1

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3

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4

Disclosures

Activity Staff Disclosures

- The planners, reviewers, editors, staff, CME committee, or other members at the AAPA and TFF who control content have no relevant financial relationships to disclose

Faculty/Steering Committee

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5

Learning Objectives

- Identify the appropriate use of virtual medicine and telehealth in patients with rheumatic conditions

- Summarize protocols for integrating virtual medicine and telehealth into day-to-day practice for patients with rheumatic conditions

- Apply patient-centric approaches to virtual medicine and telehealth that accounts for patient preferences when managing patients with rheumatic conditions

6

Let's start with a case…

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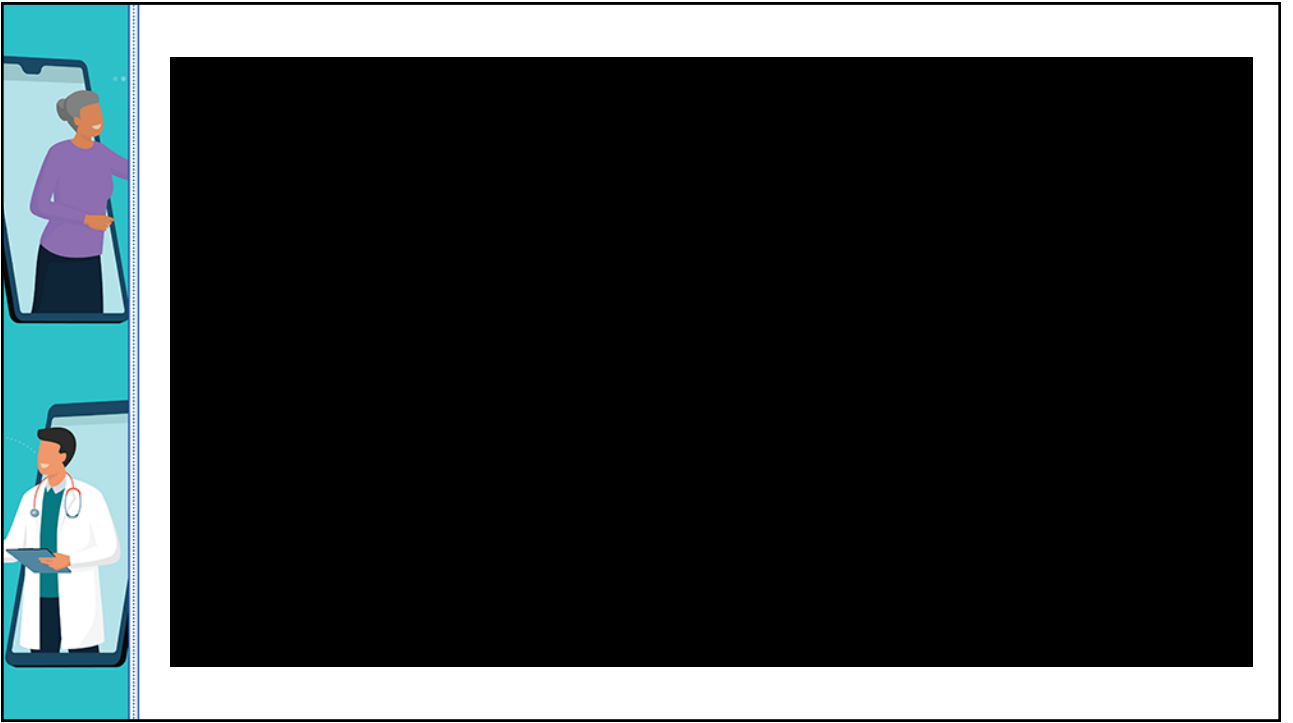
How would you respond to this patient presentation?

