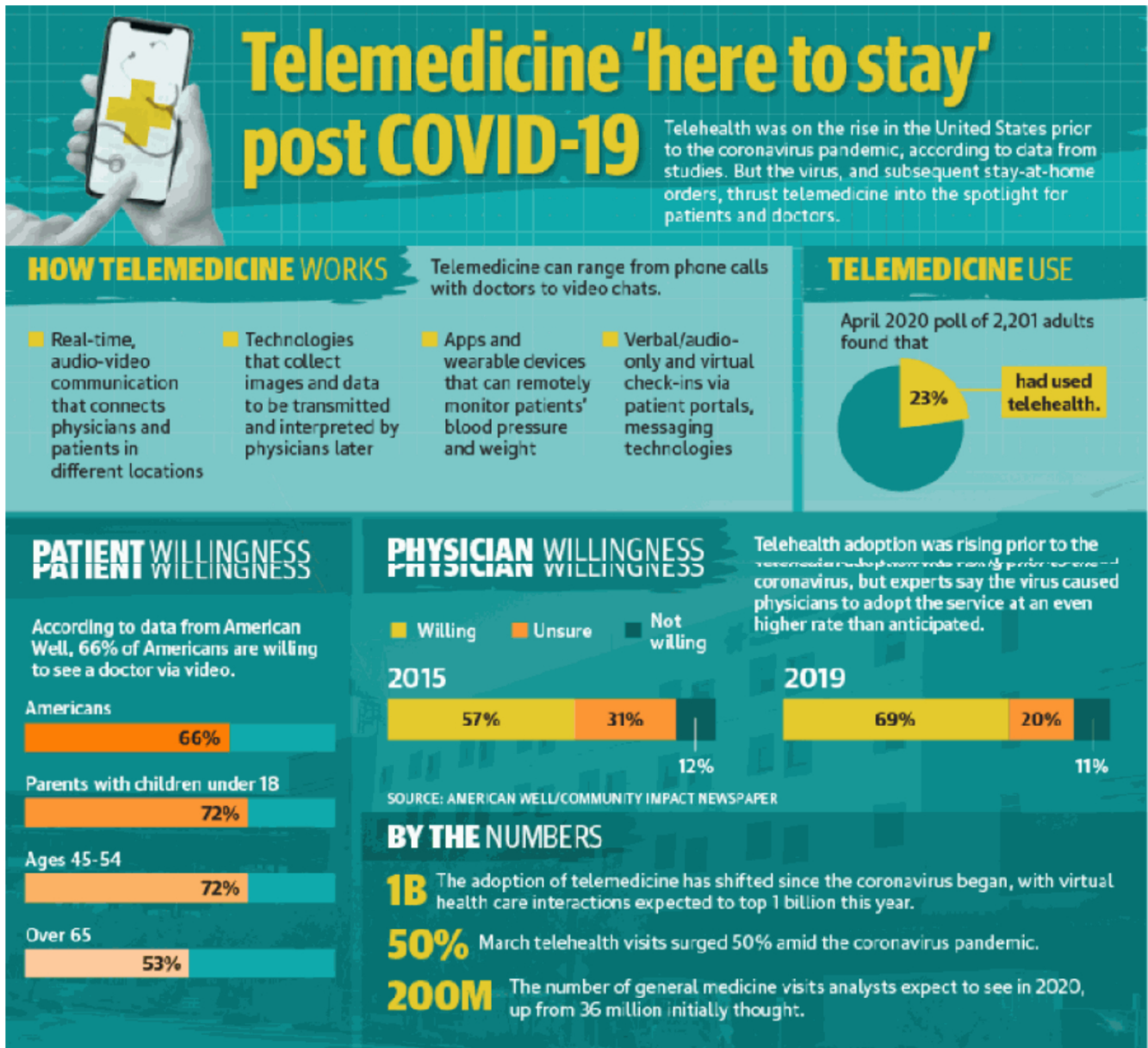
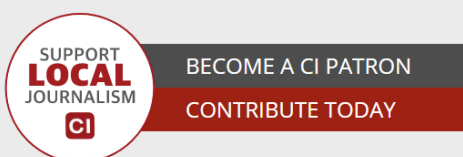
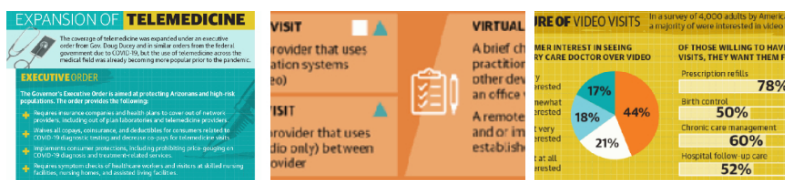


