Apart
- Triage to Telemedicine

- Trying to keep your patients out of the hospital unless necessary

Telemedicine Planning Has Progressed with Progressive Policy



Why are we Using VSee



Patient Facing



Clinician Facing



VSEE Messenger



Branding



Patient Experience



High Quality



Service



Physician Specific



Consent



Security/Compliance



Efficient Process



Bandwidth



Compensation



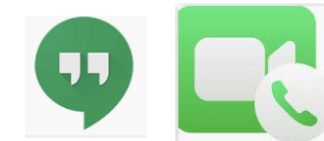
Legal



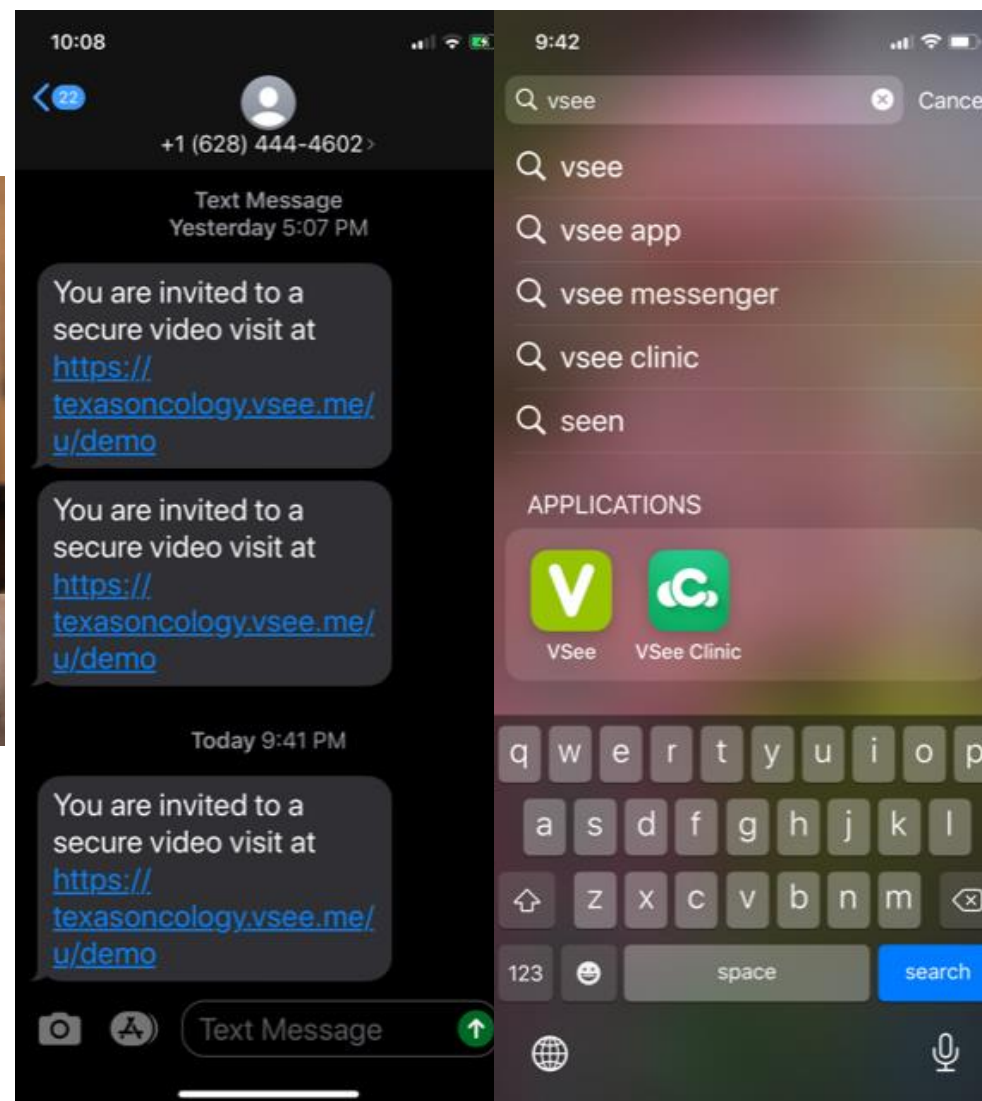
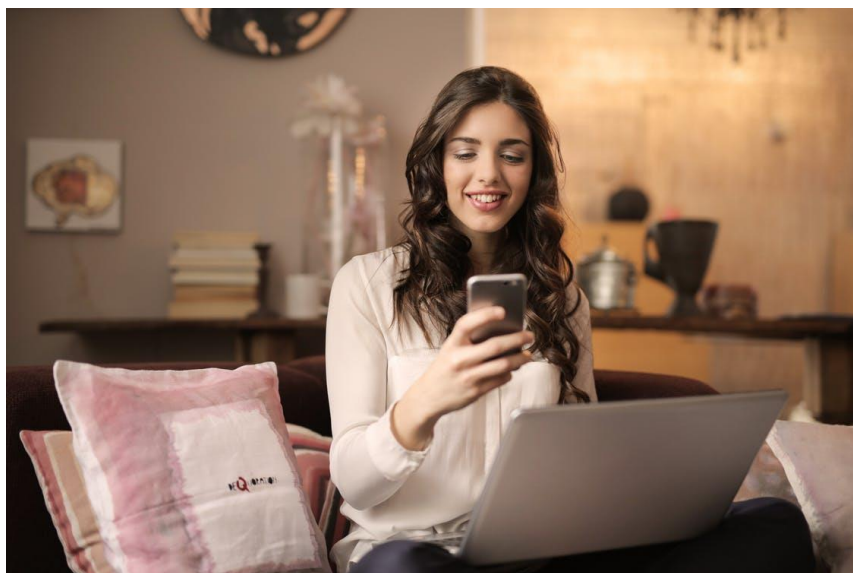
Other Platforms