A. Advise the patient to go to the nearest Emergency Department
B. Make an appointment for the end of the week
C. Schedule for a telehealth appointment
D. Call in a tapering dose of steroid

9

10

Growing Need for Rheumatology Care

In the U.S.:

- An estimated 91 million Americans may be living with a rheumatic condition[1]
- There are only 5,595 full-time rheumatologists,[1]
- There are 159,000 PAs
  - Only .5% of PAs work in rheumatology (N = 795)[2]
- This demand is expected to exceed supply by almost 5,000 rheumatologists by 2030[1]
- PAs are often the workforce that generally manages patients in telehealth situations
- Telehealth may be the only option in some rural locations[3]
- Currently, patients with rheumatic conditions are considered at increased risk for COVID-19 complications making telehealth a valuable option

1 Battafarano DF, et al. *Arthritis Care Res*. 2018;70(4):617-626.
2 2021 AAPA Salary Survey and 2020 AAPA PA Practice Survey
3 https://www.the-rheumatologist.org/article/rheumatologists-can-now-treat-patients-via-telemedicine/2/

11

Why Telehealth Is So Well-Suited to Rheumatology

- 3-9 month waits for face-to-face rheumatology appointments[1]
- Need for inter-professional management of rheumatology patients[1]
- Need for convenient modality to manage chronic conditions[1]
- Telehealth is accessible for both rural, urban, and underserved locations and accounts for many Social Determinants of Health (SDOH) barriers

1 AAPA. PA use of telemedicine in June 2020: Trends and implications for PAs. June 2020 Practice Survey. AAPA. October 10, 2020. Accessed August 24, 2022. https://www.aapa.org/wp-content/uploads/2020/10/June-2020-Telemedicine-DataBrief-Rev.pdf

12

Telemedicine Versus Telehealth

- **Telemedicine:** Commonly used, but being phased out in favor of "telehealth"- more universal term for the current broad array of applications in the field

- **Telehealth:** Broad term encompassing a variety of telecommunication technologies and tactics to provide health services remotely
  - Crosses most health service disciplines, including dentistry, counseling, PT and OT, home health, chronic disease monitoring and management, and disaster management
  - Encompasses four distinct applications:
    1. Live video
    2. Store-and-forward
    3. Remote patient monitoring
    4. Mobile health

13

Types of Telehealth Experiences

1. **Synchronous (Live video and/or audio):** Live, two-way interaction between a person and a provider using audio and visual telecommunications technology
   - **Live Video:** Can be used for diagnosis, treatment, and consult (computer monitors, TVs, projectors, smartphones, and tablets)

14

Types of Telehealth Experiences

2. **Asynchronous ("Store-and-forward"):** Electronic transmission of medical information like digital images and documents of recorded health history to a practitioner, who uses the information to evaluate the case and provide care outside of a live interaction

   – **Non-live data communication:** (questionnaires, photos, imaging reports, emails, consult notes, phone messages, and pharmacy requests)

15

Differentiating Benefits Between Modalities

Live Video (Synchronous)	Store-and-forward (Asynchronous)
Can substitute for an in-person exam when not available, when not necessary to be seen in person	Ability to review data like lab and imaging results; to aid in diagnosis and care management when a face-to-face encounter is not needed, i.e., after initial consult
Cost-effective access to care reducing transportation and parking fees; fuel expenses, etc.	Data can be reviewed any time of day eliminating the need to coordinate patient and provider schedules; helps to reduce wait times
Eliminates travel time for an in-person visit and scheduling/using paid time-off to see providers	Eliminates need for patient to return to office to discuss results
Patients with limited mobility can be seen in the comfort of their homes	Providers can review data irrespective of location and when it is most convenient
Patients may be reluctant to share more personal information in person; may be more willing to seek care virtually	Patients can receive results and care plan via messaging or by phone, irrespective of their location for an in-person exam when not available, when not necessary to be seen in person
Patients will have more access to care that might not be available locally, i.e., specialists, mental health services	

