

Coughing, Coffee, or Golfing: Telemedicine Trends & Challenges

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Ascension

Telemedicine

This speaker has no conflict of interest to disclose

Introduction

Adult Gerontology Nurse Practitioner

Employment

- Ascension Medical Group, Center for Healthy Aging

Education

- 2014 Bachelor of Science, Nursing, Purdue University
- 2017 Masters of Science, AGNP, Purdue University

Passion

- Dementia & delirium



Telehealth vs Telemedicine

Telehealth

- Began mid 20th century
- Includes any form of electronic communication of medical information

Example: data for population health management

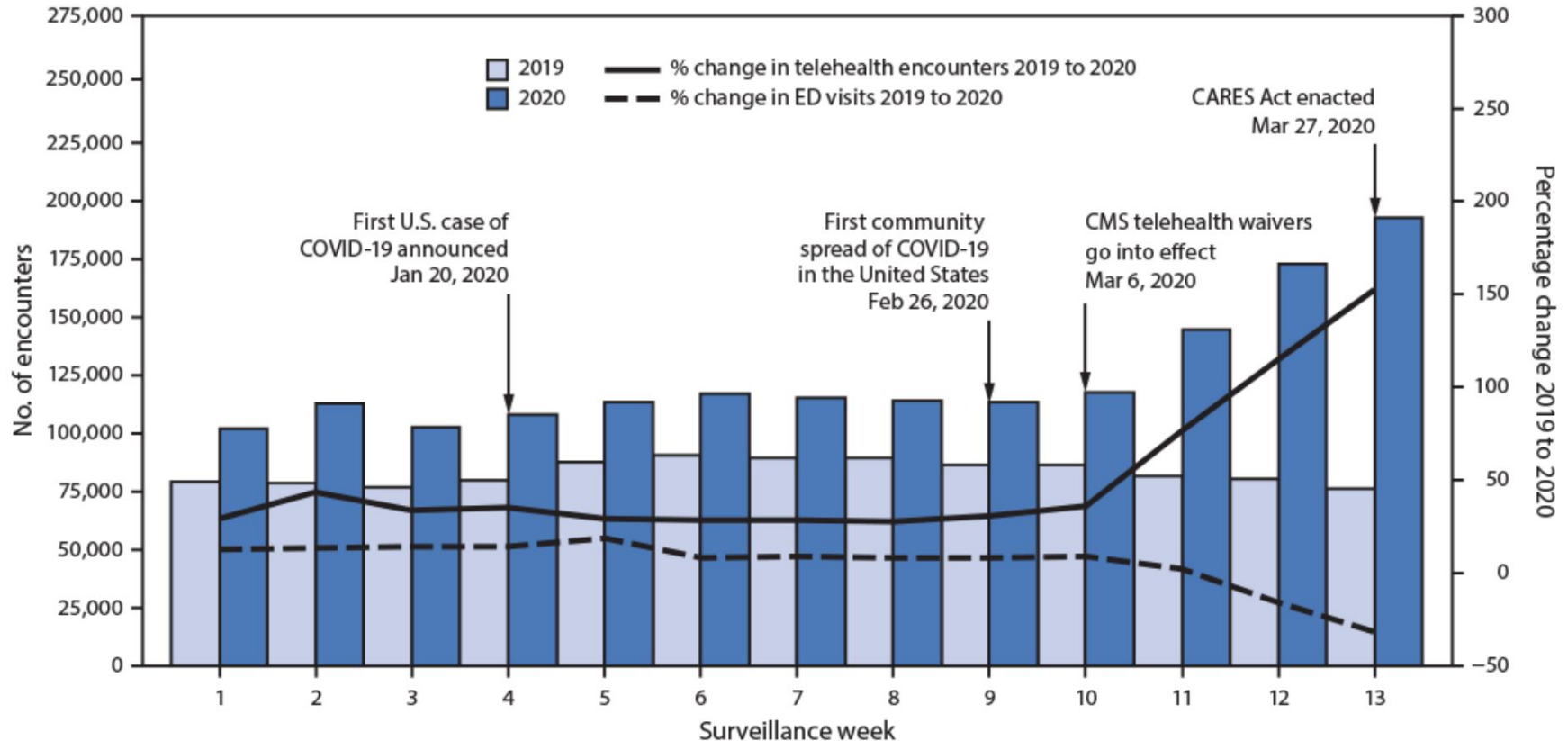
Telemedicine

- Subset of telehealth
- Remote patient visit via technology including both audio and video

