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## **How to Use Telemedicine With Your Asthma Patients**

### **Video Transcript**

Hi, I'm Dr. Persaud. I'm Chief of Allergy and Immunology at Bronx Care Health Systems and I'm the clinical lead for telehealth. I've been using telemedicine to provide care for many of my asthmatic patients for the past two years. During these times, we've been almost forced to see our asthmatic patients via telehealth.

If you take care of asthmatics in your private practice, hospital or both, the process is very similar. Telehealth should not change your approach to your patients and in fact, telehealth should take care of these patients easier. In fact, it can help with two major issues that asthmatic patients tend to have and that is to increase their compliance and to decrease your no show rates.

It has been scientifically shown that telehealth for asthma, the outcomes are very comparable to an in-person visit. Telehealth will not replace seeing an asthmatic patient in person, but it can help you tremendously. We can now examine patients at numerous distance sites including their home, the satellite clinics, emergency room, or even a nurse's station in a school. Just last week, I was even able to evaluate a persistent asthmatic on a basketball court in his neighborhood and it was convenient to his family.

Before you start telehealth, there are a few rules that you need to make sure that your program is successful. Number one, know your state and federal laws. These have been changing almost daily, so you should be aware. Although during the pandemic, many restrictions have been lifted in every state, there are still a lot of differences in each state. So become more familiar with parity laws and specific restrictions from your state, including licensure.

Number two, pick a platform. Platforms range from a free app to numerous softwares or even a more expensive enterprise system for a hospital or clinic system. Our Telehealth Task Force previously reviewed numerous platforms, so feel free to use these free resources so that we will be more familiar with some of them. Please be aware that since there has been many new startups who now offer telehealth platforms, many are now free.

Number three, invite your patients. Patients need to be invited for a telehealth visit. However, as we see telehealth becoming the new normal, many patients are now specifically requesting for these visits. I work in a large hospital system and we are finding that a lot of patients call specifically for a telehealth visit. Either a staff member can call to confirm the appointment and pre-register the patient, or you can do it via a simple phone call. Patients should be prepped on what to expect on the call and all insurance information should be verified. Your staff can even try to get vital signs from the patient, a pulse oximeter at home, or a blood pressure cuff reading, or a weight or a temperature via home thermometer may be available. After the telehealth encounter, some providers send discharge instructions via a portal or you can do it via email or mail instructions, or even text the instructions. Although in the past we needed written informed consent, legislation has now been waived where we can now acquire a verbal consent during this pandemic. However, we are pretty sure that we will need written informed consent in the future like we previously did.

Number four, prepare for the visit. For asthma, we should always review the chart before speaking to the patient so that the visit can flow. So review previous lab work, allergic triggers, spirometry, peak flow meters, oxygen sets, etc. Some patients who are frequent ER users for asthma might invest in a home pulse oximeter, or even consider writing for a grant if you're in an area where there's a high asthma morbidity rate that might provide for some home monitoring tools. Remember, when you're asking questions on HPI, it should be similar as if you saw that patient in person. So do ask about severity and control. A new patient might take longer initially so that the patient-physician relationship is properly attained. Currently, I use the asthma control tests, but there are other instruments that you can use as well. There are many apps as well that you may use and patients may use as well, so that you can review with them and track their asthma status.

Number five, the virtual exam. You should always observe how comfortable your patient looks on the video and investigate for any signs of difficulty in breathing. Look for signs of nasal flaring, chest retractions, or if the patient is speaking in complete sentences. Based on these measures, you can assess if the patient can be managed at home or will need further evaluation in an ER, urgent center, or a hospital. There are now a lot of wearable technologies such as remote patient monitoring and electronic devices that can help you and make a visit more complete.

Number six, medications. Order and review medications with the patients. Use this opportunity to clarify what medications the patients are using, by asking them to simply show you on their screen. You can also see how they're using these medications and make sure that they're using it correctly. Currently, I use a double screen. So while I'm able to look at the patient, I'm also able to refill their medications, or add a new medication. However, a single screen can be used just as efficiently. You can use this opportunity to evaluate your patients for home triggers. Look in their home environment and look for any type of allergic triggers. But make sure you get permission from the patient first. For patients on home biologics, you can also use telemedicine to evaluate for any type of allergic reaction they might have, or evaluate how they self-administer the injectables and make sure that they're using it correctly.

Number seven, billing. Don't forget, you can bill for time or you can include pertinent findings via virtual exam.

That's all for now. I'm Dr. Persaud with the Task Force. Have a good day and be safe. Thank you.