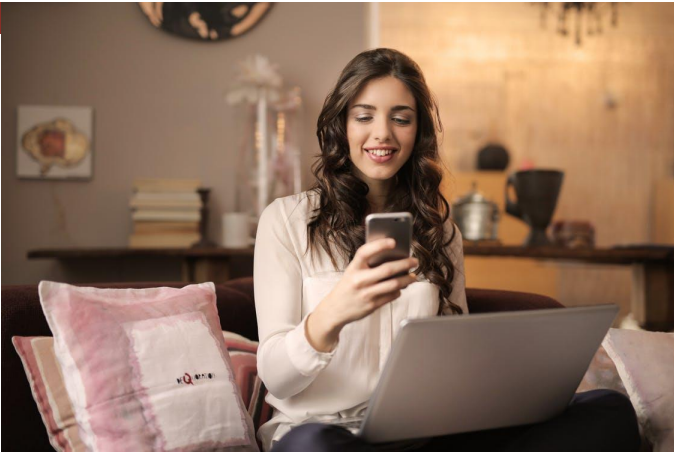
Phone Only and Non HIPAA
Compliant Permissible but
should be used temporarily and
sparingly



What does this look like for Patients?



How Patient's Enter Virtual Waiting Room by Entering Name and **Signing Consent**



9:55
Messages

AA texasoncology.vsee.me

Open VSee Clinic app to proceed.
Room code: CQONX OPEN IN APP

TEXAS ONCOLOGY

Welcome to Texas Oncology
Demo Waiting Room Room code: CQONX

Video visit with your provider when you need it,
where you need it.
Current number of patients waiting: 0
If this is an emergency, please call 911

ENTER WAITING ROOM

BOOK APPOINTMENT

Our Providers

10:08
Safari

Start Visit Cancel

If this is an emergency, please call 911

Please fill in your name to proceed *

Your Name

Date of birth *

File upload (health record, labs, or relevant information)

Add Photo

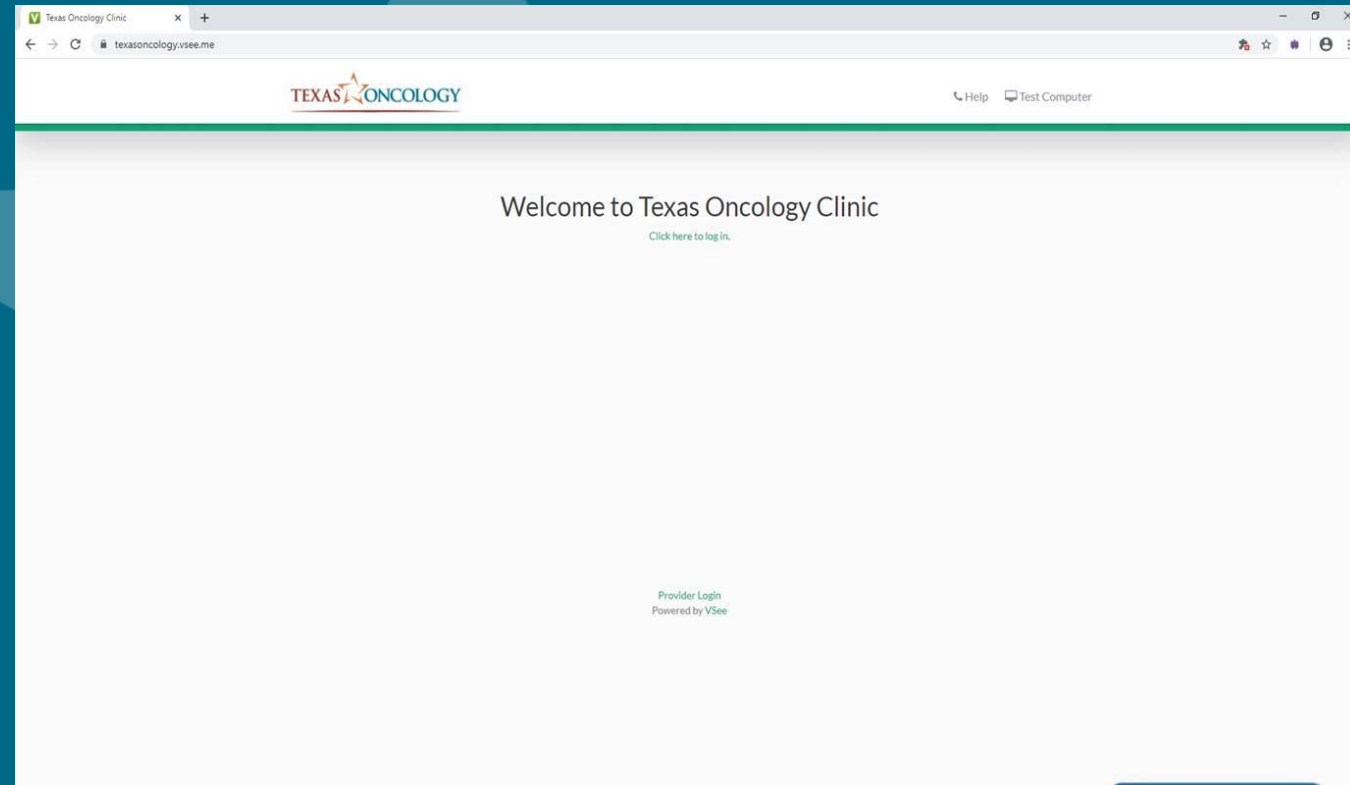
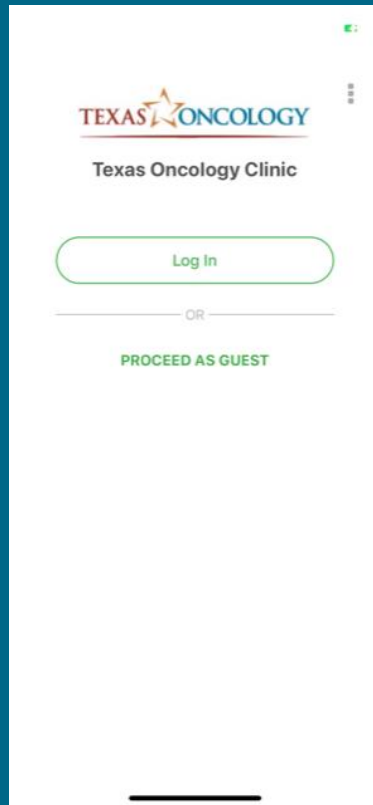
☐ I give my consent to participate in this
Telemedicine Consultation. *

