

AHRQ Safety Program for Telemedicine: Improving the Diagnostic Process

Recruitment Webinar Transcript: *AHRQ Safety Program for Telemedicine*

AHRQ Safety Program for Telemedicine: Improving the Diagnostic Process

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 cancer.

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

Presenter

My name is Mark Graber. I am an internist and professor emeritus at Stony Brook University. I founded and served as the president of the Society to Improve Diagnosis in Medicine. I am one of the leaders of this diagnostic process improvement project, along with 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 that 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 certain 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.

Opportunities To Close the Loop

Though these skills apply broadly, this program will teach practices strategies to close the loop for patients at several key junctures, including:

- Screening and diagnostic test results
- Incidental findings
- Consultations and referrals
- Clinical 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 a 12-month program that will run from Fall 2023 through Fall 2024. The deadline for enrollment is August 28, 2023. There is no cost to participate in the program.

This program is free for enrolled practices and does not require a contract or an IRB.

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 learning collaborative sessions 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.

Benefits of Participation

There are many benefits to participating in the program. Specifically, participants will:

- Improve cancer diagnostic followup in the telemedicine and hybrid environments by closing the loop at critical points in the process.
- Improve patient safety and prevent patient harm associated with missed or delayed cancer diagnoses.
- Receive direct access to expert support and implementation troubleshooting; and
- Receive CEUs, CMEs, and ABIM MOC points.

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 cancer diagnosis, and ways to promote better coordinate and navigate through the diagnostic process.

AHRQ Safety Program Timeline

In Fall 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 Fall 2023 and Fall 2024, enrolled practices will participate in short monthly educational webinars, meet regularly as a team to implement the evidence-based intervention, attend Learning Collaborative forums with subject matter experts, 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 at the beginning and end of the program, 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 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 IRB reviewed the project and determined that it is not human subjects research.

Anticipated Outcomes of Participation

The anticipated outcomes of participation include the following: reduce diagnostic errors and delays, improve the cancer diagnostic process and prevent patient harm, enhance teamwork and communication, and learn best practices for closing the loop at critical points in the diagnostic process for cancer in the telemedicine environment.

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 August 28, 2023.

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