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# When virtual becomes **REALITY**

## Telemedicine surges as a solution during the COVID-19 pandemic

IN MARCH 2020, AS HEALTHCARE ORGANIZATIONS AROUND THE U.S. prepared for the arrival of a highly contagious novel coronavirus predicted to overwhelm their facilities, many found a beacon in telemedicine. The technology hadn't broadly caught on yet, but it would prove to offer lifesaving solutions during a time of unprecedented challenges.

Prior to the pandemic, many medical facilities had been using telemedicine in small pockets for specific patient populations such as people living in rural areas or those with chronic conditions. Insurance companies would only reimburse for a limited number of services. Some people were concerned about privacy breaches, and others presumed it couldn't be as effective as a face-to-face visit.

### CHANGES LEAD TO INNOVATION

The Centers for Medicaid & Medicare Services (CMS) responded to the crisis by widely expanding reimbursement for telemedicine. CMS also temporarily waived Health Insurance Portability and Accountability Act (HIPAA) violations against healthcare providers who serve patients in good faith through everyday communications technologies.

These two changes blew the door wide open for telemedicine. According to a late-April survey of 591 U.S. consumers by Black Book Market Research and Sage Growth Partners, more than one-third of people did not feel safe going to the doctor's office or a hospital, and the fear of COVID-19 made people more likely to use telehealth. More than half of survey respondents said they had access to telehealth.

Of those who had used telehealth, **78%** were satisfied with their experience and **43%** found their virtual visit to be as effective as an in-person visit.

### SAFELY ADDRESSING IMPORTANT HEALTHCARE NEEDS

As the coronavirus took center stage in many areas of the country, people still needed care for the health issues they've always faced. For those patients concerned about going into high-risk areas like hospitals, telemedicine enables them to safely get remote care, such as checkups, consultations, post-surgical follow-ups, physical therapy, mental health services and more.

**James Bruffey, M.D.**, is the Medical Director for spine care at Scripps Health in California and a HealthTrust Physician Advisor. Before the pandemic, the orthopedics department at Scripps was in



the process of piloting telemedicine within Epic. In March, as virus exposures increased in the area, caseload was low. "Patients were concerned about being exposed, but they still needed access to care," says Dr. Bruffey. "We had to quickly come up with a way to provide that care safely, so we rolled it out."

Patients are relieved to be able to connect with a physician during this time, notes Dr. Bruffey. "If it's a normal two-month post-op visit, patients love it because they don't have to drive in, they get to see me and it's very efficient."

At Franciscan Alliance, a Midwestern health system, telemedicine was only used before the coronavirus for the accountable care organization. During the pandemic, telemedicine was expanded to orthopedics and other departments. HealthTrust Physician Advisor **William Payne, M.D.**, an orthopedic surgeon with Franciscan Alliance says, "Patients



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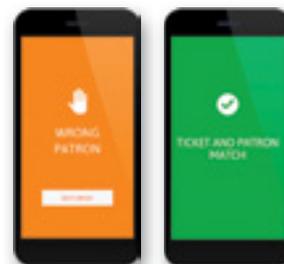
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MEMBER CASE STUDY: MERCY VIRTUAL CARE CENTER



Because of the growing shortage of caregivers and spiraling medical costs, Mercy, a health system serving Missouri, Oklahoma, Arkansas and Kansas, invested heavily in telemedicine and is now touching lives across the nation. The health system opened its Mercy Virtual Care Center in 2015 in Chesterfield, Missouri. Healthcare professionals work at the center and monitor patients remotely. At least 13 services are offered—from virtual observation to stroke diagnosis.

The vEngagement program supports high-risk patients with chronic conditions. These patients are given a tablet device, blood pressure cuff, pulse oximeter and weight scale. Under the direction of a primary care provider, patients are monitored daily.

Another program called vAcute is essentially a virtual emergency services department (ED) for people who live in rural or remote areas where there may be a shortage of healthcare providers. A team of ED physicians and nurses can assess and treat patients in the moment. They coordinate with local EDs, hospitals and skilled nursing facilities to ensure patients are routed appropriately if additional care is needed.

