

AHRQ Safety Program for Telemedicine: Improving the Diagnostic Process

Recruitment Webinar Transcript: *AHRQ Safety Program for Telemedicine*

AHRQ Safety Program for Telemedicine

Hello and welcome. We're pleased you have joined us today for this brief presentation on the upcoming AHRQ Safety Program for Telemedicine: Improving the Diagnostic Process. This program is funded and guided by the Agency for Healthcare Research and Quality (AHRQ) and co-led by NORC at the University of Chicago, Baylor College of Medicine, and Johns Hopkins Medicine.

This goal of this new program is to improve the timeliness and accuracy of cancer diagnosis in ambulatory care. The program is designed for primary care and ambulatory practices, including gynecology practices and urgent care clinics, that offer both in-person and video-based telemedicine services, or "hybrid" care. Traditionally, the diagnostic process occurred primarily in the context of in-person visits. With increased use of telemedicine, some portion of the diagnostic process may be occurring via telemedicine, generating an impetus to expand and adapt practices and processes for the telemedicine context. Using evidence-based approaches, this program will help practices improve the diagnostic process in this hybrid setting. In particular we will focus on improving the processes leading to a diagnosis of breast, colorectal, and lung cancer.

A cancer diagnosis is a complex, multistep process, and preventable delays are common, sometimes leading to patient harm. Though we are focusing on these three cancer diagnoses, the tools and strategies offered in this program apply to the diagnostic process more broadly as well.

Presenter

My name is Daniel Murphy. I am the chief quality officer at Baylor Medicine and associate professor of internal medicine at Baylor College of Medicine. I am one of the leaders of this diagnostic process improvement project, alongside my colleagues at NORC at the University of Chicago, Baylor College of Medicine, and Johns Hopkins Medicine. Today, we will provide a brief overview of the project and then welcome your questions. Should you have additional questions after this webinar, please note the Safety Program's email address is SafetyProgram4Telemedicine@norc.org. This email will be provided again at the end of the presentation.

Clinical Importance

We developed this program because of a need to ensure that diagnostic process is safe and reliable in the era of telemedicine. Telemedicine use exploded during the COVID-19 pandemic, and in many primary care settings telemedicine is here to stay in some form.



Telemedicine can be both a barrier and a facilitator of the diagnostic process. An example of a telemedicine-related barrier is the limited opportunity to do a physical examination. On the other hand, telemedicine can improve access to care, and enable closer followup of patients during the diagnostic process.

Data from the COVID-19 pandemic suggest that many patients deferred routine care such as cancer screenings, only for there to be a later rise in cancers diagnosed at a later stage. These data provide a cautionary tale about the effects of delayed care and disruptions in cancer screening programs. Avoidable delays are associated with poorer clinical outcomes in breast, lung, and colorectal cancers. Unfortunately, even before the pandemic, patients all too often fell through the cracks of the system, resulting in preventable delays and harm.

Closing the Loop

This program will focus on helping practices “Close the Loop” on the processes involved in the diagnosis of cancer.

“Closing the loop” refers to mechanisms that are designed to ensure that abnormal or suspicious clinical findings are followed up, the diagnostic workup is completed and communicated effectively, and patients and clinicians work together to establish a timely final diagnosis.

Closed-loop followup needs to be applicable to both telemedicine and in-person environments so that, no matter where the patient is seen, mechanisms are in place to make sure the patient receives a timely diagnosis with effective communication at each step of the process.

In reality, closed-loop processes are complex, as shown in this recent publication. Each practice will have its own unique diagnostic processes with its own unique gaps and vulnerabilities. Using telemedicine may complicate these vulnerabilities even further. This program is designed to give your team the knowledge and skills you’ll need to make your telemedicine-enabled diagnostic process safer and more reliable by implementing mechanisms to close the loop. Your team will also learn skills to learn from the gaps in your processes and to confirm that the changes in your practice are making a difference in patient care.

Five Opportunities to Close the Loop

Though these skills apply broadly, in this program we will focus on closing the loop in five error-prone steps in the cancer diagnostic pathway:

- Followup of abnormal screening tests
- Followup of incidental findings on imaging
- Followup of abnormal test results
- Followup of consults and referrals
- Management of diagnostic uncertainty

Case Example: Delayed Diagnosis of Colon Cancer

To illustrate further the idea of closing the loop, here is an example of a case that could unfold regardless of whether the patient is seen in person or through telemedicine. A 50-year-old man established care at a new primary care clinic and underwent guideline-appropriate screening for colorectal cancer. After a positive FIT test, his primary care physician explained the need for further testing and ordered a diagnostic colonoscopy. Two months later, a clinic nurse phoned the patient to follow up on the results of the colonoscopy and learned that he had not scheduled the test because of high out-of-pocket costs. The nurse emphasized the importance of the test and encouraged the patient to follow up with his insurance company. A few months later, the nurse followed up again, and the patient's situation had not changed. Finally, the practice intervened. After reordering the test so it met the insurance company's requirements, the patient was able to afford the procedure, which led to a diagnosis of colon cancer.