16

Less Common Telehealth Experiences

3. **Remote patient monitoring:** Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider in a different location for use in care and support
   - Remote Patient Monitoring (RPM): Health data tracking-vital signs (weight, BP, HR, blood glucose, POx levels), tests (EKGs, urine dips)

4. **Mobile Health (mHealth):** Healthcare and public health practice and education supported by mobile communication devices
   - Applications (apps) can range from targeted text messages that promote healthy behavior to wide-scale alerts about disease outbreaks, to name a few examples
   - Software that provides therapeutic treatment independent of providers
   - Monitor: Step counting, weight and blood glucose monitoring; sleep and fitness tracking

17

The Downside

- Providers need "the laying on of hands"
  - Physical examination
- Not every patient has the resources to enjoy telehealth
  - A computer
  - Wi-Fi
  - Robust broadband
  - Privacy (may need to access computers at a library, for example)
  - Security (HIPAA protection)
- How can providers/practices address these disparities?

Bateman J, et al. *Best Pract Res Clin Rheumatol.* 2021 Mar;35(1):101662.
Matsumoto R, et al. *Curr Opin Rheumatol.* 2021 May;33(3):262-269.
Sloan M, et al. *Rheumatology.* 2022 May;62(6):2262-2274.

18

When Would Telehealth Be Appropriate in Rheumatologic Care?

- As the provider, always consider if the patient is a good candidate
  - It is important to consider the circumstances of the patient and if it is right for them
- Acute care and follow-ups
- Other opportunities
  - Medication reactions/adjustments
  - Additional patient education
  - Lab follow-ups
  - Medication follow-ups
  - Medication administration training
  - Nurse visits

Telehealth-Equitable Access to Care

- Patient lifestyle
  - Caregivers
- Prevent disease exposure for immunocompromised
- Bypasses unforeseen delays
- Social Determinants of Health (SDOH): Unreliable support, transportation, childcare, job time off, often unpredictable lifestyle
- Better sustainability for providers and practices (especially in primary care)

20

As a Provider, Where Can You Start?

1. **Technology**–What technology does your organization have in place now that you can use for telehealth services? Does your EMR have telehealth integrated?

2. **Clinical**–Which of your patients should be treated by telehealth? How will your practice manage the workflow of telehealth visits? What will your schedule look like?

3. **Financial**–How are you going to collect payment and what is payer reimbursed?

4. **Presentation**–What guidelines should you establish for conducting clinical encounters via telehealth?

5. **Communication**–How should you communicate changes in services to your staff and your patients?

6. **Metrics**–How will you measure the effectiveness of your telehealth services?

American Telemedicine Association. *A Quick-Start Guide to Telehealth During a Health Crisis.* April 9, 2020.

21

Preparing Your Patient

- Have a process to set expectations for the patient _up front_
- Make sure the patient is located in the state you are licensed
- Does the patient have the right equipment?
- Is there a contingency plan and does the patient know what it is?
- Ways to still provide ADA accommodations
- Recommend for patient to review information via emails, texts, or other communication from your office before and after the visit
- To be best prepared:
  - Remind the patient to log on early and test the technology before the visit
  - Have a POC that might be able to assist if they anticipate help ahead of time

22

It's All About the Ambience

What a virtual visit should "look" like:

- Find a well-lit spot
  - Make sure there is good lighting so your patient can see your face
- Make sure the camera is stable
  - Set your computer or laptop on a flat service or prop up your phone or tablet on a desk or table
- Make sure you are in the middle of the screen and the camera is at eye level
  - What you see on your screen is the same thing the patient will see so it is important to make sure that you are close to the screen and looking straight into the camera
- Reduce background noise and distractions
  - Find a quiet place and reduce any distractions. Turn off alarms and sounds on other devices, if possible.
- Close other applications
  - Improve your internet connection and reduce distractions
- Choose a private spot
  - You will want to be able to discuss health care issues in private