Enter Waiting Room

ONCOLOGY
throughs. More victories.®



Clinician Facing on mobile device or laptop/desktop



[Back to Waiting Room dashboard](#)

SEND INVITATIONS FOR PEOPLE TO JOIN YOUR WAITING ROOM

CQONX - Texas Oncology Demo Waiting Room

Send via Email

Send via SMS

Copy Instruction

Enter patient's phone numbers below to invite

5127443615

Message

You are invited to a secure video visit at <https://texasoncology.vsee.me/u/demo>

Send Invitation

If your patients aren't waiting for you, send an SMS.

When you Send Invite via SMS, it will take 2-3 minutes for the patient to log on. Troubleshoot if this doesn't happen-call, ask staff to call...

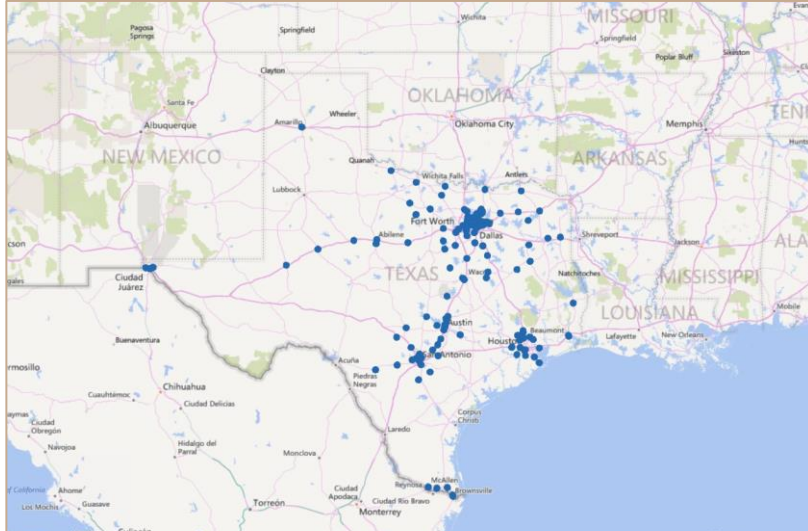


- Clinician view and patient view
- Can share files with drag and drop
- Can invite multiple individuals
- When you get your waiting room, practice with your staff
- Using the VSEE Messenger application is better resolution than just the web interface
- Web interface through google browser
- When complete "checkout patient"
- Document/charge/bill per usual

