

The Use of EPROs in Today's Oncology Practice

Adoption of new technology

- CSNF began using EPROS the summer of 2021
- Being able to deter Hospitalizations and ER during COVID and also to assist us with our value based contract were our primary reasons for seeking out a technology to help us solve this problem.
- This also helped us centralize triage and during a nursing crisis time this was very important to our practice.

Implementation

- Our implementation period was over the summer of 2021
- We rolled this program out and we were able to get all clinics up and running on the EPRO's by end of summer
- Centralized triage took a bit longer and we completed this in January of this year.
- When you are implementing you need to be ready for push back from
 - Doctors
 - Nursing staff
 - Some office staff
 - (Notice I didn't say patients!)

Patient Outcomes

- Pt's wife loves that we are so efficient on calling back and caring, and fast outcomes w/ symptoms/ orders from doc etc. 3520089
- patients (2 separate patients): Both told physicians that they love the Centralized Triage, they love the app and asked team to thank them
- Nurse followed patient daily for more than 1 week and collaborated with RO attending physician as well as MO attending physician arranged for prescriptions, fluids, and assessed her over the phone. Most assuredly, this patient would have ended up in the hospital without the close, daily care.
- Pt used Canopy ePRO to report severe SOB. Urgent, same day visit added. Physician added stat CT and a pulmonary embolism was found and treatment started without ER visit.
- Sunday evening tickets