This is an example of a case that required repeated attempts to close the loop to ensure the patient received the care he needed. There might have been an opportunity to resolve the issue sooner; however, it is also easy to imagine how the case could have turned out with a far worse outcome. The goal of this program is to give your practice the tools to learn from your own experiences of following patients when there is a suspicion of cancer.

AHRQ Safety Program Overview

This program is funded and guided by AHRQ and led by NORC at the University of Chicago in partnership with Baylor College of Medicine and Johns Hopkins Armstrong Institute.

The main goal of this program is to improve the cancer diagnostic process in primary care settings that provide telemedicine. Again, however, we expect that practice improvements will not only affect these specific situations but also the diagnostic process generally.

Additional goals of the safety program are to strengthen the culture of safety and build capacity for enhanced coordination along the cancer diagnostic pathway, and to provide technical assistance for the implementation of evidence-based strategies to close the loop at key points of the diagnostic process, thereby reducing delays and improving care coordination for patients suspected of having cancer.

Team Approach to Improving Diagnosis

A cancer diagnosis is the result of a complex process that takes place over time and several steps involving multiple specialties. At each step of the process, it is critical to close the loop to ensure timeliness and accuracy and ensure that it meets the patient's needs and expectations. The model shown here tries to convey the concept that cancer diagnosis involves teamwork between the primary care provider, physicians in Radiology and the Clinical Lab, and medical and often surgical subspecialists.

Closing the loop effectively involves choosing the right resources and engaging the right team members at the right time to make the diagnosis efficiently and with high fidelity.

Ensuring that the right information gets conveyed to the right person is also essential to closing the loop. This includes making sure that communication with patients and families is effective and compassionate. After all, if the patient does not feel listened to and has not understood the information they need in order to be an active partner in their care, this can lead to preventable delays and harm. Effective communication also refers to exchanges between the different clinicians who are involved in the diagnosis.

In this project, we will be introducing evidence-based interventions to help practices close the loop more effectively and reliably in the care of patients with suspected cancer. Our program will provide you with tools and examples that will be helpful in re-engineering processes in your own care setting to improve cancer diagnosis. Because every practice setting is unique, we expect that participants may need to modify tools and strategies to meet the local needs of your particular practice and patients.

AHRQ Safety Program Details

The AHRQ Safety Program for Telemedicine: Improving the Diagnostic Process is an 18-month program that will run from June 2023 through November 2024. The deadline for enrollment is May 25, 2023. There is no cost to participate in the program.

Each participating practice will form a multidisciplinary team, including leadership and frontline staff, to participate in the program. For the program to be successful, we anticipate that participating staff will need to spend a minimum of 2 hours per month on the AHRQ Safety Program for Telemedicine. Time spent on the program will include attending or reviewing monthly webinars, meeting as a team to implement evidence-based best practices, and attending optional monthly office hours with subject matter experts. An additional hour per month will be required for the identified practice lead to complete data reporting.

Continuing medical education units (CMEs) and continuing education units (CEUs) are available for participating physician and nursing personnel. To earn these credits, participants must attend live webinars, review recorded project webinars, or review the slides and script for the webinars. Participants requesting these credits will be directed to a separate website to answer a few content-related questions to receive credit. Maintenance of Certification points, or MOCs, will also be available from the American Board of Internal Medicine.

Focusing on the column to the right, we'll now discuss eligibility criteria for the program. Primary care practices, gynecology practices, community-based health clinics, and urgent care clinics are eligible to participate. Eligible practices must have a brick-and-mortar location and can be in any location, including rural, suburban, or urban settings. Practices must have telehealth with video available. To ensure sufficient case volume for the program to demonstrate change, the cancer-related case volume threshold will be set at a minimum of one

abnormal screen or diagnosis of breast, colorectal, or lung cancer per month, or at least 12 per year.

If your clinic does not currently meet this case volume criterion, we nonetheless encourage you to indicate your interest in the program. In the event the eligibility requirements change, we will reach out to alert you.

