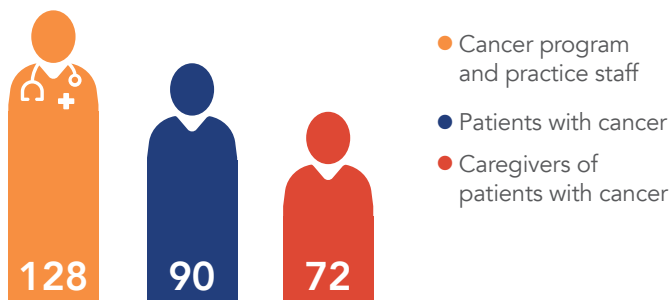


WHAT IS REMOTE PATIENT MONITORING?

Remote patient monitoring (RPM) is a type of telehealth that allows patients to share data about their health with their care team in between clinic visits, including symptoms and vitals. Symptom tracking and monitoring technologies allow better management of treatment side effects, in turn allowing longer administration of treatments and improved clinical outcomes.

While RPM advantages are established, translation into clinical practice must account for patient preferences, equity considerations, financial sustainability, and patient/provider education needs. For the purposes of this survey, ACCC measured patient, caregiver, and provider perceptions and adoption of messaging tools, electronic questionnaires, and connected devices used to track and monitor symptoms during cancer treatment.

Who Took Our Survey?



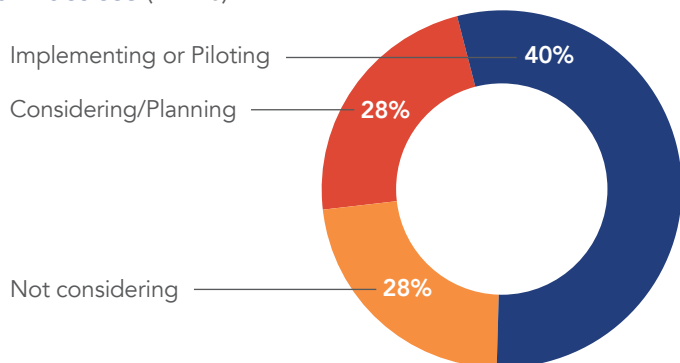
More information about demographics can be found at the end of this infographic.

Adoption of RPM in Cancer Care

RPM adoption is building momentum; most cancer programs and practices reported at least early planning for this technology. Patients and caregivers are also starting to embrace digital technologies to monitor symptoms.

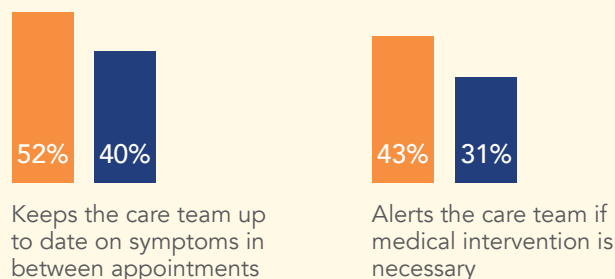


Stage of RPM Adoption at Cancer Programs and Practices (n=128)

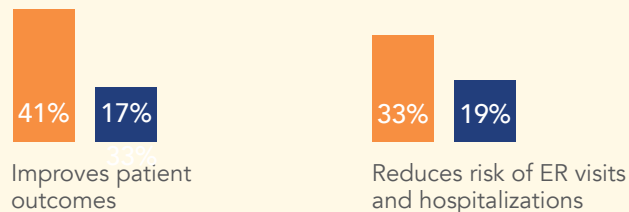


Top Reported Benefits of Using Technology to Share Symptoms with the Healthcare Team

● Provider Responses (n=128) ● Patient/Caregiver Responses (n=162)



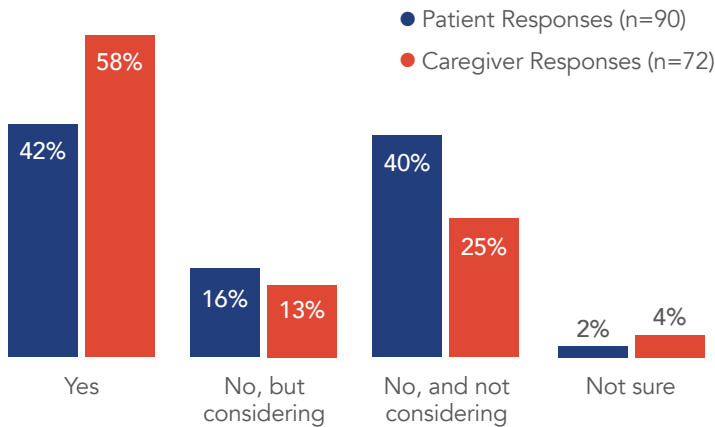
Providers are more likely than patients and caregivers to select "improves patient outcomes" and "reduces risk of ER visits and hospitalizations as a top benefit."