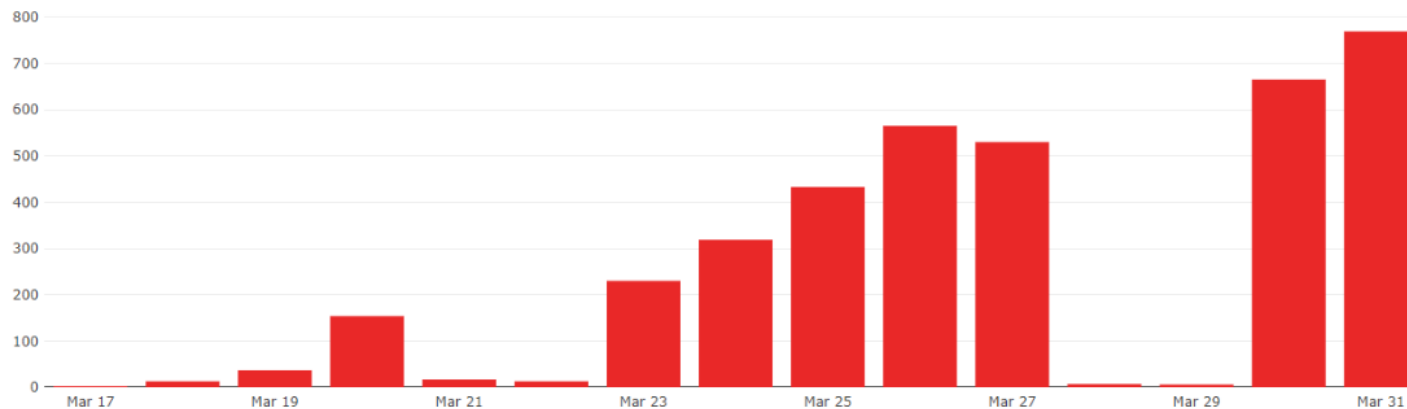
Use Cases

- In Office
 - Acute Care
 - New Consults
 - Program Visits (Genetics, Survivorship, Care Coordination, ACP)
 - Follow up
 - Patients in Treatment
- In Hospital
 - New Consults
 - Follow up
 - (Need to advise you are doing telehealth visits to whomever gets your hospital charges)
- On Call
 - Do a telehealth visit and avoid sending patient to the ER when you can (notify practice in am and document accordingly)
- In Quarantine from home
- From Home
- Helping your team

Limitations



- Technical
 - Rural areas
 - Older populations
 - Bandwidth demands
- Further coverage expansion
 - Prevention
 - Z13.71 and family history.



I want to express gratitude for these progressive policies that are allowing us to take better care of cancer patients during this crises.

Thank You!

Bud Pierce, MD, Ph.D.

Oregon Oncology Specialists



Dennis Zoet

Chief Business Development Officer
Cancer & Hematology Centers of Western
Michigan





CANCER & HEMATOLOGY
CENTERS OF WESTERN MICHIGAN

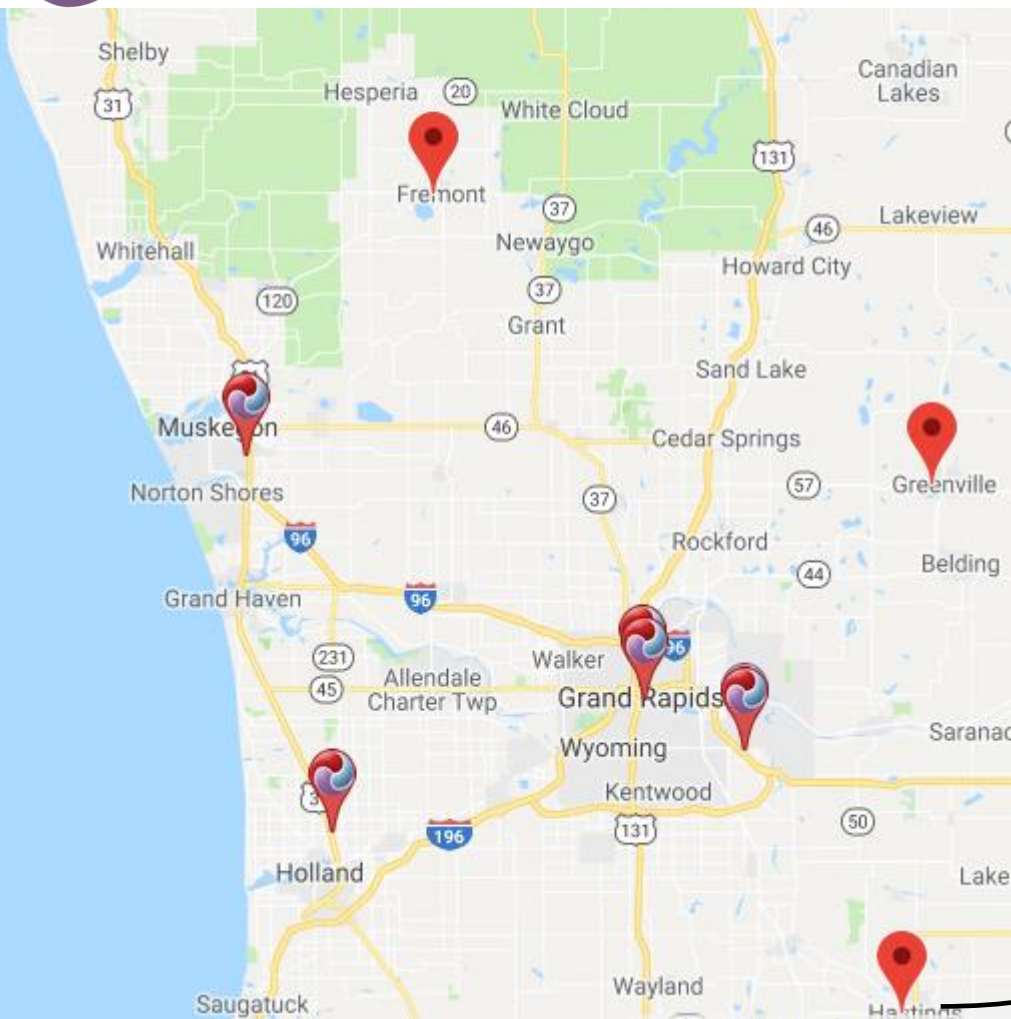
Virtual (video) Visits

Doxy.me

4/3/2020
COA Telemedicine Webinar



CANCER & HEMATOLOGY CENTERS OF WESTERN MICHIGAN



- 5 CHCWM locations
- 20 OCM Medical Oncologist/Hematologist
- 3 Rheumatologist
- 44 Advanced Practice Providers
- 9 Pharmacist
- 2 Clinical Psychologist
- 400+ employees
- In-house Specialty Pharmacy (4)
- CLIA certified high complex labs (4)
- Achieved OCM PBP in PP2, 3, 4 and 5
- 2019: > 8,000 new oncology patients
- 2019: 198 START Midwest Phase I Trial Patients

