

## The Role of the Oncology Nurse Navigator in Establishing an EPIC Workflow for Virtual Multidisciplinary Clinics During COVID Restrictions.

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### Published In/Presented At

Beaupre, L., Sevedge, K., Miller, A., Pauls, A., Zubia, J., Roman, R., Chicas, M., Smith, C., Walczer, T., Kenna, J., Torresson, P., & Steirer, E. (2020, November). *The Role of the Oncology Nurse Navigator in Establishing an EPIC Workflow for Virtual Multidisciplinary Clinics During COVID Restrictions*. Poster presented at: Academy of Oncology Nurse & Patient Navigators Annual Navigation & Survivorship Conference, Virtual.

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# The Role of the Oncology Nurse Navigator in Establishing an EPIC Workflow for Virtual Multidisciplinary Clinics During COVID Restrictions

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## Background

Oncology nurse navigators and multidisciplinary models of care have shown to improve outcomes for patients with cancer. (Munoz et al, 2018; Strusowski, 2006) The navigation team at Lehigh Valley Health Network (LVHN) coordinates sixteen Multidisciplinary Clinics (MDC) monthly covering six disease sites. Newly diagnosed patients attend the clinic to meet their treating team, receive a care plan, and schedule follow-up appointments as appropriate. On March 6, 2020, the Secretary of Health and Human Services modified the 1135 Waiver, allowing Medicare to pay for office, hospital, and other visits furnished via telehealth, including patients' residence. On March 23rd, Pennsylvania instituted Stay-at-Home orders due to COVID19. Navigators needed to develop alternatives for MDCs in order to meet the patients' needs while minimizing face-to-face encounters and maintaining safety. The challenge for the navigators: how to create and organize telehealth visits for multiple providers in the MDC setting.

## Objective

The objective was to create safe options to hold MDC clinics remotely, maintaining the same level of quality, during a time when at least half of the providers and navigators were working remotely during COVID restrictions.

## Methods

Setting up virtual MDC visits required the navigation team to assure WebEx access for themselves, providers and patients; educate providers; work with IT specialists and clerical supervisor to assure accurate scheduling, billing, and documentation; teach the MDC teams the new process; facilitate remote visits, and assure proper sign off. Navigator super users and IT/EPIC Specialists determined they could change a scheduled multi-disciplinary visit to a video or billable phone visit prior to appointment time. This put the appointment on all providers' schedules and enabled connection to the patient portal. Navigators educated patients and providers on how to link to the visit if they were off-site.

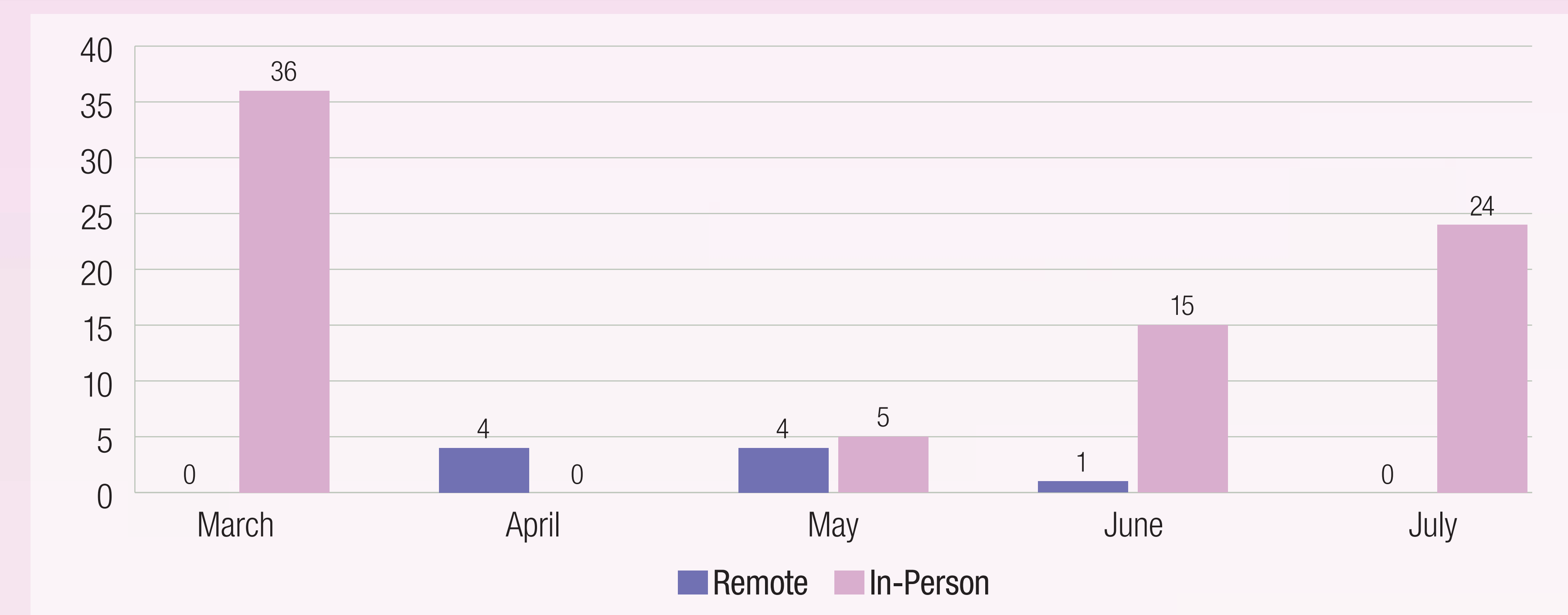
Using the new scheduling process, navigators coordinated WebEx meetings for the team to discuss the plan of care prior to the visit and the patient joined through the patient portal at the appointed time. One provider led the video or phone visit, using the input from the team, and other providers were able to document in the same encounter within 24 hours. The navigator then assured that subsequent testing and appointments were scheduled. For patients who were not appropriate or did not want MDC, navigators facilitated an office visit.



## Nurse Navigators

- ▶ Worked with the IT Specialist and Clerical Supervisor to assure accurate scheduling, billing, and documentation
- ▶ Taught the MDC teams the new process
- ▶ Coordinated the WebEx meeting
- ▶ Assured proper billing and sign off of MDC team members
- ▶ Provided education to the patients prior to the visit, then assured understanding of MDC recommendations
- ▶ Assured that follow up testing and appointments were scheduled and patient aware

## Remote and In-Person MDC Visits 2020



## Results

Average pre-COVID monthly MDC volume was 40. After the stay at home order, MDCs were on hold and the remote option plan was put in place. MDCs began again in April. In April there were 4 total visits, all remote, two by video and two by phone, most done with at least one provider off site. In May, there were a total of 9 visits, 4 by phone and 5 in person. In June 16 visits, one by phone and 15 in person.

## Conclusion

As MDCs ramped up during COVID restrictions, the navigation team created a new option to connect patients, providers, and ancillary staff safely. Patients and providers appreciated having the opportunity to continue MDCs safely during COVID restrictions, and the remote MDC visit continues to be an option for patients and providers who are offsite.

## REFERENCES

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