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

• 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
Telemedicine for Cancer Care

Debra Patt, MD MPH MBA
Executive Vice President, Texas Oncology
Editor In Chief JCO Clinical Cancer Informatics
President Elect Texas Society of Clinical Oncology
Clinical Professor Dell Medical School
“Don’t let the Perfect be the Enemy of the Good”
-Voltaire

“Change is the only Constant”
-Heraclitus
• 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

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

- Trying to keep your patients out of the hospital unless necessary
- Trying to keep your patients out of the hospital unless necessary
Telemedicine Planning Has Progressed with Progressive Policy

Phase I
15% Clinicians
Acute Care

Feb 2020

Phase II
80%
Acute Care, Est/CnsIt

March 2020

Phase III
95%
Acute Care, Est/CnsIt Genetics

April 2020

Phase IV
100%
Support Staff
All Visit Types
Efficient Process Workflow
ROS
OCM Documentation
Social Work Visits

March 2020

April 2020

ROS
OCM Documentation
Social Work Visits
### Why are we Using VSee

<table>
<thead>
<tr>
<th>Feature</th>
<th>Patient Facing</th>
<th>Clinician Facing</th>
<th>VSEE Messenger</th>
<th>Other Platforms</th>
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HIPAA Compliant

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**
Clinician Facing
on mobile device or laptop/desktop
Email: debra.patt@usoncology.com

First Name: Debra
Last Name: Patt
Prefix: Dr.
Suffix: M.D., M.P.H., M.B.A.

Title: Breast Medical Oncologist and Vice President of Policy, Texas Oncology

Bio:

Dr. Debra Patt is a practicing oncologist and breast cancer specialist in Austin, Texas, and an executive vice president of Texas Oncology with responsibilities in healthcare policy and strategic initiatives. She is an active leader in breast cancer research, serves on the US Oncology Research breast cancer committee, and chairs the breast cancer subsection of the pathways task force for The US Oncology Network as well as the leader locally for breast cancer research. She has expertise in healthcare policy and has testified before Congress to protect access to care for Medicare beneficiaries. She is a leader in clinical cancer informatics, and is involved in system innovations to enhance care delivery across a national network of oncology practices. She is the Editor In Chief of the Journal of Clinical Oncology: Clinical Cancer Informatics. Her clinical informatics research focuses in Imaging Informatics for breast cancer, clinical decision support systems, predictive analytics to reduce risk in patients with advanced cancer, and quality improvement.

Street Address
City
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
Virtual (video) Visits
Doxy.me
• 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

- March 18: Signed up with Doxy
- March 20: First virtual visit
- March 22: 8 staff trained on Doxy, 8 Virtual stations
- March 26: 32 staff trained over 50 virtual visits
- April 3: 53 staff up on Doxy, 22 virtual stations

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

<table>
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<td>Eds - EAST</td>
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#### CLINIC
- Max Providers in Bullpen at Once: 4
- Max Providers on Telehealth at Once: 1

#### VIRTUAL VISITS
- Max Providers on Telehealth at Once: 8

#### KEY
- F/U - Follow-up
- NP - New Pt
- Act. - Active Tx
- Ed. - Education

### Station Locations
- Exam Room 11

### Medical Assistant
- LHCMA to help at Lacks/Tori Cain to help Alyssa remotley on Thurs

### Late Coverage
- Lauren
- Lauren
- Matt
- Alyssa
- Matt

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

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
<table>
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<tr>
<th>Issue:</th>
<th>Response:</th>
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</thead>
<tbody>
<tr>
<td>Scheduler didn’t follow the script:</td>
<td>a) Additional education</td>
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<tr>
<td>a) Patient showed up in the clinic for a virtual visit</td>
<td>b) Closer monitoring of work (this is new for them also)</td>
</tr>
<tr>
<td>b) Patient didn’t have a usable device for a virtual visit</td>
<td>c) Plan for equipment.tech issues</td>
</tr>
<tr>
<td>Physician wanted to practice on his admin day and removed a camera</td>
<td>Follow-up with providers regarding their needs and that those stations</td>
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<tr>
<td>from a shared virtual video visit station</td>
<td>are now our exam rooms; worked to find him another option</td>
</tr>
<tr>
<td>PA left the wireless earpiece/microphone on at the end of the day</td>
<td>End of day checklist for both the provider at that station and assign</td>
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<tr>
<td>and placed it next to the charger, but not on the charger</td>
<td>an MA to double check before going home</td>
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<tr>
<td>Equipment and/or Doxy failure backup</td>
<td>a) Traditional telephone installed by every virtual station</td>
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<tr>
<td></td>
<td>b) Backup speakers, microphone, headpiece ordered for every site</td>
</tr>
<tr>
<td></td>
<td>c) Scripting and a plan</td>
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Use your social media platform
Use your website
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. **Today**
   - Double internet speed at all clinics
   - Better chair for station 4

2. **Very Soon**
   - Patient test my equipment button on the website

3. **3-12 Months**
   - 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
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
Implementing Telehealth in 24 Hours

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

- Telemedicine Policy and Procedures
- Telemedicine How-to-Use OneTouch
- Telemedicine in OncoEMR
- Login Credentials
- Telehealth on the Mobile Android & Apple
- OneTouch Trouble Shooting
- Active IT and Nursing Engagement
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.COACConference.com
Thank you!

Recording will be posted on [www.CommunityOncology.org](http://www.CommunityOncology.org) shortly