My Telemedicine Disclaimer

- We are working hard to make this work
- We don't have this all figured out yet (but we're learning fast)
- Whatever I tell you today will probably change tomorrow

CHCWM Terminology

- Needed more definition and clearer internal terminology for our staff... telemedicine meant something different to all of our staff
 - **Tele Visits** – Visits utilizing a telephone to follow-up with a patient
 - **Virtual Visits** – Visits utilizing Doxy.me to visually see a patient through web-based camera (video)

Vendor Selection:

Doxy.me Clinic Account

Positive:

- Simple: Nothing to install, patients don't have to download an app and easy for the patient and provider
- Branding: Ability to choose colors, logo, more admin features – all important
- HIPPA-compliant

Negative:

- Some admin features are limited
- Vendors are seeing hockey stick growth and are working hard to scale also
- We can't control the patient tech setup

My 16 Day into Virtual Visit Vendor Analysis:

- This is the right vendor for my practice right now; I don't know if this is the right vendor for my practice 6-month post COVID-19 emergency implementation

Timeline

*Signed up with
Doxy*

March 18

*First virtual Visit
patient*

March 20

*8 staff trained
on Doxy; 8
Virtual stations*

March 22

*32 staff trained
over 50 virtual
visits*

March 26

*53 staff up on
Doxy; 22 virtual
stations*

April 3

March 30-April 3: 223 Virtual MD visits, 92 Virtual MD Rheumatology visits, 33 Virtual Education Visits and 41 Clinical Psychologist Visits: 400 Scheduled Virtual Visits

Practice Implementation Decisions

- Schedulers calling patients to book or reschedule appointment and confirm readiness for a virtual video visit (smartphone, tablet or laptop with camera)
- All virtual visits will be done in one of our 5 clinic locations
 - Control the environment (no dogs, kids, drum sets, etc.)
 - Closed door offices with multiple screens and nice workspace
 - Have support staff available to them (MA's and IT)
- Virtual Visit MA's will assist the provider:
 - Call the patient 20-30 minutes prior to visit to:
 - Med rec, allergies, send the appointment link/text and confirm it arrived... provide the patient with a direct number to call back if there is an issue

Schedule Changes & Evaluation for Every Site

COVID-19: LACKS VIRTUAL VISIT SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday
Dr. G	NP & Act.	NP & Act.		NP & Act.	
Alyssa, NP	F/U at Lacks	F/U & Surv: EAST		F/U at Lacks	
Lauren, NP	NP & Act.	Ed./F/U & Surv - at Lack	Ed. - East	NP & Act.	
Shannon, NP	COVID TEAM				
Dr. S	F/U - EAST			NP & Act.	
Dr. K			F/U - EAST		NP & Act.
Matt, PA	Santos Act.	F/U - EAST (Lacks & Muskegon pts. 2 Ed spots)	Act.		F/U - at Lacks (2 ed spots)
Dr. P			NP & Act.	NP & Act.	
Julie, PA			F/U at Lacks	F/U at Lacks	

CLINIC	Max Providers in Bullpen at Once	4
VIRTUAL VISITS	Max Providers on Telehealth at Once	1

KEY

F/U - Follow-up

NP - New Pt

Act. - Active Tx

Ed. - Education

Station Locations:	Exam Room 11
Medical Assistant:	LHCP MA to help at Lacks/Tori Cain to help Alyssa remotley on Thur
Late Coverage:	Lauren Lauren Matt Alyssa Matt

COVID-19: LHCP VIRTUAL VISIT SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday
Dr. Mark		NP & Act.	NP & Act.	NP & Act.	
Tara, NP	F/U	Act.	Afternoon Virtual	Act. (meeting)	
Dr. G	NP & Act.				
Dr. S			NP & Act.		F/U - EAST
Dr. Alan	NP & Act.	NP & Act.		NP & Act.	
Kaitlyn, NP		F/U for BB & AC - EAST	F/U for BB - EAST	F/U for BB & AC - EAST	
Dr. Br			NP & Act.	NP & Act.	NP & Act.
Danielle, PA				Act.	Act.
Dr. P		NP & Act.	NP & Act.	F/U- EAST	
Stacy, NP		F/U - EAST		Act.	
Dr. Sh				NP & Act.	
Wendy, NP				NP & Act.	
Dr. V	NP & Act.	NP & Act.	NP & Act.		
Emily, NP	Act. Tsai Transfers only	F/U - LHCP	F/U - LHCP		
Natalie, NP	F/U - EAST	F/U - EAST			Act.
Dr. Ch	NP & Act.		F/U - EAST		NP & Act.
Dr. Cl		NP & Act.			NP & Act.
Sam, NP	F/U - LHCP	F/U - LHCP			F/U - LHCP
Dr. O'F				* - EAST	
Karole, NP	Same Day	Same Day	Same Day	Same Day	
Jenn, NP	EAST		EAST	EAST	
Vicki, NP	Eds - EAST	Eds - EAST			Eds - EAST

