



Adoption and Expansion of Telehealth Solutions

Case Study: Cone Health Implements Virtual Visits for Community-Based Cancer Care

Multidisciplinary care team members from Cone Health participated in a group interview about their experiences with telehealth during the COVID-19 pandemic. Below is their story.

Telehealth Expansion during COVID-19

While telehealth expansion had been on its strategic roadmap for some time, Cone Health had made little progress toward advancing that effort prior to COVID-19. Before COVID-19, telehealth services at Cone Health were limited to offering a patient portal. Today, video visits with patients are standard, accounting for approximately 10%-20% of all oncology visits. Cone Health has also expanded its telehealth services to bring providers together, including tumor boards and multidisciplinary clinics, enabling more people to attend.

“The Cone brand promise is that we are right there with our patients, even if we can't necessarily see them in person.”

Implementation Challenges and Solutions

Challenge

Learning the technology was difficult for some patients. Providers often took on the responsibility of training and troubleshooting, limiting their ability to effectively deliver care.

Solution

Cone Health's IT department took an active role in providing technology support to both providers and patients. For providers, IT professionals developed trainings and tip sheets on how to conduct virtual visits. For patients, they provided a telephone hotline for IT support.

Challenge

Early in the pandemic, sites were using various non-HIPAA compliant video conferencing software. While doing so was allowed under loosened regulations, it was not ideal or sustainable.

Solution

The entire health system migrated to one HIPAA-compliant platform integrated with the electronic medical record to support virtual visits across the system. Software and support costs were centralized rather than being taken from the clinic's budget.

Outcomes

Cone Health used several metrics to assess the success of telehealth. Key metrics included:

- Percentage of telehealth visits
- Percentage of patients with a patient portal account
- Percentage of no-shows by visit type

Cone Health has observed many positive outcomes from its telehealth program, including:

- ✓ Increased patient portal activation to nearly 70% of patient population
- ✓ Improved accessibility and reduced travel burden for some patients who live far from the health system
- ✓ Improved the efficiency of telehealth visits by including multidisciplinary supportive staff (e.g., social workers and palliative care nurses) without additional visits being necessary
- ✓ Reduced no-shows for certain appointment types (e.g., genetic counseling)

Lessons Learned, Next Steps, and Recommendations

Based on their experiences, the Cone Health team learned key lessons, identified next steps for their practice, and developed recommendations for other cancer programs seeking to implement or expand telehealth services.

Planning is crucial. The quick expansion of Cone Health's virtual visit program was met with many technological and logistical challenges. For other practices looking to implement a similar program, the Cone Health team recommends planning ahead to select and learn how to use new technologies, create workflows, and develop implementation plans. Cancer programs should train all staff to ensure comfort with the technology and virtual interpersonal interactions, and IT staff should provide ongoing support. Sites should proactively enroll as many patients as possible in their patient portals. Ideally, at least one team member should be dedicated to navigating patients through virtual visits to limit the burden on clinical staff. Members of the Cone Health team recommend, **"Have a sense of humor. Technology is frustrating. It is easier to laugh than get upset. But know that your team has your back and you'll come through this stronger."**

Cone Health staff recognize that telehealth cannot meet all patient needs. They suggest leveraging telehealth for services appropriate for its use, including reviewing test results, providing chemotherapy education and toxicity checks, providing genetic or nutrition counseling, performing symptom management, and providing social work services. **"When resources are limited, what can you potentially bring in remotely? So maybe one genetic counselor is employed by five health systems instead of each system struggling to employ one genetic counselor."**

However, team members recommend being mindful of whether in-person or telehealth services are most appropriate, as some patients have limited access to broadband internet, no compatible devices, or limited technology literacy, while some patients and providers may prefer in-person visits to build interpersonal relationships.

With its telehealth infrastructure now in place, Cone Health aims to keep its current oncology virtual visits and offer new opportunities to improve patient care and expand the reach of its services. **"In healthcare we are like an elephant that doesn't like to move. It's now a race and we have to be agile and adaptive."**

Survivorship Program Thrives During COVID-19

Nurse practitioners (NPs) at two cancer centers within the Cone Health system took advantage of clinic down time during COVID-19 to expand survivorship care planning to patients across all the system's oncology subspecialties. Nurses and NPs created and assembled the plans and mailed them to patients in packets that included support services handouts and tip sheets for virtual visits.

The outreach is working. Patients are making and keeping survivorship appointments, with 50% of visits delivered virtually. Patients come to their appointments with questions, having reviewed the materials they received in advance. During video visits, NPs can dedicate time to easing patient concerns and have deeper discussions with them. NPs share patients' survivorship plans with their primary care providers through the electronic medical record. Telehealth has also facilitated increased patient reach and engagement in support groups and classes. From a staffing perspective, it has also been helpful. A nutritionist and an exercise therapist both teach classes from out of state.

One indication of the success of the survivorship program has been the necessity to reassign scribes to help with populating data. The remaining centers in Cone Health are now planning to adopt the model too.

