

ONCOLOGY ISSUES

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FROM THE EDITOR

Remembering Our “Why”

BY MARK LIU, MHA



so, for my first column, I want to focus on the importance of remembering our “why” and take the opportunity to share a little bit about myself.

When I reflect on why I chose to work in healthcare and, more specifically, oncology, my interest started when I signed up to be an EMT (emergency medical technician) and a hospice volunteer in college. As an eager student, I wanted more experience in care delivery and completing the training to become a certified EMT was one way to gain critical life skills. When I showed up on the first day of hospice training, I was the youngest volunteer in the room. The time I spent learning how I could best support patients and their caregivers at their end of life was both an honor and life changing experience.

Unfortunately, it is rare to come across anyone today who has not been impacted by cancer. My “why” for working in healthcare was cemented in my work as a care coordinator at Memorial Sloan Kettering Cancer Center in New York City. Reminiscing on my time in that role, it remains one of my favorite jobs. My days started as early as 6:45 AM, which required me to wake up at 4:30 AM due to my long commute. Despite these early starts, a wave of purpose came over me each day when I walked into the building and worked alongside my colleagues.

I felt privileged that patients, caregivers, and family members trusted me at such a sensitive time in patients’ lives. With all the patients coming through our cancer center each day, the job came with a roller coaster

The COVID-19 pandemic put us all to the test—a test for which we had little to no preparation. As we continue to move forward, we cannot ignore how this global pandemic changed us all. And of emotions—“highs” like the high-fives we shared at good news and “lows” like the gentle hand holding or hugs we shared at difficult news. The stories and experiences. The faces and personalities. They remain with me today, informing my understanding of the disparities and challenges faced by those trying to manage their cancer care. These memories continue to fuel my passion to work in oncology. In my current role at Mount Sinai Health System & Tisch Cancer Institute, also in New York City, I call on all my past experiences to strategically plan and implement initiatives that ensure equitable cancer care for patients, caregivers, and clinical teams.

As we move forward in the aftermath of the COVID-19 pandemic, we will continue to operate within a complex environment that is complicated by many different pressures and constraints on cancer care delivery. As editor-in-chief over the next two years, my hope is that *Oncology Issues* continues to be your go-to resource to help unravel these complexities and serve as a source of inspiration to provide the high-quality care for which we all strive. I would love to hear from you—our readers—about the issues you face, as well as the innovative solutions and best practices you have implemented. You can do so by applying for a 2023 ACCC Innovator Award at: acc-cancer.org/innovator, contributing to *Oncology Issues* (email the managing editor, mmarino@acc-cancer.org), or attending the upcoming ACCC 49th Annual Meeting and Cancer Center Business Summit, March 8-10, in Washington, D.C. These engagement opportunities help highlight the extraordinary work you are doing at your cancer program or practice and elevate our entire field. 🗨️

Remote Patient Monitoring and Health Equity

BY DAVID R. PENBERTHY, MD, MBA



More than 40 ACCC members registered for the November 10 Tech Talk, “Applying a Health Equity Lens to Remote Patient Monitoring.” When asked to describe where their cancer

program was in its use of remote patient monitoring technology, the majority (61 percent) indicated that they currently do not use but are actively researching this technology. Twenty percent identified their program as “new users” of remote patient monitoring technology, with an additional 11 percent identifying themselves as “experienced users.”

This Tech Talk (the third in a series) was driven by the ACCC *Digital Tools in Cancer Care* education program, with three members of the project’s Advisory Committee serving as panelists.

Amanda Dean Martin, DNP, CNEP, ACNP-BC, RNFA, chief, Division of Advanced Practice and Clinical Integration at Banner MD Anderson Cancer Center, kicked off the talk with a brief history of remote patient monitoring and its transition from capturing only objective data like blood pressure to subjective data like the information being collected through ePROs. Dean Martin discussed the growing use of medical devices to capture these data and how oncology is using these technologies to successfully manage patients’ symptoms and monitor treatment compliance.

Cardinale B. Smith, MD, PhD, chief quality officer, Cancer Services, and vice president, Cancer Clinical Services at Mount Sinai Health System & Tisch Cancer Institute, shared how COVID-19 changed remote patient monitoring. “Telehealth and virtual care are here to stay,” she told Tech Talk participants. “We now have the opportunity to envision how we want this care to be delivered going forward.” For those looking to select a remote patient monitoring technology partner, Dr. Smith suggested

a focus on six key areas: 1) patient vitals you want to track; 2) access to video visits; 3) user web interface—the technology must be easy for clinical staff and patients to use; 4) connectivity, including solutions for patients without broadband access; 5) home set-up and orientation; and 6) tech support, as vendors must be available to troubleshoot with patients.

The use of tablets to perform remote patient monitoring “opens up the opportunity to collect ePROs and push out surveys to at-risk and underserved patients,” Dr. Smith suggested, concluding that “there is no roadmap for this type of care. Engaging patients is challenging, and it took us some time to develop the right patient education.” The other challenge is cost. While Mount Sinai Health System used a grant from the Federal Communications Commission to fund a pilot remote patient monitoring program aimed at improving care of Black and Latinx patients with cancer, questions regarding how to pay for this technology and bill for these services going forward remain.

Yet, “technology itself is not the number one cost. There are a lot of platforms available at different price points,” pointed out panelist Adam Dicker, MD, PhD, FASTRO, FASCO, senior vice president, Radiation Oncology at Thomas Jefferson University Hospitals, Bodine Center for Cancer Treatment. “Instead, figure out how to deploy your human capital because that is the costliest asset [in remote patient monitoring].”

At the start of the Tech Talk, I asked this question: Does technology help or hinder health equity?

“The healthcare community was prepared for the COVID-19 pandemic,” Dr. Dicker told participants. “Not all of our patients were prepared.”

It is clear then that there is still work to be done to ensure that all patients with cancer—regardless of race, ethnicity, and socio-economic status—benefit equitably from remote patient monitoring technology.

Listen to this Tech Talk in its entirety at:

acc-cancer.org/techtalk3

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- ▶ Expediting Cancer Treatment Through a Rapid Access APP-Led Diagnostic Clinic
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