CLINIC	Max Providers in Bullpen at Once	8
VIRTUAL VISITS	Max Providers on Telehealth at Once	2

KEY

F/U - Follow-up

NP - New Patient

Act. - Active Tx

Ed. - Education

* Every other week in office and virtual - Karole could see urgent on off week



Implementation Training

- Schedulers:
 - Detailed scripting and workflow
 - Sent a Doxy invite to their cell phone/email to experience what a patient will see when they get invited and join the virtual waiting room
- Providers: MD's and APP's
 - In-person training with the providers at their location
 - Scripting
 - Show them the patient experience
 - Walk through logins, sound checks, clicks, etc.
- Talk through technology failure – what to do when it happens and it will happen
 - Video didn't work, but audio did
 - Patient was not on WiFi and cellular was choppy
 - Doxy had a 20-minute blackout in the middle of the day

Lessons Learned

Issue:

Patient didn't have his iPad charged and spent 5 minutes of his visit looking for a charger

Response:

Patient How-To's Document with tips for a successful Virtual Visit

Virtual (Video) Visit How-To's

Tips for a successful virtual video visit with your CHCWM physician/care team member:

- Make sure your device is charged.
- Make sure you have a good internet connection.
- If you are on a computer, please use either Safari, Google Chrome or Firefox as your internet browser.
- Close other apps or programs.
- Once you are in the "waiting room," you will be able to test your camera and microphone.

How To Check Into Your Virtual Visit

1. Use a computer or device with a camera and microphone.



2. Click the link that our office sends to you either by email or text.

3. Enter your name to check into the "waiting room" for your provider.

4. You will be asked to enable your camera; please enable "allow" Doxy.me to use your camera and microphone for your virtual video visit.

5. You will now be placed into the online waiting room until your provider starts your virtual visit.

6. Your virtual video visit is:

- Secure and HIPAA compliant
- No software to download

A stylized illustration of a hand holding a smartphone. A red speech bubble originates from the screen of the phone. The speech bubble contains the text: 'Hello, this is Your Doctor - join me for a secure virtual meeting: <http://CHCWM.doxy.me/yourdoctor>'.

Hello, this is Your Doctor - join me for a secure virtual meeting: <http://CHCWM.doxy.me/yourdoctor>

Additional Lessons Learned

Issue:	Response:
Scheduler didn't follow the script: a) Patient showed up in the clinic for a virtual visit b) Patient didn't have a usable device for a virtual visit	a) Additional education b) Closer monitoring of work (this is new for them also) c) Plan for equipment/tech issues
Physician wanted to practice on his admin day and removed a camera from a shared virtual video visit station	Follow-up with providers regarding their needs and that those stations are now our exam rooms; worked to find him another option
PA left the wireless earpiece/microphone on at the end of the day and placed it next to the charger, but not on the charger	End of day checklist for both the provider at that station and assign an MA to double check before going home
Equipment and/or Doxy failure backup	a) Traditional telephone installed by every virtual station b) Backup speakers, microphone, headpiece ordered for every site c) Scripting and a plan

Use your
social media
platform

Facebook interface showing the profile of Cancer & Hematology Centers of Western Michigan, PC. The profile includes a cover photo, profile picture, name, and bio. The bio mentions @CHCWM and provides a link to the website. The page is categorized as a Business Page. The main content area displays a post from the page, dated 1 hour ago, announcing that CHCWM and RCWM are now providing Virtual (video) Visits. The post includes a link to the website and a graphic showing a hand holding a smartphone with a speech bubble saying "CHC now offering Virtual (video) Visits!".

Facebook interface showing the profile of Cancer & Hematology Centers of Western Michigan, PC. The profile includes a cover photo, profile picture, name, and bio. The bio mentions @CHCWM and provides a link to the website. The page is categorized as a Business Page. The main content area displays a post from the page, dated 1 hour ago, announcing that CHCWM and RCWM are now providing Virtual (video) Visits. The post includes a link to the website and a graphic showing a hand holding a smartphone with a speech bubble saying "CHC now offering Virtual (video) Visits!".

Use your
website



Visitor Policy Update

COVID-19 Updates

Navigating Care Portal

For Referring Providers

CANCER & HEMATOLOGY

CENTERS OF WESTERN MICHIGAN

orchestrating results

Search ...

SEARCH

The CHC Difference

Clinical Trials

Treatment Services

Providers

Centers & Pharmacies

Patient Resources

Careers

ADVANCED TREATMENTS,
COMPASSIONATE CARE.

At Cancer & Hematology Centers of Western Michigan, we deliver advanced care in a personal way. Our expertise and caring approach have made us the largest physician-owned oncology and hematology practice in Michigan.

Learn about the CHC Difference

VIRTUAL (VIDEO) VISITS

Talk To Your Providers From Home

Due to COVID-19, we now have the ability to do virtual (video) visits. All you need is to have is a smartphone, tablet or computer with a camera and microphone, and you can talk to your physician from the comfort of your home.