In March, Mercy quickly set up COVID-19 screening, testing and treatment. “Our nurse-on-call virtual service was opened up not only to Mercy facilities, but to any patient anywhere who needed to be tested,” says

**Kellie Matusofsky**, RN, BSN, Director of vEngagement and vAcute services at Mercy. They virtually monitor these patients via a texting platform for 14 days. If a patient’s symptoms worsened, the staff knew and could help.



Because the system already had so much technology in place, providers had a major head start in knowing what works effectively in a crisis. “We’ve been able to leverage existing technology and quickly deploy additional technology for our patients, as well as enhance the support we provide our partner sites,” explains

**Krista McKenzie**, MSN, RN, NE-BC, Executive Director of Virtual Operations at Mercy.



Mercy Virtual has been educating staff in traditional in-person clinics on how to do virtual medicine. While it’s a change in their practice, they’re still able to see their patients and provide the same level of care.

“Putting an ICU doctor in front of a screen feels strange at first,” notes McKenzie. “But taking care of a patient has a lot to do with listening and hearing about symptoms and how someone is feeling. You can treat them in the same manner with the same outcome.”

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generally like being able to see their doctor, and providers gain information because human emotions and facial expressions are available.”

### VIRTUAL SCREENING & TREATMENT

When it comes to treating COVID-19, telemedicine enables healthcare professionals to conduct a video screening with people in their homes who think they may have contracted the virus. The healthcare provider asks patients questions and has them take their temperature. If symptoms are present, the provider will authorize a test.

In many cases, people who are sick at home with COVID-19 can be safely monitored and treated virtually. Patients can exchange daily texts with providers and submit temperature readings. Telemedicine helps slow the spread of the COVID-19 infection to healthcare workers and other people coming into emergency departments or physician offices.

### AVOIDING PITFALLS

With all of the benefits of telemedicine, there is also a learning curve for patients and staff. The technology is generally reliable, but limited internet bandwidth at home

can make the connection spotty. Patients may need help from loved ones when using the phone or computer during a visit—for example, to help show an injury in a hard-to-reach area, so the physician can get a good look. Or a patient may need to obtain a medical device, such as a blood pressure cuff or pulse oximeter, and be taught how to use it at home.

“People over the age of 75 sometimes have concerns about technology, so we try to engage a daughter or son to help walk them through the process,” adds Dr. Payne.

### A NEW WORLD

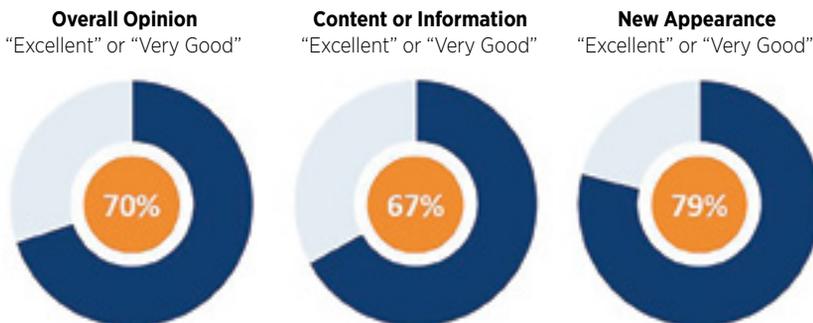
“The ability to deliver care to people at home is the transformation that medicine is seeking,” says Dr. Payne. “Once patients get a taste, they will accept it as part of everyday life.”

Dr. Bruffey agrees that his team will continue to use telemedicine even after the pandemic. “I look forward to its evolution,” he adds. **HT**

**TELL US HOW** telemedicine is transforming your practice or how it has evolved during the COVID-19 pandemic by sharing your story at [thesource@healthtrustpg.com](mailto:thesource@healthtrustpg.com)

## The Source reader survey results

Below are highlights from the reader survey initiated after the publication of the Q4 2019 edition.



**78%** consider *The Source* very or somewhat relevant to their professional role.

The topics that generated the highest total levels of interest are:

- ▶ Improving healthcare
- ▶ Innovation & healthcare technology
- ▶ HealthTrust products & services
- ▶ Industry & HealthTrust news

**51%** of respondents report that they share the entire publication or articles/ads of interest with others. The print distribution of ~14,486 reaches another “pass-along” audience of 7,380, for a **total reach of about 21,866 readers.**