

Helping Staff Transition to Virtual Care and Successfully Navigate Home Health Challenges.

Virtual Care Has Become the Norm

A newsletter series by *Community Health Magazine*, a healthcare and wellbeing communications firm and proud AESA Business Partner.

Amid the coronavirus pandemic and the stay-at-home and social-distancing measures put into place to slow its spread, Telemedicine has become an essential tool consumers are using more than ever.

Telemedicine allows patients to consult with a health care professional from the comfort of their homes through video chat, email or phone.

Some health experts believe virtual doctor visits will change the face of primary health care for the long haul.

“We believe Telemedicine will change the world by making it easier and more affordable for healthcare providers to care for their patients anywhere,” according to Doxy.com, a simple and free tool health care providers can offer to patients using Telemedicine. “Everyone should have access to Telemedicine. Cost and complexity should not be a barrier.”

Virtual platforms are also allowing people to counsel with mental health professionals.

Congress has passed legislation providing flexibility regarding virtual services to seniors on Medicare. Some jurisdictions have already issued emergency declarations or have existing temporary practice provisions allowing licensed, out-of-state providers to deliver services during this public health emergency.

The Allegheny County School Health Insurance Consortium (ACSCHIC), a self-insured health plan consisting of more than 20 educational entities in Western Pennsylvania, offers a virtual vendor called Teladoc, as well as providers from the Allegheny Health Network (AHN) and Highmark.

AHN-Highmark conducted a survey regarding Teladoc usage among health plan members and found the following:

- 1,700 video visits and 1,800 telephone visits per day
- 130 urgent care/self-scheduled (via MyChart) video visits per day
- More than 3,700 Telemed interactions each day at AHN

The Finger Lakes Area School Health Plan, a consortium of more than 30 educational entities in Western New York, gets its health care benefits from Excellus BlueCross BlueShield.

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For Excellus members, MDLive Telemedicine visits require no out-of-pocket costs. This includes insured members and their dependents on high-deductible health plans. This applies to any visit made by Excellus members using Telemedicine and includes behavioral health-related visits, says Rick Amundson, a wellness consultant at consortium-contracted Smola Consulting. Providing free virtual and telephonic care through MDLive is an effort to reduce services at on-site facilities, and to make space for the most serious conditions, he adds.

Everyone has the ability to use Telemed, says Kayla Cousineau, vice president of clinical operations in the AHN, which links physicians with Telemedicine. There are more than 1,200 providers in 50 specialties that use Telemedicine, according to Cousineau.

“All patients are being offered a Telemedicine option where it is clinically safe to do so,” says Dr. Sricharan Chalikonda, AHN chief of clinical operations and strategic initiatives. “They don’t have to drive long distances more importantly now in the social distance.”

Chalikonda says that Telemedicine allows patients to have more frequent visits with their doctor. Also, it improves care for chronic diseases and for those who need to see a specialist but live far away.

Cousineau says that before the pandemic, only a handful of specialists were using Telemed — with roughly 20 visits a day. That daily count has soared to more than 3,700 across a broader range of specialties.

She thinks the biggest challenge for Telemed right now is for patients to understand how to use it. Some patients get frustrated or intimidated and end up canceling their video visits. Similarly, health care professionals need to get acclimated to the tools as well as the idea that a visit need not be hands on.

Here to stay

Chalikonda sees an increasing use of Telemed, even after the pandemic exists only in history books. It will never replace everything in health care, but he sees it possibly becoming the norm for primary care visits, as well as follow-up and post-surgery visits.

It will also serve as a critical link, he says, between small-town and rural America, and specialists who all too often are headquartered only in major metropolitan areas.

Chalikonda says that in the future, Telemed may enable patients to test their own blood at home, bypassing medical laboratories.

Dr. Gregory Carnevale, medical director of Telemedicine for Excellus, says the pandemic has forced people and practitioners to think differently about how health care is delivered from a practitioner-provider perspective and offers a chance to have treatments for patients in a safe environment.

He adds that providers ask questions based on what they are able to see on the video call, noting that how physicians have been trained has been much different historically.

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“You need to be very comfortable with monitoring devices that give information,” he says. “In the current state, we can’t do as well in the physical exam area. The physical exam is the biggest obstacle. Not every patient has capabilities for a video chat, and that can affect how the visits proceed; so patients and providers can adapt to that.”

Marya Vande-Doyle, director of Excellus Telemedicine, says the virtual resource continues to help people understand and communicate with health care providers. But the challenge is ensuring patient access to and comfort with technology.

“You need to make sure patients have the information about what their fever is, blood pressure, and send a picture of symptoms from different angles. Patients need to be prepared to talk about symptoms. Be honest about your circumstances,” she says.

Carnevale sees some risk, from a business perspective.

“[Some health care practices] could close as a result of not being able to adapt fast enough to Telemed and see as many patients as they can. Smaller practices privately owned are more at risk now due to financial backing,” he says.

Vande-Doyle sees a fair amount of uncertainty.

“Telemed is new to everybody,” she says. “People are concerned about liability, risk and fraud. The way practitioners provided care in the past is different. People are now going to have a new experience. More people can try and see if it works for them.”

But Telemed’s positives are many, she adds.

“Physicians can work at home, expand office hours, be with their families, and offer more enhanced outreach,” she explains. “The patients can feel more satisfied, get deeper access to care and be more engaged, healthier and more in control.”

Transitioning staff to virtual care while remaining aware and flexible new and different challenges with home based care will be addressed in future articles and webinars by Community Health Magazine.

If you are experiencing difficulty communicating health and wellbeing topics simply struggling to get started contact Jeff Mercer with Community Health Magazine at:

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