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Telemedicine Lessons Learned During the COVID-19 Pandemic

Video Transcript

Hi guys, I'm Dr. Justin Greiwe and I'm speaking on behalf of the Joint Task Force for Technology and Telemedicine to give you an update on some challenges and successes of telemedicine in my own practice since ramping up visits at the start of the pandemic. I know a lot of you transitioned to telemedicine-focused practices within matter of days to weeks after the initial state home orders, and the learning curve probably was pretty significant for most of you. At least in my own practice, we've had the technology to perform telemedicine visits for years, but due to patient's hesitancy and poor insurance reimbursement, there was always barriers for widespread acceptance. Now that we have a few months of telemedicine visits under our belt, I wanted to take a step back and review what's been working and what's not been working with regards for our virtual platform. As a disclaimer, the following observations are based off of my own observations, and do not necessarily represent the opinions of the Task Force as a whole, but my goal of this video is to provide honest feedback for my first three months providing virtual visits and to look toward the future of telehealth to kind of better understand how to incorporate virtual visits into clinical practice.

Overall, our transition to telemedicine hasn't really affected patient care or office logistics that much. And in some cases, we've actually improved chronic disease follow up because making virtual visits is so convenient for our patients. Most appointments have been seamless with good audio and video connectivity as well. Increasing volume of virtual visits has also freed up the office for more complicated patients who need to be seen in person. We've been able to treat more patients with fewer resources and have actually seen fewer missed appointments and cancellations on our telemedicine platform. We've also been able to expand into weekend and after hours appointments without increasing office overhead. Another advantage since we've been transitioning into virtual visits is the ability to charge for services we were previously providing for free. I'm sure a lot of you guys deal with this right now, but we often do a lot of follow up emails and patient phone calls for free. Instead of doing that for free, we now direct patients to schedule a telemedicine appointment and convert these conversations to paid visits which has been advantageous. For our tech savvy patients, there's been a seamless transition to the telehealth model. Patients appreciate the advantages of quick on time online appointments in the comfort of their own home without having to expose themselves to potentially contagious patients. The cost of the visit seems to be offset by convenience, lack of travel expenses, less interference with child and eldercare responsibilities, and improved continuity of care. After experiencing the advantages of telemedicine during the COVID-19 pandemic, it will be tough for these younger patients to go back to the in-office environment. As a private practice allergist, I've seen great value in an integrated telemedicine platform for my office during the pandemic and hope that virtual visits continue to be an important part of my practice moving forward. That being said, there are some drawbacks to our current telemedicine platform that needs to be addressed for this service to be fully integrated into our practice.

So what hasn't gone well with our virtual platform? As I mentioned earlier, most virtual appointments have been pretty seamless with good audio and visual connectivity. However, technology issues of course do occur, which can cut short or delay appointments. These disturbances include choppy video feeds, audio delays, and the inability to connect at all. With the loosening of HIPAA compliance

regulations, it has been easy to quickly transition to other video formats to complete the visit. If and or when these rules revert to pre-pandemic strictness, contingency plans for addressing these glitches in a HIPAA compliant but also time-efficient manner needs to be put in place.

The transition to telemedicine has exposed the generational technology gap of both patients and physicians. Some older patients still like face-to-face interactions, and it can be difficult to complete an online visit without running into some sort of issue. Failing to receive instructions on how to log in, bad internet connection, choppy videos and sound, poor video placement and distracting home environments can all contribute. I know I'm going to get in trouble for saying this but some older physicians have also been struggling to utilize this new technology appropriately, and may need help or more detailed tutorials on how to complete visits.

Moderate to severe asthma is a condition that has been difficult to navigate as we transition to the telemedicine space. Objective testing in the office with spirometry and exhaled nitric oxide testing have been a staple in asthma diagnosis and are invaluable in our management and treatment decision process. In the absence of these data points, there is a gap of knowledge that has the potential to hinder our ability to provide effective care. I believe patient education has also suffered and taken a hit in this scenario. With a typical in-office visit, patients receive additional education from nursing once the physician has completed their evaluation. With our current telemedicine platform, we don't have a system set up to provide a similar one-on-one educational session. If telemedicine appointments continue to be a large part of our practice, we will have to address these deficiencies moving forward.

Other barriers we've seen in my practice are state license requirements and also new patient appointments. Currently our telemedicine system isn't set up for new appointments. These patients need to be seen in the office first before any online visits can be initiated. Referrals and established patients from states that I'm not currently licensed in have also been a problem. Since I work in Cincinnati, I have lots of patients from Indiana, Kentucky and West Virginia. Without a medical license in these states, I don't have an option to see all my patients virtually.

The jury's still out regarding reimbursement. Right now most visits are being charged level two or level three. Occasionally I can charge a level four or five, but attaining this level of complexity is pretty difficult on the virtual visit format. It would be very hard to sustain a practice long term relying exclusively on virtual visits based on the current pay structure. Synchronous real-time telemedicine visits are not the only form of telemedicine that suffers from poor reimbursement. Asynchronous telemedicine, including e-consults, are also undervalued. The average going rate for performing these visits as a specialist is only around \$35 to \$40 a consult, and that's irrespective of the complexity of the patient.

So what's the future of telemedicine in our practices? The current pandemic has served to expose telemedicine's value, effectiveness and convenience in a very short time period. Now that telemedicine seems like it's here to stay, we must look toward the future and determine how best to utilize this technology to improve access and quality of patient care. We sit on the precipice of a new era of medicine that will likely grow leaps and bounds over the coming months and years. And it's my hope that with further acceptance of this technology, enhancements and user-friendly interfaces for both patients and physicians will be encouraged, as well as better educational capability that seamlessly integrates into virtual visits. We are seeing a surge in affordable and accurate at-home medical devices that can assist us in our physical exam, and I believe the popularity of wearable devices and health apps

will continue to grow and more accurately provide real-time feedback to patients and eventually to healthcare providers.

The more patients understand about their personal health utilizing this technology, the more empowered they will be to make meaningful behavioral changes. By employing a patient-centered approach, utilizing data gleaned from wearable apps and devices, healthcare providers have an opportunity to work in concert with patients to impart measurable skills and behaviors in a real tangible way with the ability to track this progress over time. When patients are included in a collaborative and patient-centered discussion about their health and well-being utilizing this type of technology, compliance and satisfaction rates will likely improve, leading to a more effective doctor-patient relationship.

Now that the pandemic is forced change upon the telehealth landscape, there will likely be increased pressure to evolve the reimbursement scenario beyond the current restrictions. The current pay structure is definitely an improvement from previous levels, but it's not sustainable long term and will only serve to keep telehealth services on the fringes once the pandemic is over. Everything depends on how these visits are valued, and how insurers and the government pay now and once a vaccine is developed. If reimbursement returns to pre-COVID levels, then the telemedicine movement will fade away, only to resurface again during the next pandemic.

Thank you for your time and attention, and I hope these insights are helpful as we all navigate this new novel telehealth landscape.