Cancer Care from the Comfort of Your Car
With widely fluctuating new COVID-19 infection and vaccination rates—and masking and social distancing mandates changing daily—it is important to consider whether some of the positive developments wrought by the pandemic are worth keeping. One such development is Moffitt Cancer Center’s Oncology Curbside Clinic.

COVID-19 has had a disproportionate effect on patients immuno-compromised by their cancer treatments, which has made it difficult for them to access ongoing care during the pandemic. Providers across the country have turned to non-traditional methods of delivering care to these vulnerable populations, including virtual physician consultations and limited office visits under sterile and distanced circumstances.

To offer its patients another option for accessing care with fewer risks than traditional in-person office visits, Johns Hopkins Hospital pioneered the concept of the curbside clinic in response to the restrictions made necessary by COVID-19. Dealing with her own obstacles to providing care to patients with cancer during the pandemic, Heather Morgan, MSN, RN, director of Infusion Services and Blood Draw Services at Moffitt Cancer Center in Tampa, Fla., spoke to her colleagues at Hopkins to learn more about how they made their curbside clinic a reality. She said the leadership team at Moffitt was enthusiastic about being able to offer curbside services to a population hesitant to access in-office treatments.

“It was easy to get support from our leadership,” recalls Morgan. “In our initial call to Hopkins, Moffitt’s leaders got on board. They contacted legal to see if it was feasible, and we went from there.” Considering all of the logistical and clinical pieces that needed to be in place to make Moffitt’s Curbside Clinic safe and feasible, the cancer program managed to launch the new service quickly.

“Our first conversation with Hopkins happened in August 2020, and on October 15, 2020, our program launched,” says Morgan. “We had a very fast ramp-up. Our goal was to have something up and running in a month, and we did that.”

Moffitt’s Curbside Clinic gives patients another option for accessing care

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Heather Morgan, MSN, RN, director of Infusion Services and Blood Draw Services at Moffit Cancer Center.

Morgan. “Right now, the program is limited to Moffit’s satellite McKinley campus, but we are seeking to expand to other locations.”

Morgan says that once Moffit committed to opening its Curbside Clinic, it had to determine which patient services were safe and feasible to deliver while patients sat in their cars. “We currently offer non-chemo injections for patients who do not need same-day labs to receive treatment,” explains Morgan. “We also offer vaccinations, port flushes, and peripheral lab draws” (see Table 1, right).

The Importance of Timing
Timing is essential to making Moffit’s Curbside Clinic a practical, efficient alternative to in-office visits. When patients drive into the clinic, their intake procedure mirrors the one inside. Patients’ ID bracelets are scanned, charting is the same at all points of care, and all safety steps are in place.

“Patient visits are carefully timed to last as long as we expect their appointments to take, which is usually 10 to 15 minutes,” explains Morgan. Getting that timing right is essential to preventing vehicles from having to wait in the parking lot for extended periods of time, which Morgan says would lead to traffic jams in their parking lot. Florida’s year-round hot weather could also complicate curbside visits if patients were asked to wait in their cars in the heat. Morgan says that Moffit’s carefully cultivated ability to check-in, treat, and discharge patients safely in their allotted time slot has made the Curbside Clinic the success it is.

“When we were planning for the clinic, we relied on our pharmacy department to tell us which medications could be safely given at curbside, and we worked with them to establish how we could prepare orders beforehand, so they were ready as soon as a patient pulled up,” says Morgan. “Because we have what we need at hand when a patient arrives, there are no waits, and appointments take 10 to 15 minutes.”

In-office appointments for the same services, says Morgan, can take much longer. “For example, if a patient comes in for a pump disconnect, by the time she parks, comes inside, gets checked in, gets her vitals taken, and then waits for and receives care, it can easily take an hour.”

Prepping for Visits
Accurately and efficiently prepping for what each patient requires during their individual appointments is what makes Moffit’s program work. The process starts two days prior to a patient’s visit, when the pharmacy is notified of the injection(s) that specific patients require. All scheduled medications are prepared the night before and are delivered in the morning to a refrigerator near the Curbside Clinic, where nurses easily access medications via a key when needed. This way, no further pharmacist review is necessary on the day of the visit.

Shanel Fisher, PharmD, MHA, BCOP, manager of Pharmacy Satellite Operations at Moffit, says that drug safety was the first consideration when exploring the feasibility of the Curbside Clinic. “From the pharmaceutical perspective, the biggest concern is medication safety; that is, how to safely administer drugs outside
Table 1. Treatments Offered at Moffitt’s Curbside Clinic

### Injections*
- Aranesp® (darbepoetin alfa)
- Eligard® (leuprolide acetate)
- Fragmin® (dalteparin)
- Lovenox® (enoxaparin)
- Neulasta®/Neulasta Onpro OBI® (pegfilgrastim)
- Neupogen® (filgrastim)
- Pegasys® (peginterferon alfa-2A)
- Procrit® (epoetin alfa)
- Prolia® (denosumab), 6 months
- Xgeva® (denosumab), 4 weeks
- Vitamin B-12 (cyanocobalamin)

### Other
- Continuous infusion CADD pump disconnect with/without subsequent placement of a Neulasta OBI

### Vaccines for asplenia and/or splenectomy
- Prevnar 13® (pneumococcal 13-valent conjugate vaccine)
- Haemophilus b conjugate (PRP-T vaccine)
- Bexsero® (meningococcal group B vaccine)
- Menveo® (meningococcal conjugate vaccine)
- Pneumovax 23® (pneumococcal 23-valent polyvalent vaccine)

### Peripheral lab draws for patients on active treatment**
- Pre-chemo/treatment peripheral labs
- Injections in combination with peripheral labs

### Other
- Port flushes (pending; Phase III)

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*ONLY when the administration of these injections is not dependent on results of the labs being drawn at that same Curbside Clinic visit.