23

What to Avoid

- Camera view below the waist
- Uninviting facial expression
- Excessively staring or blinking
- Looking around the screen or the room too much
- Body angled away from camera
- Straining neck looking up (or down) to camera
- Excessive noises/interruptions
- View of clutter
- Windows in background/backlighting

24

Other Visit Considerations:

- First impressions
- Always obtain verbal consent
- Be confident
- Communication
- Maintaining a reliable and stable connection
  - 10mHz requirement for providers and patients to do telehealth via video
- Do not EVER record the sessions
  - Policy if patients record or include others around them
- Have practice-determined and personal boundaries on what patient behavior is okay in your virtual visits:
  - What if it isn't an ideal environment?
  - What if you need more information or need to switch to an in-person visit?
- Patient's body language and demeanor

25

The Virtual Visit Experience:

- Patient interview (subjective)
- Vitals and physical examination (objective)

Subjective: The Patient Interview

With telehealth, taking a thorough history becomes front-and-center to your medical decision-making.

- Get confident in your history-taking skills

- Use this time to build trust and comfort in discussing the medical issue

- Build engagement with the patient and observe the environment for opportunities to incorporate observations into your evaluation

- Remember: 80% of the clinical assessment can be determined through history-taking alone

- If you are not feeling confident after the interview, consider recommending an in-patient follow up before treating

27

Objective: Vital Signs

- Assess if you need vital signs to treat

- What equipment does the patient have at home that could help with medical decision-making?
  - Scale (weight)
  - BP Cuff (BP, maybe pulse)
  - PulsOx (SpO2, pulse)
  - Apple Watch
  - Glucometer
  - Ruler (for lesion size)

28

Objective: Physical Exam Tips and Tricks

- Always attempt to perform an exam; elicit the patient's involvement

- With practice and experience, and depending on the patient, much of the physical exam can be performed when assisted by the patient

- Consider ways to use the video, audio, and the patient's environment to evaluate the patient physically

- Empower the patient by explaining to them what and why you are asking them to perform certain actions

- Always check with the patient to make sure they are comfortable performing the action or movement

- Have back-up ways to describe what to do when using audio-only

29

Physical Exam Tips and Tricks

Evaluating skin lesions

- Can they send you a picture through a portal or on the intake?
- Coaching the patient to describe qualities of the lesion
  - Blanching
  - Texture
  - Size
  - Color
  - Swelling

https://dermnetnz.org/assets/Uploads/scaly/ps3__WatermarkedWyJXYXRlcm1hcmtlZCJd.jpg

30

Objective: Physical Exam Tips and Tricks

Evaluating Lungs and Heart

- Coach the patient on the easiest ways to obtain the objective information you need

    - Pulse: Where could they check? How do you want them to describe what they observe?

    - Breathing: Camera angle, sound, lighting, vibration

- What ways would you feel comfortable coaching the patient to evaluate edema, joint swelling, vision, etc.?


31

Documentation of the Telehealth Visit

- Consent obtained
- Who?
  - Patient name and DOB
- What?
  - Service performed including technology used
    - Synchronous versus asynchronous
    - Video versus audio
    - Fitness trackers, calorie/nutrient trackers
    - RPM: blood pressure monitors, glucose meters, oximeters, wireless scales, heart rate monitors, mobile EKGs
  - Limitations (i.e. physical examination limits)
- Where?
  - Patient location (i.e. Denver, Colorado)
- How long visit lasted

