

Telemedicine in Time of COVID-19

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ABSTRACT

It is safe to say that 2020 has been an extraordinary year. In the past nine months, we have seen changes in telehealth that we could not accomplish in the past 15 years. The alignment of technology, policy and reimbursement have been powerful forces that have propelled telemedicine into the 21st century.

Keywords: COVID-19; Pandemic; Corona virus

DESCRIPTION

During this pandemic, telemedicine has allowed patients to access care without fear of contracting coronavirus. It has provided an important revenue stream to small independent private practices that would have otherwise had to close due to an inability to generate the minimal revenue necessary to maintain their clinical presence. Furthermore, telemedicine visits have allowed busy patients including employees and students to access urgently needed care. These interactions have facilitated assessment, diagnosis, and treatment so that employees can be back to work earlier and students can avoid academic disruptions. Analysis of conditions such as depression and anxiety disorders are easily provided in telehealth settings. Review of home monitoring of blood pressure for hypertension and glucose evaluations and dietary compliance for diabetics are also easily conducted with telehealth platforms.

However, telemedicine has its own set of challenges that requires a provider to be creative and clever with patient assessment. In the geriatric population, a family member needs to be present during the meeting to help with navigating technology, ensuring that the patient's complaints are expressed accurately, and making sure that the patient fully understood the provider's instructions.

For example, a colleague conducted a telemedicine visit on an elderly patient who had fallen at home. Patient was desperately afraid of going to the emergency department out of fear of catching COVID-19. The family also had reservations about bringing their loved one to the hospital due to the same fear. My colleague dealt with the chief complaint by observing the patient's gait and instructing the family to palpate the area of tenderness. Not only was my colleague able to appropriately alleviate the patient's concern about hip fracture but she also was able to ameliorate their fear of contracting COVID-19. If the only technology available

was a phone call, it would not have been feasible to provide this level of care with a greater degree of medical certainty. This patient would have had to go to into the emergency department immediately for x-rays to rule out a possible fracture. This would have been extremely distressing and traumatic for the patient and the family. Advancements in technology made it feasible to avoid an unnecessary visit to the hospital and to alleviate the fear of contracting COVID-19. From the perspective of the healthcare system, the system economically saved potential costs of a hospital transport and Emergency Department evaluation. A picture is worth a thousand words. Clinically, the ability to see how the patient looks is a key determinant of how we, as clinicians, decide what the appropriate course of management should be.

Telemedicine is an important tool in driving that concept so that clinicians can make appropriate choices in terms of the urgency of care and the setting of care for our patients. The ability to have primary care providers be able to see their own patient is priceless. The value of this service is difficult to measure but we believe that telemedicine will reduce emergency department visits and lower costs across the system [1]. Telemedicine helps mitigate the spread of infection by keeping patients in their home environment when they get care. This will be revolutionary in our efforts to control infection and costs. Telemedicine allows us to monitor patients at home more effectively. This technology allows us to provide more care at home and a higher quality of care to homebound patients than is possible at this time with current staffing and economic models.

As geriatricians, the value of telemedicine in a skilled nursing facility can be a powerful tool to keep our most vulnerable patients as healthy as possible [2]. In optimal times, it is difficult to get subspecialists into a facility to see patients. When you can get the subspecialist into the facility, often multiple patients are grouped together and are seen once a week or monthly depending on the

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caseload volume. In a situation where you have a willing subspecialist or hospital partner, telemedicine visits allow these patients to be seen acutely and be treated earlier. This can lead to better outcomes and a decreased need to send patients to the hospital or a physician's office [3]. Early intervention and the decreased cost of transportation can provide improved economics in a world where reductions in healthcare spending is an important focus. There is also improved patient satisfaction for both the patient and the family. With the advent of 5G it may even be possible to monitor patients in the nursing home in real time and maybe someday allow the performance of procedures to be conducted in a skilled nursing facility with remote subspecialty supervision [4].

As technology advances, it will be possible to provide a greater number of services. Society needs to weigh the value of these innovations against complex issues involving medical liability. Litigation should not limit innovation. If the use of telemedicine increases medical liability then innovation will cease and we will not see the potential cost savings that can be generated from telemedicine. Clinicians, insurance companies and legislative leaders need to come together. Insurance companies need to keep telemedicine economically viable for clinicians so that clinicians have appropriate reimbursement for innovation. A small practice cannot innovate with technology without appropriate reimbursement. Legislators need to keep legislation simple so that technologies are developed that are user-friendly for both the patient and the clinician with limited complex liability. Together, we can improve the patient and clinician experience as well as reduce costs. As we have seen with the current pandemic, it is possible for clinicians, insurance companies and legislators to work together towards this mutually beneficial goal.

REFERENCES

1. American Hospital Association. Telehealth: Helping hospitals deliver cost-effective care. 2016.
2. Burnight K. The growth of telehealth in geriatric medicine. Home Care. 2020.
3. Chess DM, Whitman JJ, Croll MD, Stefanacci RD. Impact of after-hours telemedicine on hospitalizations in a skilled nursing facility. Am J Manag Care. 2018;24(8):385-388.
4. mHealth Intelligence. A Blueprint for Telehealth Success for Skilled Nursing Facilities. 2020.