

# eVisit Reduces Patient Travel for Medical Oncology

## Simcoe Muskoka Regional Cancer Program

### Background:

Medical oncology patients in the North Simcoe Muskoka (NSM) Local Health Integration Network (LHIN) were driving upwards of 200 km to Royal Victoria Hospital (RVH)'s Simcoe Muskoka Regional Cancer Program (SMRCP), in Barrie, for a blood test to determine their chemotherapy options for the week. If blood counts were appropriate, patients could stay for treatment; however, if blood counts were low, patients were sent home without treatment and would have to return in the following weeks for additional tests.

### Objective:

Reduce patient travel for Medical Oncology patients, and enhance the patient experience by improving the quality of care delivered.

### Solution:

The hospital now enables active chemotherapy patients in the NSM LHIN to visit a local telemedicine site for a video consult to review blood test results. Once the patient receives their blood test locally, the results are immediately faxed to the Oncologist at RVH who schedules an eVisit (i.e. a real-time video visit, via the Ontario Telemedicine Network (OTN)). Participants in the eVisit include a Nurse Practitioner, Telemedicine Nurse or Telemedicine Coordinator, the patient at the local telemedicine site and the Oncologist at RVH. The eVisit is scheduled to discuss results and determine whether the patient is suitable for additional treatment that week.

### Benefits:

Healthcare providers and patients involved in the program identify the following benefits to this virtual approach:

- Eliminates unnecessary travel for patients, saving them the time, stress and costs associated with travel
- Improves patient satisfaction by allowing them to receive care in the comfort of their local community
- Helps patients maintain a sense of 'normalcy' without the interruption of unnecessary medical appointments
- Improves case management and efficacy of care

### Patient Journey:

#### Without Telemedicine

- Patient travels to Barrie and has blood test and

### Key Elements of a Telemedicine Program:

#### Telemedicine Nurse:

The Government's "Open Ontario Plan" to provide more access to healthcare services while improving quality and accountability for patients, resulted in the recruitment of 191 full-time nursing positions focused on delivering clinical telemedicine at member sites across Ontario.

#### Telemedicine Site:

Telemedicine sites are equipped with OTN's videoconferencing technology and a Telemedicine Nurse and/or a Telemedicine Scheduler who manages the scheduling and coordination of an appointment.

#### Telemedicine Solution: eVisits

OTN's videoconferencing solution for eVisit is just one of the many virtual tools available to members of the OTNhub. eVisits can be conducted over a computer, mobile device or room-based videoconferencing system.

#### OTN Representative:

OTN has a field team available across the LHINs who specialize in change management and can provide support as organizations identify virtual solutions right for them, secure support from decision makers, and integrate telemedicine into their practice.

#### Partnerships:

OTN is one of the largest telemedicine networks in the world. This network has grown through evolving partnerships which unite and empower Ontario's healthcare community. Developing strong working relationships with those in your patients' circle of care is integral to the success of any telemedicine program. Providers using OTN's products and services can connect and collaborate on OTNhub.ca – a private and secure online community for practicing telemedicine.

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- electrocardiogram (ECG) done at Royal Victoria Hospital
- Patient waits 2-3 hours for results
- Appointment is scheduled with a Medical Oncologist at RVH
- Depending on lab results, patient either undergoes intravenous chemotherapy or goes home to return in a week's time for additional lab work

### With Telemedicine

- Patients receiving chemotherapy at RVH have their blood work done in their home communities
- Blood work, ECG results, and any additional lab results are sent to the Medical Oncologist prior to the eVisit
- Patient is joined by a Registered Nurse in the patient's home community and connects with the Medical Oncologist via eVisit to determine, based on the lab results, whether or not to travel to Barrie to receive their chemotherapy

### Resources:

#### Technology:

SMRCP leverages OTN's videoconferencing technology to conduct eVisits. eVisits can be conducted via computer, mobile device or room-based videoconferencing system.

#### Funding:

SMRCP leveraged its regional funding to facilitate virtual care. It chose to purchase a room-based videoconferencing system to conduct eVisits. RVH initially hired one part-time Telemedicine Coordinator, followed by a full-time equivalent in the second year as the program grew. Physicians can bill OHIP for telemedicine services.