32

Case Practice: Robert

33

34
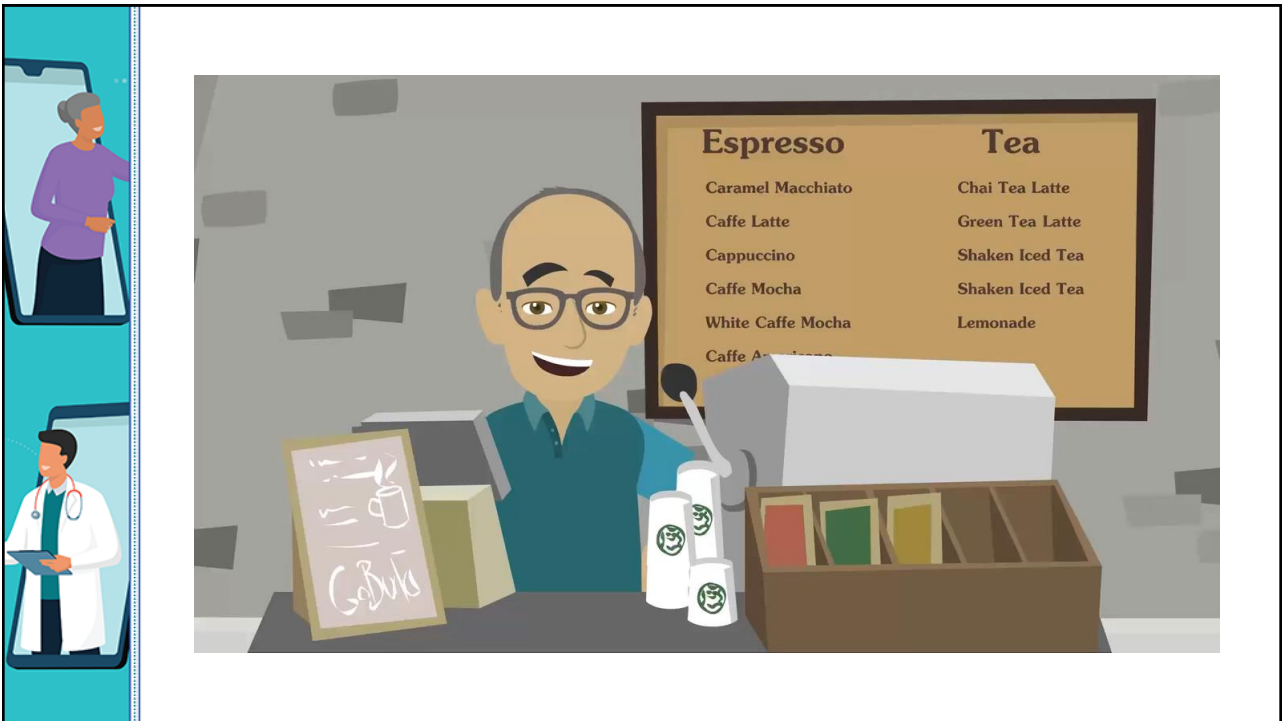
It's time to schedule Robert's regular follow-up visit. What kind of appointment will best suit Robert's needs?

