



Adoption and Expansion of Telehealth Solutions

Multidisciplinary Profile: Nurse

The Association of Community Cancer Centers (ACCC) conducted a brief interview with Lee Klemptner, RN, BSN, CHPN, a nurse care coordinator at the University of Virginia (UVA) Outpatient Palliative Care Clinic in Charlottesville. The clinic sees any patient with cancer at any stage of illness, and it specializes in improving quality of life by managing the symptoms and side effects of cancer and its treatments.

Telehealth Then and Now

The expansion of telehealth services was a welcome change for Klemptner. Like others on her team, she wanted to conduct video visits with homebound patients long before the COVID-19 pandemic, but she faced barriers to making it a reality. Prior to COVID-19, Klemptner's organization lacked a direct-to-consumer video conferencing platform. The inability to bill for telehealth services further complicated the issue. As COVID-19 forced closures and imposed social distancing requirements, the rules changed, and telehealth platforms quickly expanded. Everyone moved with a sense of urgency. "We still had symptomatic patients who needed to be managed," said Klemptner.

During the first year of the pandemic, Klemptner's clinic quickly transitioned from seeing all patients in person to using phone calls and common smart phone apps for virtual visits. Eventually, UVA's Outpatient Palliative Care Clinic adopted a commercial video conferencing platform that was integrated into the clinic's patient portal. While provider-provider communication did not change substantially, the clinic's new telehealth options did enable providers to conduct tumor board meetings virtually, resulting in increased attendance and engagement.

Adapting to Change

Symptom management is at the core of palliative care. As a part of her primary duties, Klemptner conducts chart preparations for patient appointments (both in-person and virtual). After a visit, she educates patients about medication changes and symptom management. While the use of video visits has provided new opportunities to expand the reach of her clinic's services, Klemptner does note that they "limit the teaching abilities and role of a nurse."

During the past year, Klemptner's duties have shifted to more administrative support and technology navigation rather than patient care, per her clinic's workflow for virtual follow-up appointments. Nurses are now responsible for communicating with patients ahead of their virtual visits to ensure they can connect at their scheduled appointment time.

Home Visits with Telehealth

While the pandemic presented many challenges to providing care to patients with cancer, there were several unexpected positive outcomes, one of which is giving providers a window into their patients' homes.

"My background is home health, and you learn a lot by seeing the patient in their own environment," said Klemptner.

This insight and connection to patients in their homes through telehealth potentially positions providers to better address social determinants of health as part of routine care.

Klemptner's tech savviness, flexibility, ability to think outside of the box, and ability to respond to the needs of the moment have not only helped her navigate telehealth expansion, but have also helped her continue delivering high-quality palliative care services to her patients.

Lessons Learned

At the start of the pandemic, due to the temporary relaxation of the Health Insurance Portability and Accountability Act (HIPAA), UVA originally allowed providers to use a variety of video conferencing platforms. For Klemptner, the health system's multiple approved telehealth platforms both helped and complicated patient care. On one hand, patients with strong digital literacy skills had little trouble going from platform to platform, but on the other hand, patients who were less technologically skilled struggled with the lack of consistency across the health system. Klemptner also stressed the importance of training staff on how to develop and implement workflows for virtual care. UVA provided guidance regarding telehealth regulations and billing procedures, but it was up to each department to create their own workflows. Ultimately, UVA's Outpatient Palliative Care Clinic adopted a commercial video conferencing platform that was integrated into the clinic's patient portal.

Tracking Progress



Offering virtual visits has reduced the no-show rate at UVA's Outpatient Palliative Care Clinic and increased the overall number of patients seen.



Several patient populations, such as those with limited mobility and transportation issues, have directly benefited from this visit type.



In reflecting on how telehealth has reduced patients' travel burden, Klemptner noted that more than 60% of UVA's patients must travel at least 100 miles for an in-person visit.

Advice for Peers

"Make sure the platform you choose keeps the patient front and center," said Klemptner. **"Be flexible. One size does not fit all."** Patients often have different internet access and digital literacy. Be mindful of basic barriers.