"Technology could help with side effects and symptoms that I worry or stress about—not knowing if I should be seen or [if] the cancer is worse."

– Patient, rural setting

Are Patients and Caregivers Using Technology to Track Health Information?

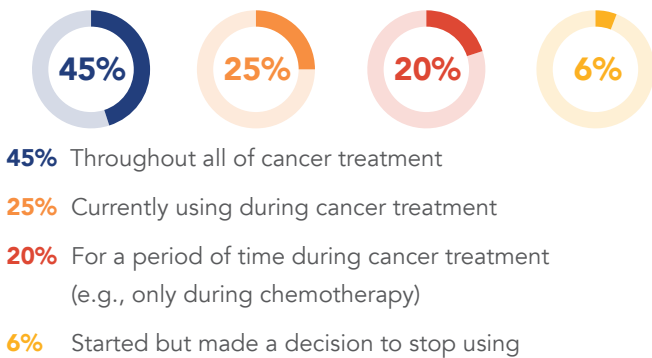


Using Technology: Roles as Reported by Caregivers (n=72)

- 19%** The person I care for used/is using
- 14%** I help(ed) them use
- 14%** I track(ed) data on behalf of the person I care for
- 11%** We both use(d) technology



Timeframe During Which Patients and Caregivers Use Symptom Tracking Technology (n=162)



Most cancer programs and practices (**70%**) report having messaging tools and/or questionnaires and surveys available to track symptoms in between appointments, even if they do not have a formal RPM program.

Types of RPM Technology Used by Cancer Programs and Practices (n=128)



51%
Questionnaires and surveys (e.g., portal or app-based)

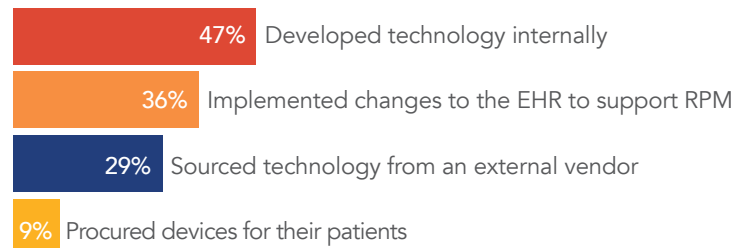


23%
Messaging tools (e.g., secure text, patient portal messaging)



14%
Connected devices (e.g., wearables and smart devices)

Resources Used to Develop RPM Programs (n=45 programs and practices piloting or implementing RPM)



Trends in RPM Data Collection (n=95 cancer practices and programs actively planning, piloting, or implementing RPM programs)

- Symptoms (**43%**) and vital signs (**39%**) were the most frequently indicated data types collected.
- 35%** offer or are planning to offer RPM to all patients in active treatment.
- 26%** are using treatment type (e.g., systemic therapy, radiation, surgery, transplant) to select which patient populations to target.
- 47%** are not modifying RPM data capture (e.g., questions or frequency) for different populations.



Impact on Workforce

Respondents who piloted or implemented RPM programs reported low additional work burden and minimal workflow disruption. (n=45)



- 60%** reported that RPM tasks added 10 hours or less per week
- 14%** reported that RPM tasks added 10 or more hours per week
- 18%** were not sure how much additional time they spend on RPM tasks

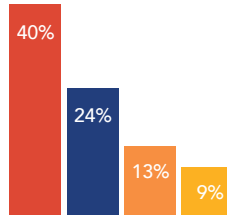
RPM Impact on Staffing and Workflow (n=45)

40% Did not significantly disrupt workflow

24% Improved workflow

13% Need(ed) to hire new staff for RPM program

9% Our team is unable to complete necessary tasks in a timely manner



Addressing Trust Concerns with RPMs

Additional education, including how to use validated electronic patient reported outcomes (ePROs) measures, may be needed to address low trust in the accuracy of ePRO data collected. Trust varies based on program type and practice setting.

Cancer Programs and Practices that Reported Trust in the Accuracy in ePROs

59% Of academic/NCI programs

55% Of programs and practices in urban settings

46% Of private practices

43% Of suburban programs and practices

37% Of community programs and practices

20% Of rural programs and practices



Privacy Concerns with RPM



Addressing privacy concerns is a key step in building trust with patients and caregivers when introducing technology to track health information. Concerns about the privacy of their health data was a top challenge for both patients (**34%**) and caregivers (**26%**).

Are Providers Engaging Patients and Caregivers?

Patients and caregivers seek varied types of education and support in using technology to track health information, and it is wise to plan different approaches to appeal to different learning styles. Engaging patients and families early in the planning process for an RPM program and throughout implementation and program measurement can help programs and practices design an equitable, patient-centered, and successful program.

