



Adoption and Expansion of Telehealth Solutions

Multidisciplinary Profile: Oncologist

The Association of Community Cancer Centers (ACCC) conducted a brief interview with Gary C. Doolittle, MD, a medical oncologist at the University of Kansas Health System, based in Kansas City, Kansas. The health system serves patients in Kansas and Western Missouri.

Telehealth Then and Now

There were nearly 17,000 video and telephone visits to the University of Kansas Health System in the first two weeks of the COVID-19 pandemic. This level of telehealth use was a substantial increase in utilization, compared to before the pandemic, when telehealth was mostly reserved for rural patient outreach programs. "Telehealth had gone from an almost non-existent service to huge numbers," said Dr. Doolittle. "The health system had a telehealth service in development prior to COVID. They had planned a two-year roll out, but the pandemic accelerated two years to two weeks."

Adapting to Change

As a medical oncologist and self-described "telehealth zealot," Dr. Doolittle has welcomed his organization's expansion of video and telephone visits for his patients with malignant melanoma. "I cannot see a situation where an oncology visit absolutely needs to be in-person versus telemedicine," said Dr. Doolittle. For him, telehealth has allowed better team-based care, more efficient use of clinic time, and the ability to better triage patients. For example, Dr. Doolittle cited a time when he was able to move a patient from an initial video consultation to radiology for an MRI, and then to radiation treatment the very same day for an emergent need.

While Dr. Doolittle believes physicians use the same core skills during both in-person and telehealth visits, he recommends that providers who conduct video visits use the technology for both new patient and follow-up visits, and that they obtain specific skills:

- Understand video etiquette (e.g., look in the direction of the camera to make "eye contact" with patients and always have light in front of you, not behind).
- Have respect for being in someone's home, even if it is virtual.

New Opportunities for Clinical Trials

In addition to his medical oncologist role, Dr. Doolittle serves as the medical director for the Masonic Cancer Alliance, the outreach arm of the University of Kansas Cancer Center.

One goal of the alliance is to partner with member organizations to build a local infrastructure so that rural patients are able to access clinical trials closer to home.

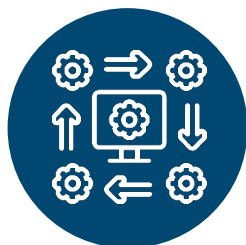
The alliance currently has two major grants: the National Institutes of Health Community Oncology Research Program (NCORP)—which is focused on improving rural access to clinical trials—and the National Cancer Institute Experimental Therapeutics Clinical Trials Network (ETCTN)—which was funded to provide rural access to early-phase studies. During the pandemic, clinical trials were permitted to screen and see patients via telehealth.

"COVID has changed the way people think about participation in clinical trials," said Dr. Doolittle. "It was previously a huge burden for patients from rural communities to travel to trial sites. Clinical researchers are now more open about allowing patients to continue on trial virtually."

- Use the visit as an opportunity to assess other things that might be going on with patients and make indicated referrals to support services (e.g., income, food, or housing insecurity; safety concerns; etc.).
- Acknowledge the participation of other providers on the call, even if they are off camera.

Lessons Learned

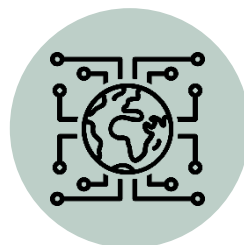
While telehealth expansion at his organization has gone well overall, Dr. Doolittle noted that he still needs additional technology support during video visits. His organization realized early on that any necessary tech support should not be the responsibility of providers. So, the health system trained medical assistants to virtually “room” patients, which was extremely helpful. Dr. Doolittle said that other recommendations based on the health system’s lessons learned include:



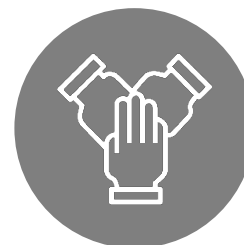
The virtual workflow should match the in-person workflow whenever possible.



The video component is important to visually assess patients’ health status.



Health systems need to consider their potential role in building technology infrastructure for patients at home.



Team members should be supportive of one another as they work through varying learning curves and develop tech-savviness.

Tracking Progress

Prior to COVID-19, patients with cancer in rural settings being treated at the University of Kansas Health System were already benefiting from telehealth services. At the height of COVID-19, telehealth use expanded and created a much safer clinical environment. “It decreased the physical number of cancer patients in the center at any given time, and that was huge,” said Dr. Doolittle.

Advice for Peers

“Harness the technology to do what you do best as an oncologist,” said Dr. Doolittle. “Do not let the technology dictate how you do things. Adapt the technology to what you do.” It is not about the technology but rather about what providers can do to best serve their patients.