Example: patient with sore throat discusses with provider via online system



FIGURE 1. Number of telehealth patient encounters reported by four telehealth providers that offer services in all states and percentage change in telehealth encounters and emergency department (ED) visits — United States, January 1–March 30, 2019 (comparison period) and January 1–March 28, 2020 (early pandemic period)*



About the Visit

- Consent is necessary, either verbal or written depends on state
- Privacy
- Gathering information similar to inpatient visit
- May wait in virtual waiting room
- Patients may need to assist with physical exam



(https://www.gettyimages.com/detail/illustration/senior-man-consulting-a-doctor-online-using-royalty-free-illustration/1218524442?utm_medium=organic&utm_source=google&utm_campaign=iptcurl)

Physical Examination

- Limited, more focused
- Only includes body parts that can be visualized
- Unable to auscultate lungs or heart
 - Can comment on respiratory effort
 - Ask patient to check heart rate (tech watch)
- Ask patient to assist
 - Abdominal exam
 - Checking for edema
 - Repositioning camera to see skin changes
- Able to assess mobility in home

Billing

Medicare Telemedicine Visits (new or established patients)

- Billing Codes 99201 - 99215

New Patient Visit	Established Patient Visit
99202: 20-34 min per CMS	99212: 16-29 min per CMS
99203: 35-59 min per CMS	99213: 30-46 min per CMS
99304: 60-87 min per CMS	99214: 47-69 min per CMS
99305: 88+ min	99215: 70+ min per CMS

Telephone Evaluation 99441 5-10 min
99442 11-20 min
99443 21+ min

Benefits for Older Adult Patients

- Expanded health care access for rural population or patients requiring public transportation
 - Geriatric specialty services are often located in urban areas
- Minimizing energy required to travel to appointments
- Easier access to mental health services
- Safety for patients to limit exposure to other ill patients

Limitations

- Security/data breach
- Loss of personalization
- Inability to conduct in person examination
- Legal terms such as medical license in state where talking with patient
- Language Barrier

Me: “Have you been coughing?”

Patient: “Do I like coffee?”

Me: “No, are you coughing?”

Patient: “Did I go golfing?”

Nurse: “Are you coughing like *makes coughing noise*?”

Patient: “Oh coughing...No.”

Potential Challenges amongst Older Adults

- Sensory deficits
- Accessibility to technology
 - Medicare survey in 2018 showed 26% of beneficiaries did not have digital access
- Technical difficulties
- Improper dosing of weight based prescriptions



(<http://clipart-library.com/clipart/96767.htm>)

Making Telemedicine Age-Friendly

Health Care Providers

- Use the 4Ms framework
- Call patient prior to appointment
- Quiet environment, low tone of voice
- Camera placement

Family Members

- Set up devices for success
- Patience
- Help with availability of information if necessary such as medications

4 Strategies to Assist Older Adults

1. Lack of technology

Provided
tablets to
patients

2. Sensory deficits

Use of
non-clinician
caregivers to
assist

3. Lack digital literacy

Mock visits 1-2
days prior to
actual visit

4. High Risk patients

Monitoring
devices
delivered

Patient Perspective

Steps to establish care

1. Signed up per recommendation
2. Virtual waiting room
3. Life coach gathers basic info
4. NP joins to discuss medical conditions & medications

Perspective

- Experience was “delightful”
- Very relaxed: felt like “sitting down for coffee”
- Able to wait in virtual waiting room in their own home
- Limit exposure to diseases such as COVID
- Limits travel time

“Aging is not lost youth but a new stage of opportunity and strength.”

Betty Friedan (1921-2006)

The Foundation of Age

Resources

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Thank you!

