![Association of Community Cancer Centers logo]

Adoption and Expansion of Telehealth Solutions

Case Study: Emory Healthcare's High-Quality Virtual Multidisciplinary Liver Tumor Clinic

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

Telehealth Expansion during COVID-19

The Emory Healthcare Liver Tumor Clinic is a multidisciplinary, multispecialty practice housed in an academic medical center. It was **created to improve** outcomes for patients with two specific types of cancer: hepatocellular carcinoma and hilar cholangiocarcinoma. Like many cancer programs, the tumor clinic expanded its telehealth service offerings during the COVID-19 pandemic. While the clinic's pre-pandemic telehealth services included an electronic health record-tethered patient portal, occasional telephone outreach for patient support (e.g., financial navigation), and an option for providers to attend liver radiology conferences remotely, clinical patient encounters were limited to in-person visits.

After the pandemic hit, the Liver Tumor Clinic expanded its telehealth services so that approximately 90 percent of patient care is now delivered remotely. Unique to the clinic's telehealth program is a focus on multidisciplinary collaboration, pre-visit patient navigation, and patient support during virtual encounters. The latter incorporates workflows for interpretation services and increased family involvement.

> *"The mother of all invention is necessity. We went from 0 to 60 overnight. We looked at our multidisciplinary model as a really good case study for rolling out telehealth across the institution."*

Implementation Challenges and Solutions

Challenge

At the beginning of the pandemic, Emory had no standard platform or workflows to support system-wide use of video visits.

Solution

A designated telehealth program manager now serves as a subject matter expert on telehealth regulations and platforms. The manager leads the development and/or modification of new and existing clinical workflows and develops standard work documents, templates for pre-visit letters to patients, and trainings for care team members. The telehealth program manager developed these processes in collaboration with clinicians and tailored them to the unique needs of the multidisciplinary care team and the patients they serve.

Challenge

While video visits were the default platform for patient visits under the telehealth implementation plan, not all patients had reliable internet access, and some had limited technology literacy.

Solution

The nurse coordinator's role was significantly expanded to support the implementation of the telehealth program. New workflows required the coordinator to determine patient eligibility for virtual care by assessing whether they had adequate internet access and a compatible device. The nurse coordinator's other duties included video visit navigation services, such as developing detailed instructions for virtual visits, calling patients three times prior to a visit, helping with electronic connection, and virtually "rooming" patients. "**This role was indispensable**."

Outcomes

Although the data are limited, the Tumor Clinic's patient experience surveys have demonstrated that most patients are satisfied with video visits. Informal assessments reveal that the telehealth program had several additional positive implementation and service outcomes:

- Enabled use of video visits by all providers
- Provided a means to maintain patient load (preventing financial loss)
- Created new, sustainable workflows, including having patients self-report blood pressure, temperature, and other biometric data
- Decreased time interval from referral to initial visit for patients with transportation challenges

Lessons Learned, Next Steps, and Recommendations

Based on their experience, staff at the Emory Healthcare Liver Tumor Clinic learned several key lessons.

The clinic's multidisciplinary care team members remarked that quality of care in telehealth encounters often exceeded that of in-person visits at the clinic. For example, being on the same video call enabled team members to hear one another's conversations with the patient and their support person, improving team-based care planning and delivery.

A remote visit can allow some patients to better focus on their main health issue. By removing financial, logistical, and other barriers involved with having to physically travel to a physician's office, telehealth can enhance the quality of patient care. Being in a more comfortable setting during clinician encounters can help patients be more thoughtful in their questions and better include their support structure in their care. Being at home can increase patient comfort, improve the quality of information exchange, and enhance the patient experience. Patients and their families can take notes and act on provider directives right away. One member of the Emory team remarked, "**My experience has been that patients and family members feel more satisfied with their experience, having had all their questions and concerns addressed**."

Staff at Emory's Liver Tumor Clinic learned that billing for telehealth services across state lines can be complicated. Pre-COVID-19, patients came from both in and out of state for in-person office visits. But different state licensure requirements limited providers' ability to deliver virtual care to out-of-state patients via telehealth. In response to COVID-19, several states temporarily relaxed physician licensing requirements for telehealth services delivered across state lines. When possible, providers at the Tumor Clinic applied for limited licenses in surrounding states. For the longer term, inter-state licensing compacts can help remove this barrier. The Georgia legislature recently passed legislation to help support regional care provision.

Telehealth Improves Access for Patients with Greater Needs

A notable positive outcome of the shift to telehealth during the COVID-19 pandemic has been improved access to care for certain patient populations.

For example, patients who are hard of hearing and rely on lip reading had trouble with in-person visits because of mask-wearing requirements. Video visits at the Tumor Clinic made communication with care team members easier for these patients, who can now see their providers' faces again. Connecting with language interpreters for patients has also been seamless in the virtual environment.

Telehealth also benefited patients who live far from the Emory campus. Some Emory patients had previously driven three hours each way for appointments and spent four or more hours visiting their various providers while there. Virtual visits have significantly reduced that travel burden, improving patient quality of life.

Patients with limited financial resources also benefitted by not having to take unpaid leave from work or secure transportation for appointments. One patient was able to attend an appointment from the garage in which they work.

Getting started with a new telehealth program is the hardest part. Given the successful implementation and expected sustainability of their program, staff at the Emory Healthcare Liver Tumor Clinic intend to maintain their virtual clinic for approximately 90% of visits in perpetuity. Similarly, for other cancer programs seeking to implement or expand telehealth services, the Emory team recommends a hybrid model, with both in-person and virtual visits, to ensure all patients are best served.