Patient Follow-up via Videoconferencing: Advantages and Challenges

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Regional Cancer Program
Programme régional de cancérologie

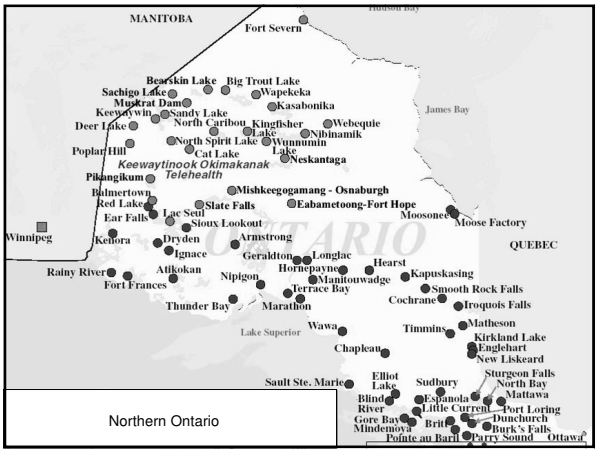
History of Videoconferencing

- North Network began in 1995 as a feasibility study sponsored by Ontario Medical Association
- 4-site demonstration project launched in March 1998
- Expansion to 14 sites by March, 2001
- Expansion to 78 sites by April, 2003 made possible through a Health Canada CHIPP grant

- Move to consolidate Ontario Telemedicine services in 2006:
  - CareConnect
  - VIDEOCARE
  - NORTH Network
- Facilitates distance education for health professionals
- Provides health professionals with two-way videoconferencing and tele-diagnostic devices to interact with and examine patients from remote areas
- Currently operating in over 800 sites

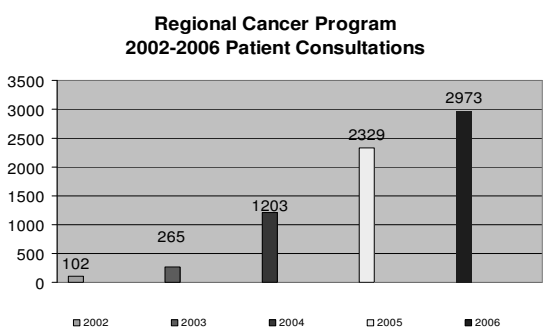
Videoconferencing Experience at the Regional Cancer Program (RCP)

- Steering committee met in late 2001 to coordinate the program
- December 2001, 6 patients seen at another hospital location within the city
- Equipment in place at RCP in April 2002
- Guidelines were set for seeing patients
- Radiation Oncology took the lead and Medical Oncology followed



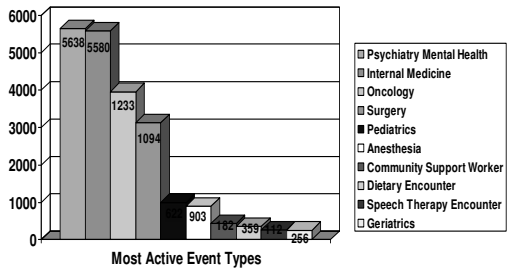
Studio One Set-up

OTN Consultations at RCP



Most Active Event Types: North, Central and GTA Regions

(January to Sept 2006)

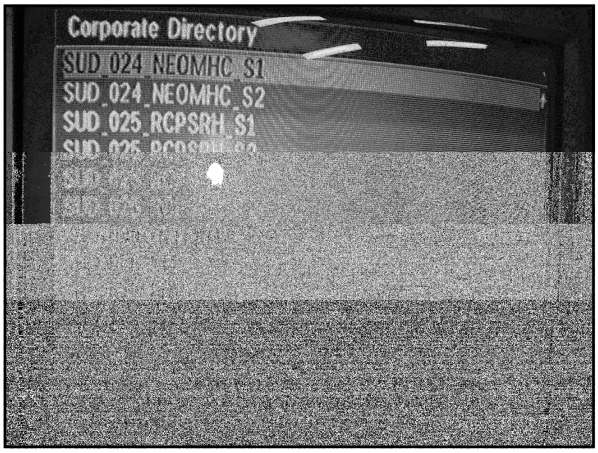


Current Set-up at the RCP

- 2 studios currently in use
- Clerk is currently using the Timmins centralized booking software as a pilot
- MD's integrate appointments into their daily schedule - no block bookings at this time