A. A routine in office visit today; continue NSAIDs and will order a CBC and CMP if indicated

B. A routine in office visit next week; continue NSAIDs and will order a CBC and CMP for next week

C. A telehealth visit, continue NSAIDs; no labs

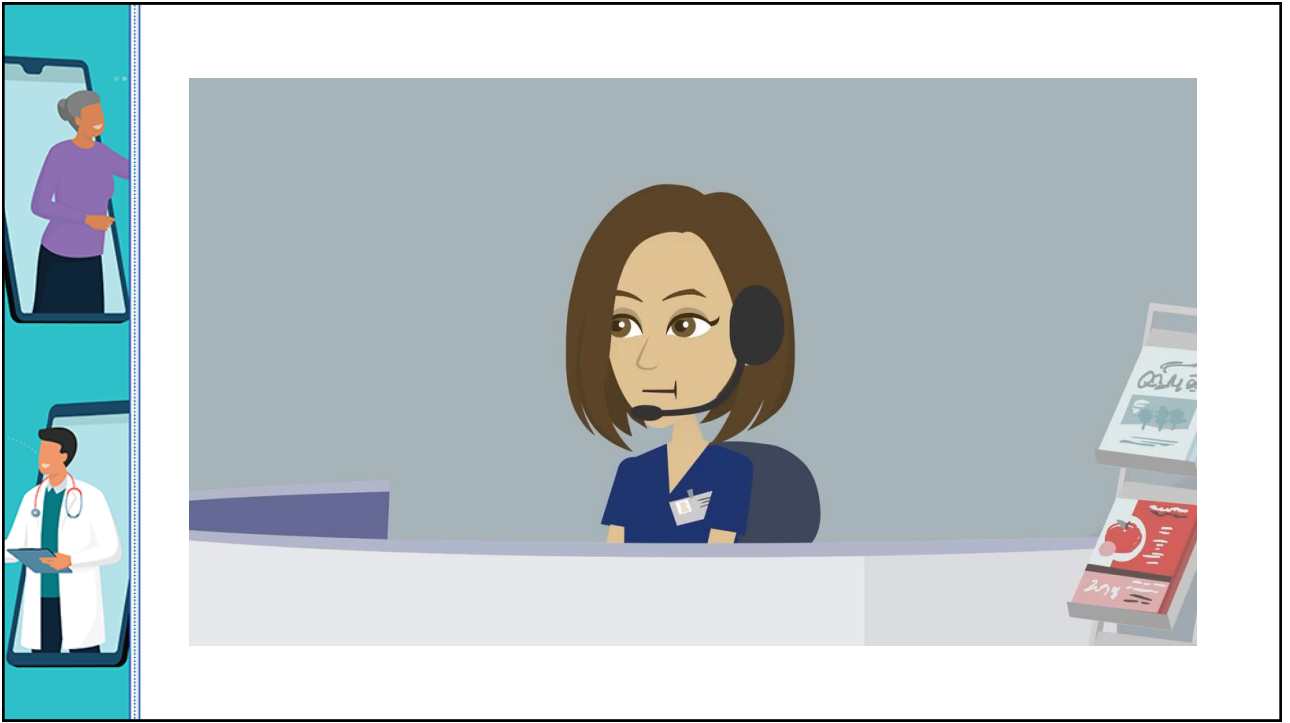D. A telehealth visit and order labs to be completed after today's visit
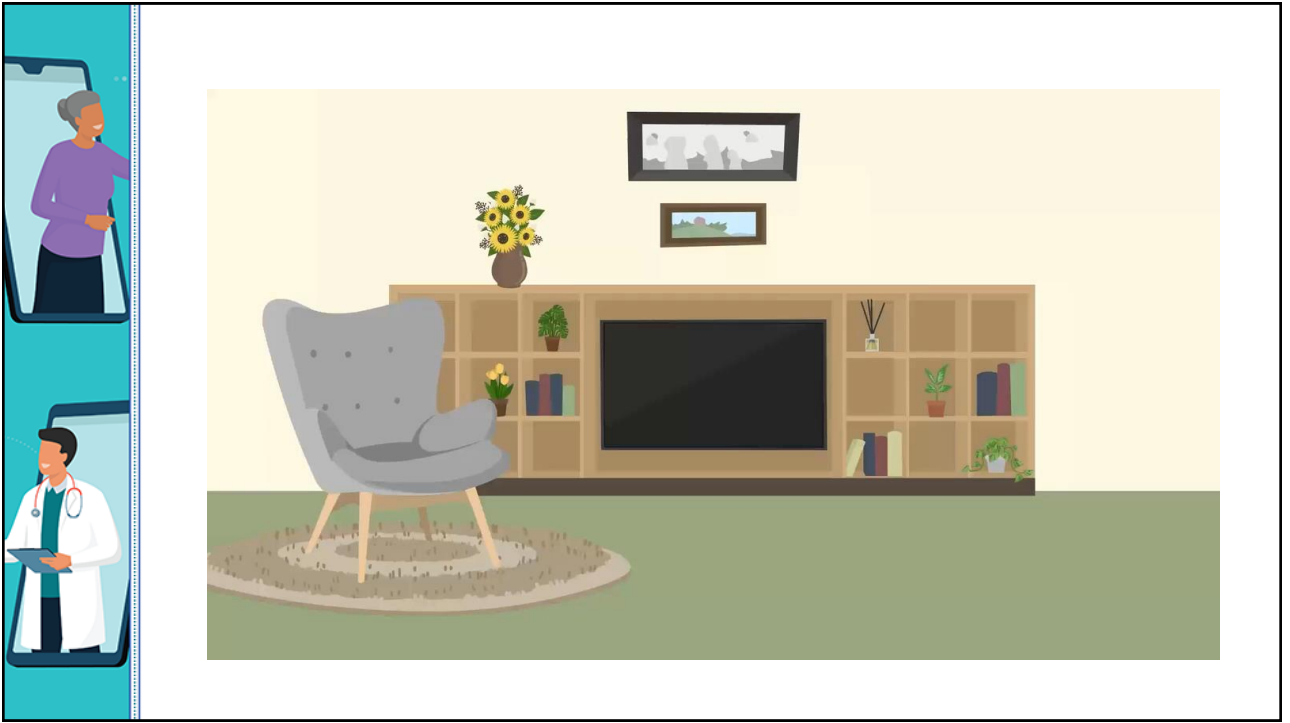
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Case Practice: Tim