# Telemedicine 'here to stay' post COVID-19, according to local health professionals



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Health experts say the fast-paced implementation of telehealth across all facets of medical care that took place during the coronavirus pandemic highlights the importance of telemedicine while also exposing areas where the model needs improvement to be sustainable and scalable.

According to data from the Arizona Medical Association, a majority of medical practices across Arizona adopted telehealth due to the coronavirus. Mark Slyter, president and CEO of Dignity Health Chandler Regional and Mercy Gilbert medical centers, said that roughly 80% of Dignity practices were utilizing telemedicine compared to 30% before the COVID-19 outbreak.

The increase in use, experts say, is tied directly to relaxations from federal and state governments on what insurance is required to cover in regard to telemedicine.

"I think if you talk to most of our clinicians and our office practices, they have already made significant adaptations to their offices and locations and how they care for their patients, and I think that will continue," Slyter said. "We will see where it all settles out. Right now we have, out of necessity, a significant use of telemedicine. Some of the doctors utilizing it would prefer to see patients face-to-face because they can make a better diagnosis, so some of that will go back to in-person visits. It will balance out; we just don't quite know yet what the future holds. But I do think a larger portion of practice will be dedicated to telehealth or telemedicine visits, the offices, space, staffing will adapt to that change."

When the coronavirus gripped Arizona in March, Gov. Doug Ducey signed into law an executive order that part of the public health emergency that expanded the insurance coverage of telemedicine visits.

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"The executive order kicked in and made insurance treat every visit the same, whether it's virtual or face-to-face, and because of that, it helped push doctors to use it," AMA President Dr. Ross Goldberg said. "We are in talks with insurers to see what we can do when the executive order and

the emergency declaration end to figure out what telemedicine looks like moving forward.”

According to data from a National Tracking Poll that surveyed 2,201 people in April, 23% of respondents said they utilized telemedicine—either a phone call or video chat—since the beginning of the coronavirus-related closures and stay-at-home orders.

“I don’t think patients would allow [telemedicine] to go away, honestly,” Goldberg said. “I think it’s a convenient factor. In our society we like convenience places like Amazon, and it’s why those businesses are so successful. If people can have a primary care appointment over video chat, why wouldn’t they want to pursue that?”

### **Adapting telehealth for the future**

Goldberg, a surgeon at a county-run hospital, said that telemedicine is here to stay but acknowledged that there are facets of the model that still need to be worked out.

“Those conversations are happening,” Goldberg said. “Patients really like telemedicine visits. I work at a public hospital. For our patients it is a big deal for them to take a day off, but with telemedicine they can take a lunch break and call and have an appointment without missing work. It’s a convenience to companies, too. Not everything can be done over the phone or video, but I think it is here to stay because people like it and they don’t have to travel and can call from home. What we don’t know is what it is going to look like in the future and what is going to be reimbursed for significant infrastructure changes.”

Goldberg said it is not as simple as using Zoom or Facetime to talk to patients—that doctors need to try and use the Health Insurance Portability and Accountability Act, or HIPAA, -compliant platforms. Privacy for patients and patients’ rights must also be adhered to in a telemedicine appointment, Goldberg said.