Learn More

DRIVE-UP BLOOD
DRAW STATION

Get Your Blood Drawn Without Ever Leaving Your Car!

In order to protect you from exposure to COVID-19 while maintaining our ability to monitor your treatment and/or survivorship plan, we are now offering a drive-up lab draw station at our East location underneath START Midwest's awning.

Read More

Provider Comments

Another doxi fail. I couldn't see her. She couldn't hear me.

And now a great experience. When all works right, it's awesome.

Crazy. I think this will be the new normal for a bit

Love ❤️ telemedicine. Wish I can do it everyday for ever!

Yesterday 12:46 PM

So glad to hear it's working well for you! Thanks for the message

How is it going?

Actually ok! She got it after 4 :) I did find a few things we may want to change in the process. Which we can discuss.

It went ok, my head didn't explode But 15 minute intervals for the first day with four patients back to back wasn't ideal, I definitely recommend 30 minutes apiece until you figure it out.

The actual visit is easy when you are talking to patient. The template is more cumbersome that it needs to be.

I can see how this technology will really help our practice over the next years to come not just during Covid.

Closing Thoughts

- 1) Start your list now... what can I fix/improve today, what items can we address soon and how would I want this to look if I had time to roll this out with a more appropriate timeline and plan

Today	Very Soon	3-12 Months
<ul style="list-style-type: none">• Double internet speed at all clinics• Better chair for station 4	<ul style="list-style-type: none">• Patient test my equipment button on the website• 	<ul style="list-style-type: none">• Evaluate Vendors•

- 2) Solicit feedback from your providers: a) quick 5 question 3 minute surveys, b) how would you want to use this post COVID-19

Closing Thoughts

- 3) Have enough support ready for your providers; first impression/experience is very important
- 4) If you have not started virtual visits; get going!
- 5) We collectively need to thank CMS for adapting the billing and system regulations so quickly so we can continue to care for our patients with virtual visits

Phil Stover, JD, MBA

CEO

Mission Cancer and Blood





MISSION
CANCER + BLOOD

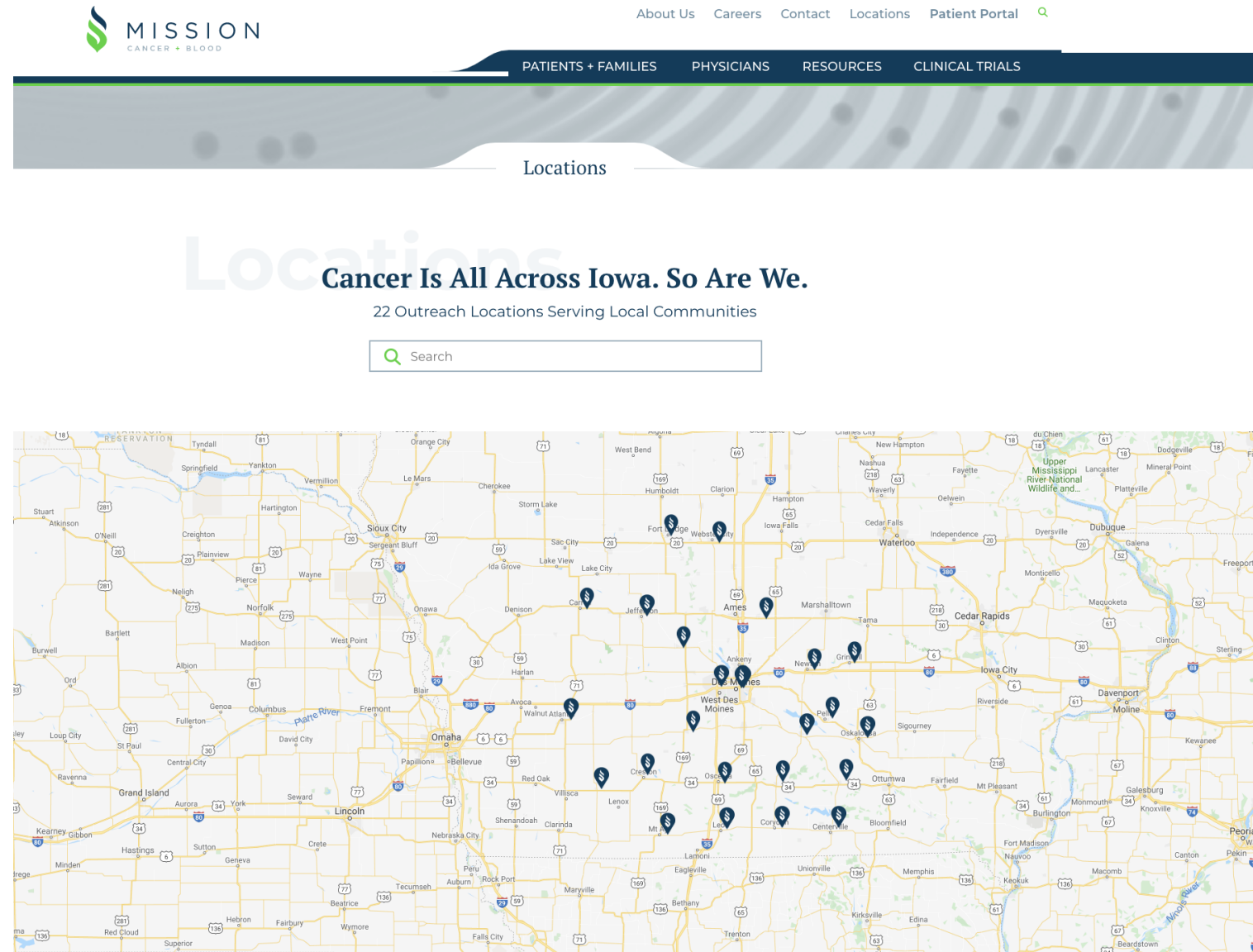
Phil Stover, JD, MBA
CEO @ Mission Cancer + Blood



