

Telemedicine Versus Clinic Visit

A pilot study of patient satisfaction and recall of diet and exercise recommendations from survivorship care plans

Sharon Likely Sprague, DNP, MBA, RN, OCN®, and Carrie Holschuh, PhD, CNM, RN



BACKGROUND: Telemedicine is a growing approach to providing health care but a relatively new model for cancer survivorship services.

OBJECTIVES: This quantitative, quasiexperimental pilot research study compared patient satisfaction and recall of nutrition and exercise recommendations for in-person clinic visits versus telemedicine appointments.

METHODS: Participants were stage 0–III cancer survivors who received their survivorship care plans from a nurse practitioner (NP). Following their clinic or telephone appointment, patients were sent a link to a survey that included demographic, patient satisfaction, and recall of diet and exercise recommendation questions. Fifty-two survivors completed the survey, of whom 38 had a clinic appointment and 14 had a telephone appointment.

FINDINGS: There was no statistically significant difference between the mean patient satisfaction or recall of healthy weight, exercise, and nutrition recommendations between cancer survivors receiving their survivorship care plan by telephone versus a clinic appointment with an NP.

KEYWORDS

survivorship; telemedicine; recall; diet and exercise; patient satisfaction

DIGITAL OBJECT IDENTIFIER

10.1188/19.CJON.639-646



THE GROWTH OF TELEMEDICINE HAS PROMPTED A CALL for more research to expand evidence in telemedicine technology, including specialty care telephone visits (Tuckson, Edmunds, & Hodgkins, 2017). The gap in research on telemedicine's role in cancer survivorship care is complicated by the American College of Surgeon's (ACOS's) position on telemedicine's role in providing survivorship care plans (SCPs). A 2018 post on the Commission on Cancer's (CoC's) CAnswer Forum by a staff member stated, "At this time, sending [SCPs] through the mail or electronically should be a last resort. Attempts should be made to do a face-to-face conversation, but a phone call can be done if that is not possible. The patient must be armed with the care plan in advance of the call so he or she can ask all necessary questions" (Accreditation and Standards Staff, 2018, para. 1). The telemedicine model of delivering SCPs has not been extensively studied. This pilot study was designed to demonstrate if the telemedicine model for providing SCPs can provide equivalent patient satisfaction and recall of diet and exercise guidelines across all cancer survivor groups as compared to that of an in-person clinic appointment.

From Cancer Patient to Cancer Survivor: Lost in Transition noted the importance of providing survivors a summary of their treatment and a plan for follow-up (Institute of Medicine [IOM] & National Research Council of the National Academies, 2006). The report detailed the forecasted shortage of oncologists juxtaposed with the increase in the number of individuals diagnosed with cancer and survivors of cancer. This confluence will result in the inability of oncologists to follow survivors long-term and will drive the transition of patients with cancer back to their primary care providers for follow-up (IOM & National Research Council of the National Academies, 2006). As an outcome of those recommendations, the ACOS, the accrediting body for the CoC and National Accreditation Program for Breast Centers (NAPBC), adopted standards requiring that SCPs be provided to patients completing primary treatment for their malignancy. The SCP must include a summary of the patient's cancer treatment (e.g., surgery, chemotherapy), a schedule of follow-up examinations (e.g., appointments with oncologist and surveillance tests), and healthy lifestyle recommendations (e.g., diet and exercise suggestions) (ACOS, 2015). The revised ACOS (2019) survivorship