Medly: COVID-19 Deployment Information Session

MEETING SUMMARY NOTES

DATE: April 2, 2020, 6:00 – 7:00 PM

GROUPS REPRESENTED: Approximately 45 participants, including centers and programs providing outpatient care in Heart Failure (typically in a heart failure clinic, across Ontario), system partners (e.g., eHealth Center of Excellence, Heart & Stroke Foundation, Home Care, Ministry of Health)

DISCLAIMER: The information in this document represents a high-level summary to capture the discussion at the point of time of the meeting and is NOT general guidance.

HIGHLIGHTS

System Planning Updates

- All meeting materials and related resources continue to be posted and updated on the CorHealth COVID-19 Resource Centre

Virtual Care & Managing Heart Failure

- CorHealth recapped that virtual care options were highlighted as a critical component to managing Heart Failure patients during COVID-19 at the March 25th, 2020 CorHealth COVID-19 HF Stakeholder forum
- Thirteen programs expressed interest in learning more about the Medly digital application, with volumes ranging from 100-800 HF patients per program

Medly: COVID-19 Deployment

- Dr. Heather Ross, Joseph Cafazzo, Patrick Ware, and Mary O'Sullivan provided an overview of the Medly digital application, including the logistics and costs of implementing.
- Dr. Ross noted that ambitious measures have been taken to virtualize the UHN Heart Function clinic to minimize risk to patients and clinicians
- Discussed the process for COVID-19 accelerated implementation: (1) engagement & needs assessment; (2) program customization; (3) training & deployment; *Enrolment of 1st Patient;* (4) monitoring & quality improvement
- Provided server hosting options, noting that the option of UHN hosting the server is the most feasible to enable rapid multi-site deployments needed to address the COVID-19 pandemic
- Reviewed Medly fees (COVID-19 Deploy);

Questions / Open Discussion

- *In terms of the guideline directed therapies, do the nurse coordinators titrate medications based on medical directives or through consultation with physician or nurse practitioner?*
  - No visit is involved; RN can review with NP or MD for approval of medication changes and will then call the patient with instructions. A DocuSign process is used for communication and prescriptions.

- *Is the Medly tool tied to any database? Is there any data kept regarding medications?*
  - There is a clinician dashboard where one can see the medications, and patient history to help guide patient care; the Nurse Coordinator is responsible for entering these data.

- *Is data able to go into EMRs? If sites can use their own servers in the future, will there be any difference in cost?*
  - Integration with EMRs is possible but can be difficult and costly; having the server and hosting it at your site will likely be more costly than administering this as a service through UHN.

- *Our site uses Cerner EMR Power Chart, has the Medly team looked into this?*
  - Cerner EMR Power Chart is quite common and could possibly be used for unidirectional data flow between Cerner and Medly system.

- *What is the patient selection criteria for this application, and how easily can this application be used in the very elderly and less tech-savvy population?*
  - There are currently patients enrolled in Medly from several backgrounds in terms of age and language. Highly suggest including family members who are tech-savvy.

- *What is the approach for titrations of medications and the need for subsequent blood work?*
  - Please refer to the CorHealth COVID-19 Heart Failure Memo#1 – Recommendations for an Ontario approach for ambulatory monitoring & management of heart failure during COVID-19, posted on the CorHealth COVID-19 Resource Centre

- *Can the Medly Nurse Coordinator also act as the clinic nurse, or is an additional resource required?*
  - The patient onboarding process is very quick (enrolled in ~1-2 days); typically, the Nurse Coordinator can divide their time between the clinic and managing Medly, particularly during COVID-19 where there are fewer demands from the clinic nurse.

- *With the cost being per patient, per year, how long does one need to keep the same patient on the Medly application?*
  - Patients certainly improve and can leave the application; there are some patients that have left ventricular recovery and stabilization, and they may stop entering data on Medly. The app remains on their phone and they can quickly reactivate if needed.

- *How is patient care documented?*
  - Notes can be dictated into the electronic record. Medly is considered a Health Canada Class II Device, and so dosages advised through Medly can be considered as the documentation.

NEXT STEPS

CorHealth to:
- Post / distribute meeting summary notes
- CorHealth to continue to provide the opportunity for additional discussions on *Medly* and COVID-19 deployment as needed, for managing Heart Failure patients