Top Ways Patients and Caregivers Seek Support with Symptom-Tracking Technology (n=162)



51%

Meet in-person for support to set up/use



43%

Watch a video on how to set up/use



38%

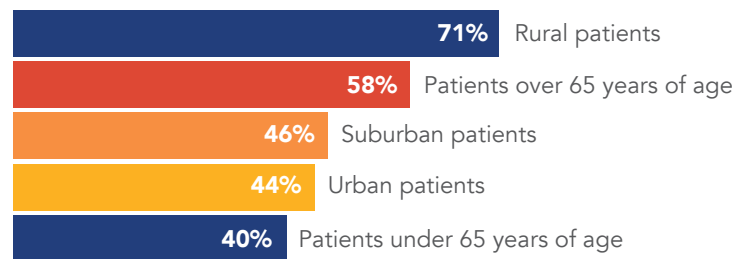
Read brochure or printed materials with instructions



36%

Contact technical support

Who is Seeking In-Person Support with Symptom-Tracking Technology (n=162)



How Programs and Practices are Supporting Patients with Technology (n=45)



56% Provide contact information for technical support



53% Give out a brochure or printed materials with instructions



49% Give in-person support setting up/using



22% Provide a video on how to set up/use

Patient and Caregiver Engagement

Only 55% of programs and practices that are actively implementing RPM programs (n=45) incorporate input from patients and caregivers.

29% Conduct(ed) surveys/interviews/focus groups

18% Consulted with existing advisory group

16% Convened a new group to advise RPM program

16% Continuously collects and reviews patient feedback

16% No efforts

11% Collaborates with community-based organizations

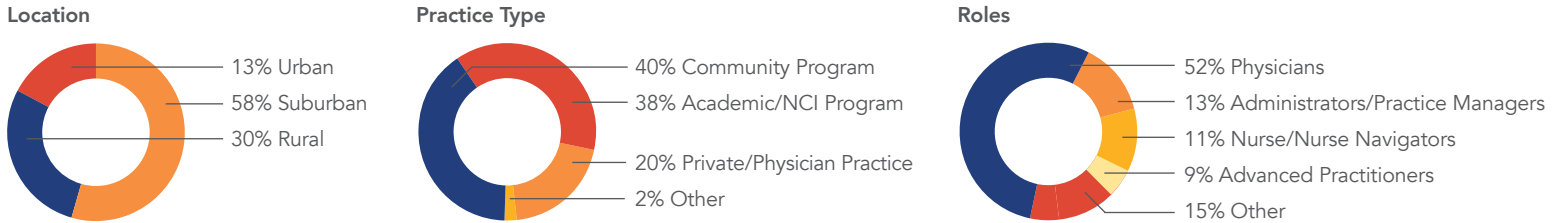
What is Needed for RPM to Become Standard of Care in Oncology Practice

While substantial evidence exists supporting the benefits of RPM, additional evidence generation is needed related to implementation in a real-world setting. Strategies to improve equitable access, policies to support funding and sustainability, and provider and patient education to increase awareness and engagement are also needed.



Who Took Our Survey? (continued)

Cancer programs and practice staff (n=128)

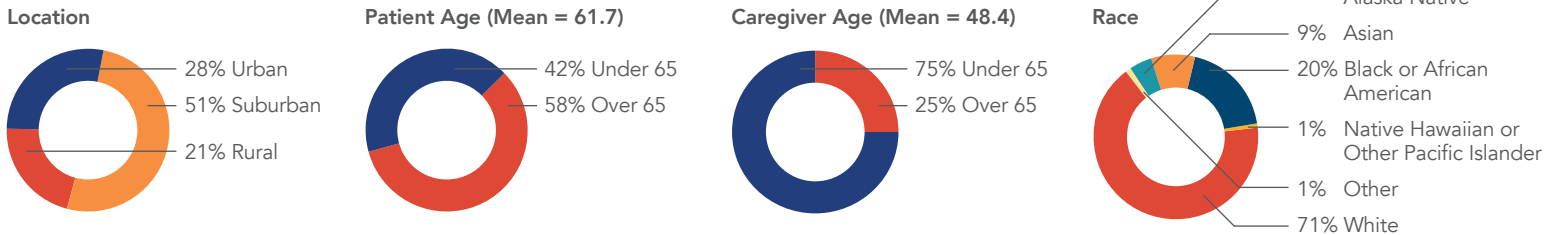


34 states across the U.S. were represented.

Patients and caregivers

Patients who have or are currently receiving cancer treatment (n=90)

Caregivers who are caring for a patient who has or is currently receiving cancer treatment (n=72)



Thank you to our project partners:

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A publication from the ACCC education program, "Digital Tools in Cancer Care." Learn more at acc-cancer.org/Digital-Tools.

The Association of Community Cancer Centers (ACCC) is the leading education and advocacy organization for the cancer care community. For more information, visit acc-cancer.org.

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