#### Human Resources

A Telemedicine Coordinator is responsible for registering and booking telemedicine patient appointments in keeping with established guidelines.

At RVH, the Telemedicine Coordinator:

- Registers patients in the hospital's electronic medical record (EMR) system and the OTNhub;
- Updates patient demographic and chart information in the hospital EMR;
- Updates physician information in the hospital EMR;
- Updates patient appointment status in the hospital EMR;
- Books all eVisit follow-up and new-patient appointments within the hospital EMR and OTNhub;
- Provides patient with written date, time, and location of tests, requisitions and explanations required;
- Contacts patients by telephone or email regarding appointments and procedures;
- Faxes requisitions to appropriate departments, remote partner hospitals, and clinics;
- Rebooks physician clinics; and
- Processes cancellations and rescheduled appointments and advises nursing staff.

#### Training/Change Management:

OTN worked with RVH to identify the opportunity for virtual care, obtain buy-in from physicians and allied health, and implement a seamless and secure process.

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### Implementation:

1. **Identify a champion:** Dr. Bryn Pressnail, RVH's Chief of Oncology, identified the burden of unnecessary patient travel associated with cancer treatment and called upon colleagues to consider virtual care.
2. **Select pilot site:** Dr. Pressnail reached out to an OTN representative in the Collingwood region to see if Collingwood FHT would participate in virtually connecting patients to an Oncologist at RVH via video.
3. **Obtain organizational support:** OTN worked with senior leaders at RVH and the Collingwood FHT to create organization-wide buy-in to the program.
4. **Create processes and protocols:** With Collingwood FHT designated as a pilot site, protocols and processes were created.
5. **Scale program:** SMRCP eventually connected all Medical Oncologists and eligible patients within the NSM LHIN using telemedicine. As the program grew, Radiation Oncologists, Surgical Oncologists, and allied health professionals adopted virtual care into their practice.

### Overcoming Barriers:

#### Physician Support

By adopting telemedicine, healthcare providers are forced to build new relationships with other healthcare providers outside their local network. These relationships require trust and commitment. Providers must trust one another and devote time to learning new models of care and processes. RVH was able to do this by identifying an internal champion, Dr. Bryn Pressnail. Dr. Pressnail encouraged the cancer program to think beyond traditional care delivery and realize the benefits of virtual care.

#### HR Funding

Virtual care can be easily adopted with little-to-no net-new funding. RVH's Cancer Program was in its early years of development at the time it was considering virtual care options. Funding was therefore set aside to hire a Telemedicine Scheduler. If funding is unavailable, an existing staff member can take on the role of coordinating telemedicine appointments as they would in-person visits.

#### Location/Space

RVH didn't have a room dedicated to videoconferencing prior to the introduction of the virtual care program, however, since they'd be seeing fewer patients face-to-face, they freed up a room for a room-based videoconferencing system. Today, eVisits no longer require a room-based system; healthcare providers can connect with their peers and/or patients on their personal computer or mobile device.

### Result:

All patients in the NSM LHIN have access to their Oncologist from any Family Health Team (FHT), Hospital or Community Health Centre that has a LHIN-funded Telemedicine Nurse present.

In 2013/14:

*(numbers reflect all telemedicine programs at SMRCP)*

- 26,000 patients were served by the SMRCP
- 3,000 patients were served via eVisit

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## Simcoe Muskoka Regional Cancer Program

- 20 of 22 Medical Oncologists, 3 of 8 Radiation Oncologists and 3 of 3 Surgical Oncologists used telemedicine

Today, allied health professionals can also connect to their patients via eVisit through OTN. The program is now focusing on introducing new models of care by setting up two chemotherapy satellite sites at Orillia Soldiers' Memorial Hospital and Muskoka Algonquin Healthcare in Huntsville to save patients a trip to RVH. As a result, the program is projecting 25 per cent growth in patient care through eVisits. They are also introducing eVisit consults with Palliative Care Specialists, Social Workers, and Dietitians.