



Adoption and Expansion of Telehealth Solutions

Multidisciplinary Profile: Pharmacist

The Association of Community Cancer Centers (ACCC) conducted a brief interview with Marie Sirek, PharmD, BCACP, CPP, a clinical pharmacy specialist at Billings Clinic located in Billings, Montana. Billings Clinic provides care to patients in Montana, Wyoming, and North Dakota.

Telehealth Then and Now

Dr. Sirek describes her organization's telehealth boom as more of an evolution than an expansion. Long before the COVID-19 pandemic, Billings Clinic provided telehealth services to its many rural patients through the Eastern Montana Telemedicine Network (EMTN). EMTN is a partnership of more than 40 healthcare organizations that deliver care at designated local telehealth locations where clinic staff facilitate video visits between patients and remote physicians.

Throughout COVID-19, there has been a major push to treat patients at home rather than at their local clinic. Leveraging the Centers for Medicare and Medicaid Services' regulatory changes to expand telehealth, Billings Clinic implemented direct-to-consumer video visits via a commercial platform. Today, Billings Clinic uses both EMTN and direct-to-consumer telehealth to deliver remote care.

Adapting to Change

On a typical day, Dr. Sirek conducts medication reviews, drug interaction assessments, and medication counseling and education for patients with cancer who are starting or continuing oral oncolytics. Since her organization was already accustomed to video visits, the addition of the direct-to-consumer option has had little impact on medication counseling and education workflows at Billings. Dr. Sirek's patient interactions can now occur in person or via telephone, direct-to-consumer video conference, or the traditional EMTN route.

Dr. Sirek believes that flexibility and communication are key to successful telehealth delivery, not only in terms of communicating with patients, but also with other care providers. For example, after pharmacists reach out to patients between visits, the information from those exchanges must make it back to the physician and into the medical record.

Patient Education and Telehealth

Dr. Sirek prefers in-person patient education, but for her, video visits are the next best option: "The education appointments include in-depth information. It can be quite overwhelming to patients to start a new oncology medication and learn all about it, which can be compounded if the communication strategy is not supportive of this."

To assist patients in this process, Dr. Sirek mails education material to patients ahead of their visits, then reviews it page-by-page during the session. With the video component, she has found that this method creates an experience nearly identical to in-person education.

Telephone-only visits make it more difficult to verify patient comprehension. Workflows for this visit type often include multiple follow-up calls to answer questions and reiterate information from the initial education session.

Lessons Learned

“Not every patient is right for telehealth or virtual visits,” said Dr. Sirek. “Being able to evaluate and triage is exceptionally important.” Creating guidance documents for staff and mechanisms to identify the patients who are not candidates for telehealth early on, Billings has been able to substantially improve the quality of care they deliver. Although there is often much emphasis placed on removing barriers to getting patients connected to video visits, Dr. Sirek believes equal weight should be placed on how well patients do once those visits are implemented. Some patients struggle with the information that they receive virtually and may ultimately need in-person visits.

Dr. Sirek has also learned that the frequent switch back and forth from in-person to telehealth visits can be difficult for some providers. She says that better structuring providers’ schedules would benefit both them and their patients (e.g., scheduling telehealth-only blocks of time).

Tracking Progress

Prior to COVID-19, Dr. Sirek’s department began tracking the number of telehealth visits they conduct and where they occur. These metrics helped them better meet the needs of patients in locations outside of Billings. Today, these data provide useful information about the success of Billings Clinic’s newly expanded telehealth program. Dr. Sirek noted several positive observed outcomes of this expansion:



Patients who live far away rarely visit Billings Clinic in person. Before the pandemic, their interactions with pharmacists were all over the phone. With video visits, pharmacists can join the physician and better serve these patients.



It is easier for patients to show things in their home that they might not bring to the clinic or cannot describe over the phone. With video visits, patients can show pharmacists all their medications and how they are taking them.



Family member participation during visits has increased, which has allowed for more patient support.



Patients are better adhering to their medications, since pharmacists can follow up with them more frequently.

Advice for Peers

“Expanding telehealth services can be exceptionally beneficial to both providers and patients,” said Dr. Sirek. “Fully evaluate your telehealth platform to develop a solid process that allow for a multidisciplinary team approach that includes pharmacists, nurses, and navigators.”