National Educational Webinars

This slide includes a list of topics we plan to cover in the educational webinars. Sessions focus on topics such as the importance of diagnostic accuracy and closing the loop, how you can use your program's data, pitfalls in the diagnosis of breast, lung and colorectal cancer, and ways to promote better coordinate and navigate through the diagnostic process.

AHRQ Safety Program Timeline

In June 2023, participating practices will assemble a multidisciplinary diagnostic process team and ensure all team members have access to the Safety Program website. The team could consist of physicians, midlevel providers including physician assistants and nurse practitioners, clinical support staff including nurses and medical assistants, and, if available, schedulers and practice staff who perform care coordination or navigation. During the onboarding process, practices will meet their implementation adviser and attend the orientation webinar.

As mentioned previously, between June 2023 and November 2024, enrolled practices will participate in monthly 30-minute educational webinars, meet regularly as a team to implement the evidence-based intervention, attend office hours with subject matter experts as needed, complete data collection forms, and participate in monthly calls with your assigned implementation adviser.

Data Collection From Participating Practices

During the project, participating practices will be asked to complete three clinical data collection forms each month, which are submitted on a quarterly basis (for a total of nine forms submitted quarterly). Additionally, practices will complete surveys, such as the Medical Office Survey on Patient Safety Culture, as part of their participation in the program.

Data Confidentiality

The program is attentive to data safety and confidentiality. The program is collecting only de-identified data and will not request any protected health information (PHI). The data collected do not identify physicians or patients.

Your data will be aggregated and anonymized by NORC at the University of Chicago, the program implementers, and then shared only with partners Johns Hopkins University, Baylor

College of Medicine, and AHRQ. Data submission occurs via a secure portal and all data are stored in a secure manner.

Finally, AHRQ's privacy and security recommendations for quality improvement activities will be shared with participating sites.

Please note that this program is considered quality improvement, not research.

The Johns Hopkins Medicine institutional review board (IRB) reviewed the project and determined that it is not human subjects research.

Benefits of Participating

There are many benefits to participating in the program. Participants will have access to experts in the cancer diagnostic process and in teamwork and communication. These experts will coach the practice teams and help them troubleshoot issues as they set up and maintain a diagnostic process improvement program at their practices. Support will also be provided for building capacity and infrastructure for data collection, reporting, analysis, and feedback. These data will help your practice gain a detailed picture of your diagnostic process and the effectiveness of the program interventions. You will also have access to your assigned implementation advisor and the opportunity to participate in monthly office hours and peer-to-peer learning with other participating practices to assist cross-learning from shared experiences.

Interactive webinars will be held once a month, exploring evidence-based strategies to close the loop at key points throughout the diagnostic process within a telemedicine environment, and how you can adapt these to your practice. The interactive educational webinars will include the presentation of educational information, followed by an engaging question and answer session. The webinars will be recorded and available on the project website (with 24/7 access) following each live webinar. Webinar reference materials, slides, and facilitator guides will also be available on the website. In addition to the webinars, you will also have access to a variety of materials and resources to support implementation, all of which will be housed on the project website.

Participating sites will be eligible for continuing medical education and continuing education unit credits, in addition to American Board of Internal Medicine maintenance of certification points.

Anticipated Outcomes of Participation

The anticipated outcomes of participation include the following: learning best practices for closing the loop at critical points in the diagnostic process for breast, colorectal, and lung cancer in the telemedicine environment; being better prepared to serve an increasing patient volume over telemedicine; improving patient safety culture; and enhancing teamwork and communication.

Thank You

Thank you for your time today and for attending this webinar on the AHRQ Safety Program for Telemedicine: Improving the Diagnostic Process. As you know, a cancer diagnosis is a complex, multistep process, in which missed and delayed diagnoses lead to patient harm. The AHRQ Safety Program for Telemedicine can help you and your practice implement best practices to improve the diagnostic process for cancer.

We understand that in the current climate, committing to such a program may be a difficult choice. Current public health circumstances underscore the value of a program like this one. This program affords an opportunity to leverage telemedicine to support patients at risk of cancer. If you choose to join the program, we will ensure you have access to tools that will assist and support you and your teams in your implementation efforts. If your practice encounters unforeseen challenges, we will work with you to meet your needs.

We hope that this presentation has helped you understand the value of this program. Please seriously consider joining the project. We look forward to working with you on improving the delivery of high-quality care for patients across the United States.

To learn more and enroll, visit <https://safetyprogram4telemedicine.org>

or email SafetyProgram4Telemedicine@norc.org.

The deadline to enroll is May 25, 2023.

Thank you. I will be happy to answer questions at this time.