Logistics

- Prior to appointment, chart is prepped
- At time of appointment, physician/ primary nurse take the chart to the identified studio
- Physician dials into the location identified on the billing slip via the menu on the screen



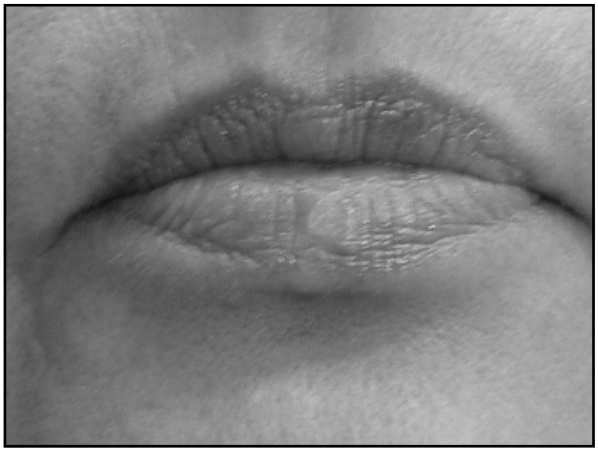
Follow-up May Include:

- test results
- symptom review
- medication review
- vital signs taken at the site
- auscultation of heart and lung, if required
- view skin lesions
- determine the location of next appointment either via OTN, Peripheral Clinic or Regional Cancer Centre

Coordination of Care

- Post-appointment, appropriate forms and requisitions for next appointment are completed
- Appointments must be on time otherwise the schedule is affected throughout the North
- Primary Nurse coordinates all the care of the patient

Medical Equipment – Patient Camera



Issue	Advantage	Challenge
Traveling within a large geographic area	•No travel during winter •Elderly •Unwell patients •Expenses	•Personal interactions •Some patients refuse the service, prefer to see the MD
Physical Exam	•Closer follow-ups with the family MD	•Must rely on other health-care professionals for hands-on assessment •Oncologists may require the patient to travel to the Cancer Center if they are querying a problem

Issue	Advantage	Challenge
Supportive Care •Dietary •Pain and Symptom •Psychosocial •Physio •Dental	•As the patients are usually follow-ups, nurse is able to guide the patient to Supportive Care in their community i.e. home care • RCP supportive care staff can be consulted and may follow-up with patient if necessary	•Do not have the opportunity to access the supportive care experts at the cancer center at time of follow-up •Appointment is time limited and results in unresolved issues which may need to be followed by telephone •No anticipation of extra supportive care issues arising from the visit
Continuity of care with local health care providers	•Presence of family physicians or in-patient unit nurse •Opportunities for physicians to consult	•Doesn't happen with every patient

Issue	Advantage	Challenge
Delivery of diagnostic test results	•No traveling for test results •Local supportive care may or may not be present for the appointment i.e. pastoral care	•Progressive/recurrent disease results •Primary nurse is not present to provide support for bad news
Test results not available	•Patient has not had to travel long distance •At times the site has the result to send to us	•Wasted appointment and need to reschedule appointment •Chart prep needs to be done well

Issue	Advantage	Challenge
Appointment Schedule	•Being seen on time	•Clinic schedule and OTN schedule are mixed throughout the day
New patient consults following established criteria	• Palliative patients may require an initial consult to assess suitability to come to the center •Mostly in Radiation Oncology •Set up appointments pre-arrival to the centre	•Do not have the initial physical contact with patient

Issue	Advantage	Challenge
Volume of patients currently being seen via OTN	•More patients not travelling long distances for quick visits	•Clinic schedule and OTN schedule are mixed throughout the day •Having physicians stay on time •The need for portable and additional equipment

Patient Satisfaction Study Conducted May-July 2006

Qualitative comments were made on the following points:

- audio and hearing impaired
- assistance of nurse coordinators
- confidentiality/intimacy issues
- perception of required tests not being ordered

Results of the Patient Satisfaction Survey

- Overall high degree of patient satisfaction with telemedicine oncology visits
- Radiation Oncologists are high users of OTN
- Well patients requiring limited interventions and patients monitored for local recurrence are best suited for OTN
- Reduced travel time ultimately results in decreased costs for patients

Summary

- Many challenges to the care of patients in large geographic areas
- Experienced Primary Nurses are vital to the success of this method of patient care in oncology
- Assessment skills and knowledge of supportive care issues are helpful in bridging the gap for patient care