5 Steps to Building Telemedicine into Clinical Activities for Fellows

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Feb 25, 2022
The 5 Steps

1. Start with a good site
2. Assign a Fore(wo)man
3. Give Blueprints
4. Do Inspections
5. Add the Personal Touch
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Telemedicine Clinic

Set up Telemedicine well at baseline!

Resources in Handout:

Telehealth Toolkit

Learn how to optimize your existing telemedicine program or how to implement it if you’re just getting started. Get info about laws, reimbursement, licensing, efficacy and more.

American Academy of Allergy, Asthma & Immunology
ANNUAL MEETING
PHOENIX, AZ - FEBRUARY 25-28, 2022
AMA Telehealth Immersion Program

- Series of Webinars
- Bootcamps
- Peer-to-peer discussions
- LOTS of resources
Not Set Up with Telemedicine Yet?

Include fellow in implementation of Telemedicine Clinic
- QI Project

Incorporate eConsults or Telemedicine Inpatient Consults

Consider blocks of telemedicine rather than interspersed in scheduled template
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Faculty Telehealth Champion

• Point person to keep up to date with rapidly changing landscape
• Dedicated telemedicine clinic for the fellows to rotate through
• This attending can focus on bedside teaching
Telemedicine Teaching

- Set Expectations: template email
- Back-up method to communicate
- Pre-clinic huddle
- Plan WHEN you will teach
  - Reading on topics ahead of the day
  - Do mini “chalk-talks” during lunch break
  - Teach between patients
  - Bedside teaching
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Create a Telehealth Curriculum

Domain I: Patient Safety and Appropriate Use
Domain II: Access and Equity in Telehealth
Domain III: Communication via Telehealth
Domain IV: Data Collection and Assessment via Telehealth
Domain V: Technology for Telehealth
Domain VI: Ethical Practice and Legal Requirements for Telehealth
Telemedicine for Asthma

• \(\uparrow\) ACT scores and FEV1% predicted
  • \(N=20\) adults, mostly patient education (1)

• Non-inferior to in-person
  • \(N=169\) children, secondary site with digital stethoscope (2)

• \(\uparrow\) asthma control and QOL in meta-analysis
  • \(n=10,281\) adults in 22 studies (3)

• Improves symptoms, peak flows, and FEV\(_1\) and \(\downarrow\) hospitalization rates and deaths
  • systematic review of systematic reviews, 23 systematic reviews included (4)

Paucity of Data for Evidence Based Practice
Eliminating health disparities with telehealth
# Tele-Presence 5: A ritual of connection for virtual visits

Strategies to foster humanism and meaningful connection during virtual encounters

<table>
<thead>
<tr>
<th>Prepare with intention</th>
<th>Listen intently and completely</th>
<th>Agree on what matters most</th>
<th>Connect with the patient’s story</th>
<th>Explore emotional cues</th>
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</thead>
<tbody>
<tr>
<td>Pause, refresh, and focus between virtual visits, familiarizing yourself with the next patient</td>
<td>Remain visible, lean in and maintain eye contact, communicate through facial expressions, avoid interruptions</td>
<td>Establish a virtual visit agenda that incorporates patient priorities and goals</td>
<td>Engage virtually with the patient’s home environment and social support</td>
<td>Look for and validate emotional cues in facial expressions, body language, and changes in verbal tone and volume</td>
</tr>
<tr>
<td>• Stand up and take a deep breath between visits</td>
<td>• Sit up, lean forward, stay in the frame, and look directly at the camera to maintain eye contact</td>
<td>• Ask about your patient’s priorities and expectations, and share your own goals for the visit</td>
<td>• Invite your patient to comment on their visible personal items such as pets, photos, or furnishings</td>
<td>• Tune into patient emotions evident through body language and tone or volume of speech</td>
</tr>
<tr>
<td>• Perform a brief chart review, emphasizing key elements of the social history</td>
<td>• Nod and use facial expressions to communicate that you are listening</td>
<td>• Use open-ended questions and utilize teach-back to assess understanding</td>
<td>• Ask individuals who are present to introduce themselves to learn about the patient’s social support</td>
<td>• Ask the patient how they are feeling about their health concerns and other stressors</td>
</tr>
<tr>
<td>• Minimize distractions to focus on the person you are about to see</td>
<td>• Pause before responding to account for lag time and prevent interruptions</td>
<td>• Reassure your patient that you are there for them, despite the virtual nature of the interaction</td>
<td>• If appropriate, inquire about the patient’s home environment and safety</td>
<td>• Name and validate observed emotions</td>
</tr>
</tbody>
</table>

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Telemedicine as Observation

• A less cumbersome opportunity for direct observation
• Focus on professionalism, communication skills and patient education
• Real time back channels for learning with private chat messages
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Unique Opportunities

- Can utilize telemedicine to decrease burnout
  - Telemedicine clinic days from home
  - Limit commute time
- Increased empathy with patients via telemedicine
  - Less Travel
  - More flexible schedule
  - Home Visit
42% of Allergists report they are burnt out

What Contributes Most to Your Burnout?
- Too many bureaucratic tasks (e.g., charting, paperwork): 40%
- Lack of respect from administrators/employers, colleagues, or staff: 39%
- Too many hours at work: 34%
- Lack of control/autonomy over my life: 32%
- Insufficient compensation/salary: 28%
- Increasing computerization of practice (EHRs): 28%
- Lack of respect from patients: 22%
- Government regulations: 15%
- Stress from social distancing/societal issues related to COVID-19: 12%
- Stress from treating COVID-19 patients: 10%
- Other: 8%

Which Would Help Most to Reduce Your Burnout?
- More manageable work schedule: 39%
- Increased compensation to avoid financial stress: 38%
- Greater respect from administrators/employers, colleagues, or staff: 36%
- Increased control/autonomy: 36%
- Lighter patient loads: 33%
- More support staff: 33%
- Fewer government regulations: 26%
- A new job: 15%
- Not having to treat COVID-19 patients: 9%
- More/easier access to PPE: 1%
- Other: 13%

**Telemedicine:**
- Time savings with faster visits per patient
- Greater flexibility in work schedule: less time “at work” with no commute, 1d/wk or 1d/mo work from home

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