**Peripheral lab draws ONLY. (There has not been a method established that would allow the clinician to maintain an aseptic field on which to lay dressings/flushes, etc.)
Dr. Fisher says that besides retooling medication dispensing protocols to accommodate curbside patients, the biggest barrier is technical in nature. “Initially, there was not a strong enough signal outside of the building for us to provide care at the curbside,” explains Dr. Fisher. “Our IT department had to enable wireless connection to our mobile workstations.”

Dr. Fisher says that Moffitt has protocols in place in case certain things go wrong. For example, in case an injection spills in a patient’s car, Moffitt makes spill kits available to the nurses treating patients. The nature of a curbside service has some unavoidable restrictions. Because Moffitt prepares all medications prior to a patient’s visit, all labs must be done beforehand. Dr. Fisher says that Moffitt has started doing lab draws in patients’ vehicles, but those patients do not wait in person for their results because that would occupy parking spaces that Moffitt’s McKinley site does not have. “Think of the curbside clinic process as going through a fast-food drive-through,” says Dr. Fisher. “It’s a couple minutes. You quickly get your food, but you can’t pull off to the side and wait if your chicken nuggets aren’t ready yet.”

Logistical Issues
There are plenty of logistical issues to address when you move a patient service from indoors to outdoors, and some issues may not be understood until they occur. For example, Dr. Fisher says one unexpected barrier is car seats that do not fully recline: “For some of the hormonal treatments we offer, the patient has to lay very far back in a chair. Sometimes cars have seats that cannot go all the way back, which can present an operational issue. We are considering offering to put up screens for privacy if a patient requests it.”

Dr. Fisher says that it took coordination among many Moffitt stakeholders to make the curbside clinic a reality, including those who may not immediately come to mind. “The clinic requires the coordination of multiple departments and leadership,” Morgan explains. “And we needed buy-in from all of them.” Among the
**Table 2. Stakeholders Who Coordinated to Create Moffitt’s Curbside Clinic**

- Senior leadership: to obtain project approval (organizational/operational standpoint)
- Legal: to obtain project approval (legal standpoint)
- Physician leadership: to review and approve the list of medications to be offered at the clinic
- Pharmacy leadership: to approve the medications to be administered and construct statement of processes
- Regulatory accreditation pharmacy: to approve pharmacy regulatory standards at the clinic
- Ambulatory site management: to build workstations for Curbside Clinic staff and approve location
- IT: to connect mobile workstations and establish wireless connectability
- Patient Relations: to message patients via patient portal, robocalls, etc.
- The Patient and Family Advisory Council: to solicit feedback from patients’ point of views
- Infusion Clinic leadership: to determine Curbside Clinic staffing and workflows and to create rapid response measures
- Patient Access: to schedule appointments and make template revisions
- General stores: to provide curbside supplies (mobile supply carts, etc.)
- Clinical Informatics: to develop Curbside Clinic workflows
- Public Relations: to develop signage (directional) on campus to direct patient flow
- Parking and Transportation
- Environmental Services
- Finance: to handle reimbursement and payer relations
- Revenue Cycle: to enable charge capture
- Infection Prevention
- Client Systems and Support
- Strategic Marketing
- Nursing Education: to teach procedures to be performed at curbside
- Security
stakeholders Morgan engaged to ensure patient safety and best practices were not only physician and pharmacy leadership, but also legal, IT, parking and transportation, revenue cycle (to ensure charge capture), security, and patient relations (Table 2, p. 49).

Looking Ahead
Morgan says that Moffitt currently has the capacity to serve 32 patients curbside per day, but the census can vary greatly. She adds that this is due to Moffitt’s practice of combining multiple appointments on the same day. If any one of those appointments require an in-person visit, it is not practical to use the curbside service. “We are looking at perhaps decoupling some appointments so patients have alternative options of how to receive care,” says Morgan.

Morgan says that the strong positive patient response to Moffitt’s Curbside Clinic has the cancer program planning to continue to offer these services—and perhaps others—after the pandemic subsides. “We ask each patient to complete a survey on an iPad about their experience at the end of their clinic visit,” says Morgan. “Thus far, every single patient has said they would use the service again. We have a 99.9 percent satisfaction rate, and 85 percent of patients are repeat users of the Curbside Clinic.”

Fisher attributes this patient enthusiasm to their desire to spend as little time in treatment as possible. “The fact is that patients value their time,” says Dr. Fisher. “They want to spend it with family and friends. Our goal is for them to spend as little time here as possible; we want them to have more time in their day to be out and enjoying time with those who mean the most to them.”

Morgan says that although Moffitt’s Curbside Clinic is currently small, she anticipates its expansion. “We have four sites of service, and right now our Curbside Clinic is only offered at one of them,” she says. “Going forward, it will be easier to expand the services we offer, both at the McKinley campus and beyond.”

Morgan adds that Moffitt’s patient load is increasing, and curbside services may provide a way of accommodating high demand for their services, in oncology and other specialties. “As with a lot of other health systems right now, we are having growing pains,” explains Morgan. “We are seeing an increased number of patients, physicians are growing their practices, and we are challenged with capacity issues. This [Curbside Clinic] can be a win/win in terms of chair space in our ambulatory infusion centers. For each patient we serve curbside, we can accommodate another patient inside.”

Morgan says she is currently being contacted by other cancer programs interested in offering a similar service to their patients, just as Moffitt had initially contacted Johns Hopkins. “We want this service to be permanent,” affirms Dr. Fisher. “We get good feedback from patients, and we are able to support it with our resources. We anticipate being able to offer additional services this way, such as same-day appointments.”

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