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# Implementing Telehealth for Oncology Patients

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**M**oores Cancer Center (MCC) is a National Cancer Institute-designated Comprehensive Cancer Center with multidisciplinary clinics including medical oncology, radiation oncology, surgical oncology and Blood and Marrow Transplant (BMT). When the COVID-19 pandemic first began, the Moores oncology and BMT clinics quickly implemented several telehealth platforms: phone calls, Doximity, FaceTime and MyChart video visits. While FaceTime and MyChart are familiar to us all, Doximity is an app on the providers phone, that allows for patients to access video calls via text message. The goal of implementing telehealth for oncology patients was to allow for continuity of care by connecting patients with their providers virtually while eliminating the risk of nosocomial COVID-19 exposure or transmission. UC San Diego Health (UCSDH) Telehealth had been implemented previously on a much smaller scale and historically was not reimbursed by insurance companies. However, at the beginning of the pandemic, Congress passed legislation reimbursing Telehealth in acknowledgment that face-to-face medical visits put patients and staff at

risk of infection or infecting others. This was first initiated at the beginning of the pandemic through emergency orders, and in January 2021 congress passed “The Ensuring Telehealth Expansion Act”, which permanently allowed for telehealth flexibilities in healthcare. Immunocompromised oncology patients are at particularly high risk of COVID-19 infection and transmission. Leveraging telehealth was crucial to safety and continuity of patient care.

Telehealth video visits were implemented very quickly. Over a weekend in March 2020, physicians and clinic leaders were trained in using MyChart Video and Doximity Video applications. They cascaded that information to their teams the following Monday and Telehealth video visits began immediately. Administrative teams helped patients download and use the MyChart application on a smartphone or device and go through the multi-step process to check into the appointment. MyChart video visits allowed clinic nurses to better assess patients and evaluate their understanding during teaching. MyChart messaging also enabled nurses to send patients HIPAA-compliant written instructions and education regarding their treatment plan that was once done in person.

Due to visitor restrictions and the importance of family caregiver education, several Moores oncology clinics implemented telehealth classes to educate patients and their families. BMT coordinators taught educational classes on Zoom for patients getting ready to undergo blood and marrow transplant and their families. The Radiation Oncology department also

set up weekly radiation information classes for patients and their families. Use of telehealth education allowed patients and their families to receive valuable information together.

With every innovation, new challenges arise. Telehealth can limit healthcare providers’ ability to physically examine patients, take their vital signs, perform skin checks, and assess fall risk and safety. It can also be more difficult to evaluate patients’ understanding, establish rapport, and build trust when using telehealth as compared to in-person visits. Having difficult discussions, for example about disease progression or end-of life, can be more challenging and providers may feel less able to comfort patients. There are also some technology-specific difficulties with telehealth. For example, in the Radiation Oncology clinic, about 50% of patients are referred from the Veteran’s Administration, Kaiser, or other external providers, so they did not have experience with the MyChart application. For patients needing language assistance, it became more difficult to arrange interpreters or have good audio quality when using an interpreter on a phone or the MARTII interpretation system. Patient access to and familiarity with telehealth technology are not equitable, potentially limiting care for vulnerable populations. Patients unfamiliar with the are often confused by MyChart telehealth video visit directions and check-in process require staff to walk them step-by-step through the process, which is time-consuming. Nurses and providers offer alternate options whenever feasible such as in-person visits, simple phone calls, Doximity video visits and FaceTime to ensure patients get the care they need.



L to R: Suzanne Agarwal, Emily Otte, Courtney Nelson, Amanda Schlichtholz, Monette Santos-Moss, Polly Nobiensky (not pictured: Abby Pennington)

**Suzanne Agarwal, BSN, RN, MPH** has held various roles at UCSDH since 2004 and began working full time in 2014 for Oncology Services. The pandemic created the opportunity to spend more time with our children having meaningful conversations.

**Courtney Nelson, BSN, RN, OCN** is the Nurse Supervisor for Encinitas and Vista Oncology Services and has worked at UCSDH for 9 years in oncology. Reflecting on COVID-19, she deeply appreciates her fellow nurses and the hard work and compassion they bring to work every day!

**Polly D Nobiensky, BSN, RN, OCN** has been a nurse for 19 years and worked for 15 years at UCSDH in Radiation Oncology. Her previous publications focused on lung and prostate cancer. The best part of COVID-19 was it forced her to exercise with her children, and now her son has started to enjoy running!

**Emily Otte, BSN, RN, OCN** is a Nurse Case Manager at Moores Cancer Center specializing in Lung and Head & Neck Medical Oncology. She has been a nurse for 8 years and with UCSDH for the past 4 years. The pandemic has given her the opportunity to experience working from home. Without the commute and extra travel time, she has been able to spend more quality time with her baby.

**Abby Pennington, BSN, RN, OCN** has been an RN for 14 years and worked at UCSDH in Radiation Oncology for 6 years. She met the love of her life during COVID-19 and they are now living together!

**Monette Santos-Moss, MSN, RN, OCN** is the Nurse Manager of Radiation Oncology. She has over 22 years of Oncology Nursing experience and has worked at UCSDH for 12 years. COVID-19 has taught her to cherish the time we get to spend with family and friends when we can.

**Mandy Schlichtholz, RN, OCN** works in the UCSDH Moores Cancer Center in the Blood and Marrow Transplant Division and has been with UCSDH for 28 years. Her silver lining since COVID-19 is that she has taken up painting!

The use of telehealth taught the Moores Oncology clinics how quickly healthcare providers can adapt to change and how critical technology is to continuity of care for vulnerable patients. Telehealth works well for many patient needs, including reviewing images, follow ups, and urgent consultations. The right blend of telehealth visits to face-to-face visits must be individualized for each

patient. Many patients, their families, and caregivers found they preferred the convenience of telehealth visits. Telehealth increases healthcare access for patients who have transportation issues or do not feel well enough to come in person. Many oncology patients who have severe pain and fatigue, and often have multiple appointments per week at different clinics benefited from the change.

Telehealth has positively impacted the way that nurses practice. Nurses have adapted their practice to better connect with and assess patients via telehealth. Through experience, they continue to improve the workflow for patients and staff to make telehealth sustainable and meaningful. They strive to creatively address technology inequities so that more patients have telehealth access. For instance calling a patient's family member, to walk them through adding the MyChart app to a patient's phone, or changing their appointment to a Doximity appointment in real time if the patient is struggling with My Chart. Moores Oncology clinics will continue working to ensure that patients and staff have the support they need to quickly troubleshoot technical problems. For patient education, telehealth has become a wonderful tool for nurses to promote active participation by caregivers and family members. In the future, the goal is to offer online patient education classes in multiple languages.

Nurses have recognized that telehealth brings opportunities to enhance patient access to care as well as evolve the nursing profession and this type of health care is here to stay. It is important to rethink and optimize the nursing role in telemedicine. It creates more staffing flexibility in nursing with the opportunity to work remotely, which is a rarity in the nursing field. As telehealth is used more regularly and effectively, it can be used to improve efficiency and healthcare access for patients for the long run. As the world adjusts to post-pandemic life, telehealth can continue to be used to benefit and provide convenience for oncology patients as part of excellent, comprehensive care.