Implementing Telehealth in 24 Hours

Mission Cancer + Blood – who are we?

- Physician engine underlying the major health systems in Central Iowa
- Privately owned
- 3 main locations in Des Moines
- 22 outreach locations
- 21 Physicians / 21 APPs
- 230ish employees





The need for CHANGE – we have no choice!



- CMS Rule Changes
 - Tools to Fight this Battle!
- Unprecedented Crisis
 - Mitigate Risk to Physicians and Physician Teams (Home Telehealth Weeks)
 - Mitigate Risk to Patients – follow-up appointments are important for a reason!
 - Mitigate Financial Risk
 - Mitigate Risk to Outreach Partners
- How do you do this in a matter of days?

Mission Cancer + Blood

Telehealth in 24 Hours



Find Good Partners – OneTouch Telehealth &



Communication is CRITICAL



Find Early Adopters



Pilot Initially



Provide the Tools



Allow Creativity



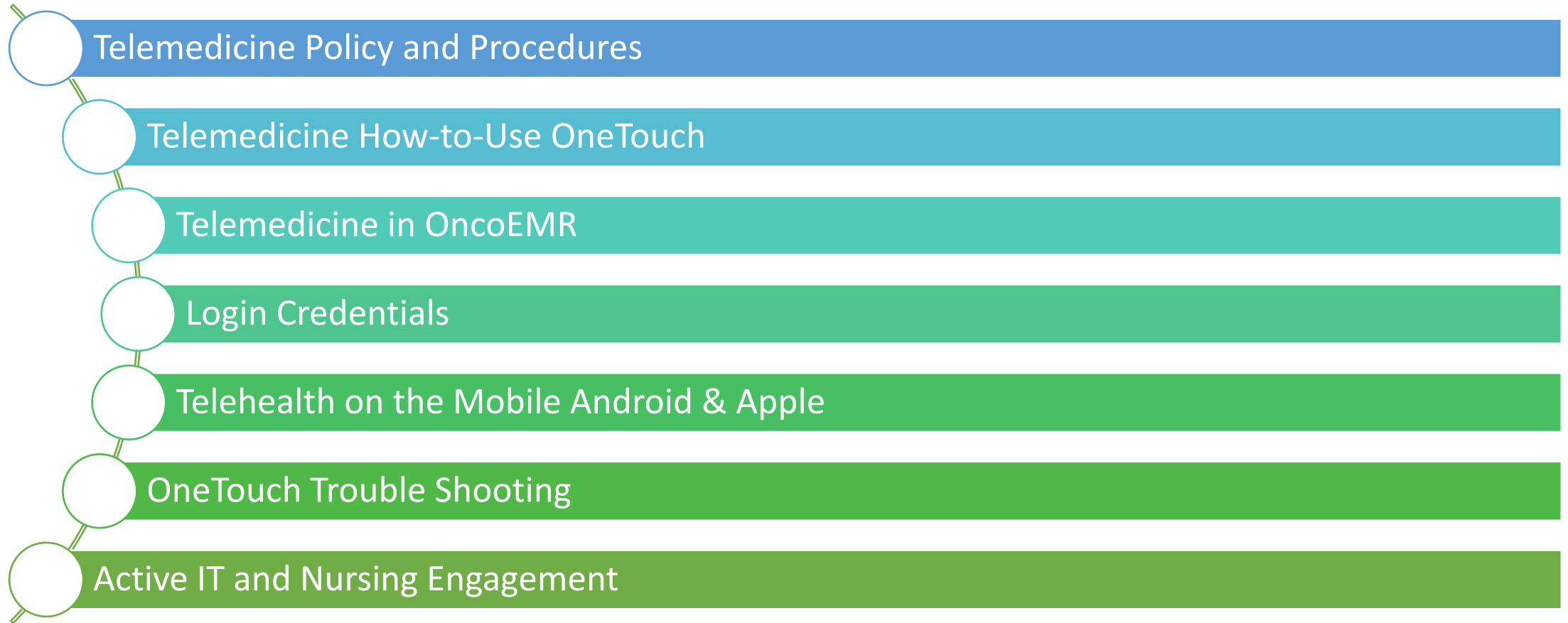
Proper Role Identification and Task Delegation



Create a Safe Treatment Path



Create an Online Telehealth Handbook / Guide





Free for health care professionals

April 23-24 live online, from your computer

Dedicated sessions on telehealth, COVID-19, coding, and more!

Register today at www.COAConference.com



Thank you!

Recording will be posted on www.CommunityOncology.org shortly