He said with the expansion of telemedicine, medical practices, urgent cares and even hospitals may look different moving forward.

“All a patient sees is the visit; they don’t see the technology and infrastructure on the practitioner’s end,” Goldberg said. “There is a lot more behind the scenes that occurs before the appointment. We need to show people that make decisions about telemedicine—like insurance carriers and state and federal governments—the behind-the-scenes so we are compensated a fair value for the time, money and infrastructure.”

Goldberg said he thinks telemedicine is “vitally important” and that it is here to stay, but questions still remain about how physicians will be reimbursed.

“We need to change the model for how physicians get reimbursed,” Goldberg said. “It’s got to be worthwhile to maintain for a practice and make sure a practice stays successful from a financial standpoint and keeps the convenience for patients.”

Dr. Philemon Spencer, owner of Piñon Family Medicine in Chandler, said the executive order



related to insurance coverage was the change the industry needed to adopt telemedicine more broadly across practices.

“More often, telemedicine had been offered as a service of your insurance,” Spencer said. “They have a program with access to telemedicine. But if you wanted to have a telemedicine visit before now, you weren’t talking to your regular doctor. Most of the primary doctor offices weren’t offering that service.”

### **Pros and cons of telehealth**

Throughout the pandemic, telehealth has been used in practices ranging from family medicine and emergency care to dermatology and counseling services.

Goldberg said that all kinds of practices can find an innovative way to use telemedicine. He said the practice can be used even in surgery to operate surgical robots remotely. He said the practice has already been deployed in some emergency rooms.

While providers saw a definite uptick in telemedicine visits during the pandemic and see the trend continuing, it cannot always replace in-person visits.

Spencer said while his practice did see telemedicine appointments, it still had people coming to the office to be tested for COVID-19 and for other health concerns.

“We didn’t see as many telemedicine appointments as we anticipated,” Spencer said. “Patients prefer to be seen in person. It was a logical solution for some people. People who did it seemed to appreciate it a lot, sitting in comfort of their own living room and talking on their own device.”

But Spencer said there are some barriers to utilizing video calls for medical visits.

“There were a lot of people who felt their medical problem needed to be seen—you can tell a doctor over the phone that your throat hurts, but from the doctor’s perspective it is hard to see the back of the throat on a video chat,” Spencer said.

Dr. Nancy Kim, a dermatologist at Spectrum Dermatology with an office in Chandler, said the practice moved almost entirely to telemedicine appointments in March based on guidance from the American Academy of Dermatology that told dermatologists to close their offices for visits.

“We were not doing any telemedicine before,” Kim said. “The thing about dermatology is that we are a very visual specialty. A lot of the things we see, we usually need to do procedures on— it’s pretty challenging when you can [only] see it through a screen without diagnostic capabilities. But 95% of our visits for about six to eight weeks were telemedicine visits.”

Kim said there have been some rashes associated with COVID-19 on fingers and toes. To treat patients with onset rashes that may be COVID-19-related, Kim said telemedicine is a good way to treat the patient without exposing those in the medical office.



“It helps flatten the curve some. I think it was good for the time, but there are a lot of limitations for telemedicine at least with our specialty,” Kim said. “We want to continue all modalities of treatment.”

Dr. Audrey Jung, a licensed professional counselor, had been utilizing telemedicine prior to the virus, but once the virus hit, the majority of her practice moved to telemedicine visits.

“It’s not perfect for all kinds of clients; it’s not a perfect solution—just another service that can be provided fleshes out how we can care for a person,” Jung said.

Slyter said for all of the positives related to telemedicine, it is important to remember that telemedicine cannot replace certain types of in-person visits—such as emergent visits.

“Telehealth is an absolute positive addition in continuing care and accessing care, but it does not replace more urgent and emergent visits,” he said. •

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