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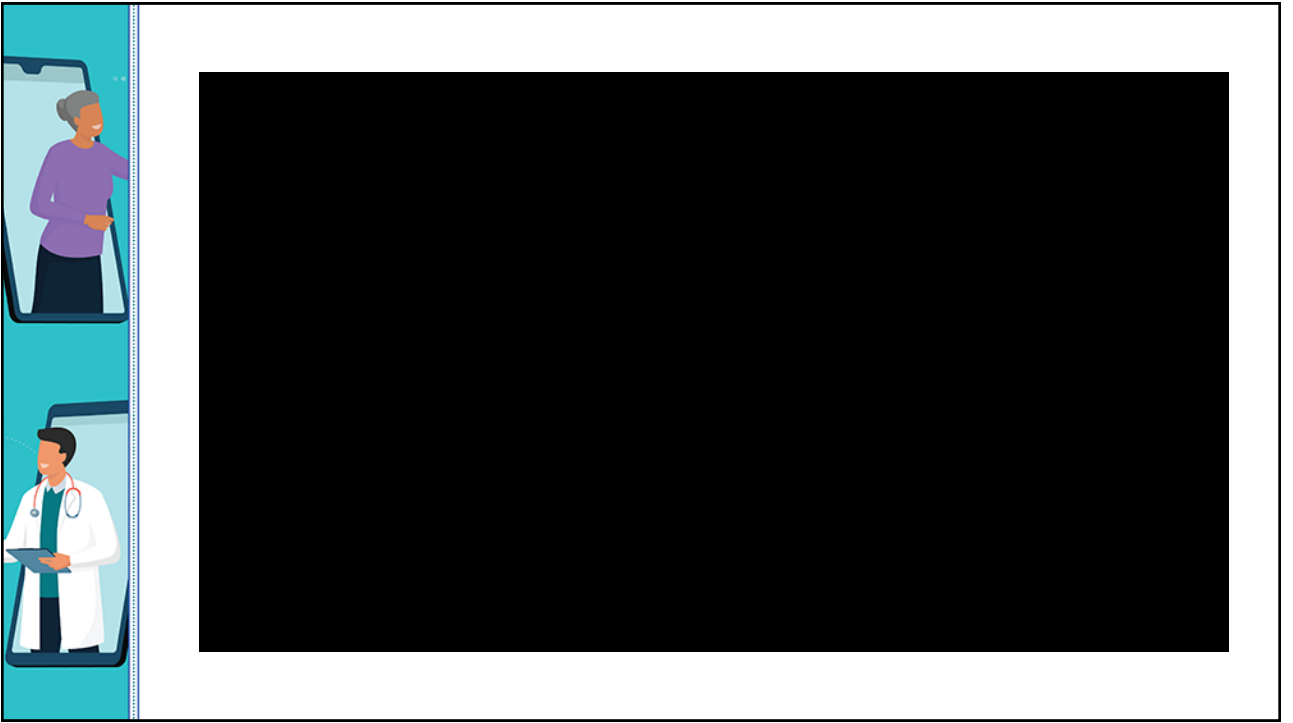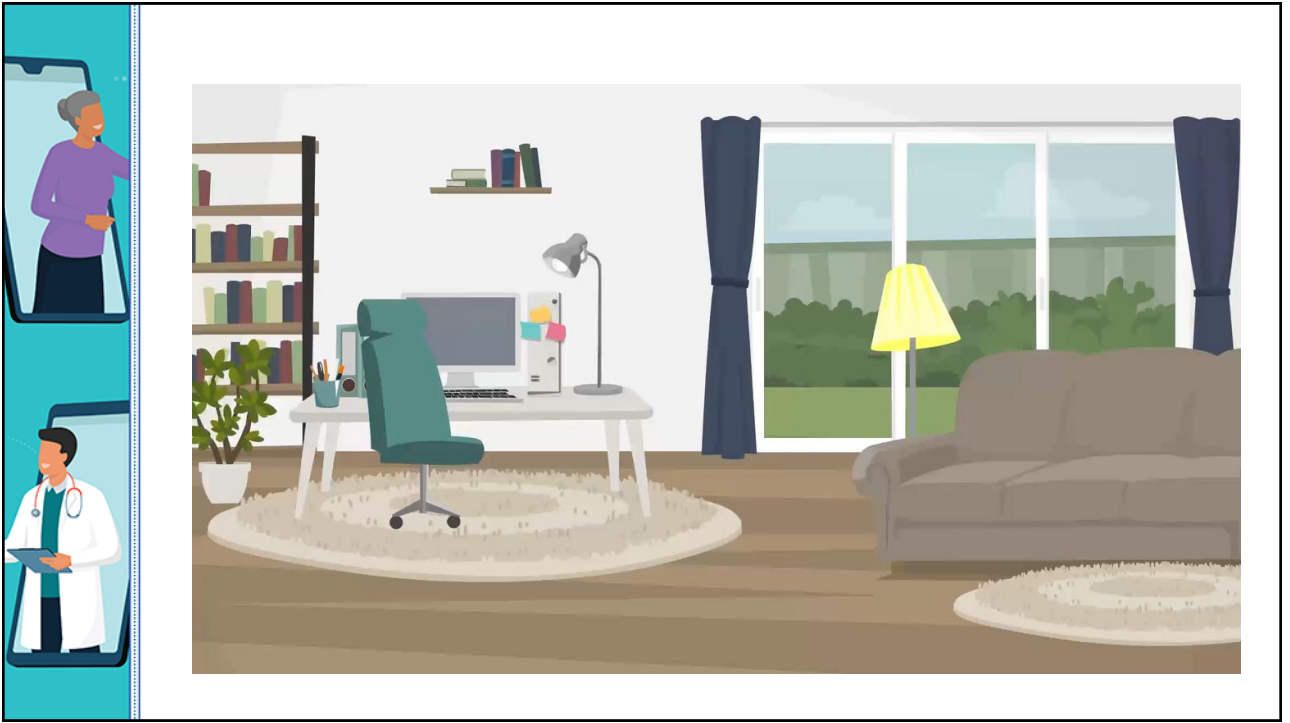
How would you respond to Tim?

A. Advise patient to go to nearest Emergency Department or Urgent Care Center
B. Make appointment for this morning
C. Make appointment for the end of the week
D. Schedule a telehealth appointment
E. Call in a tapering dose of steroid
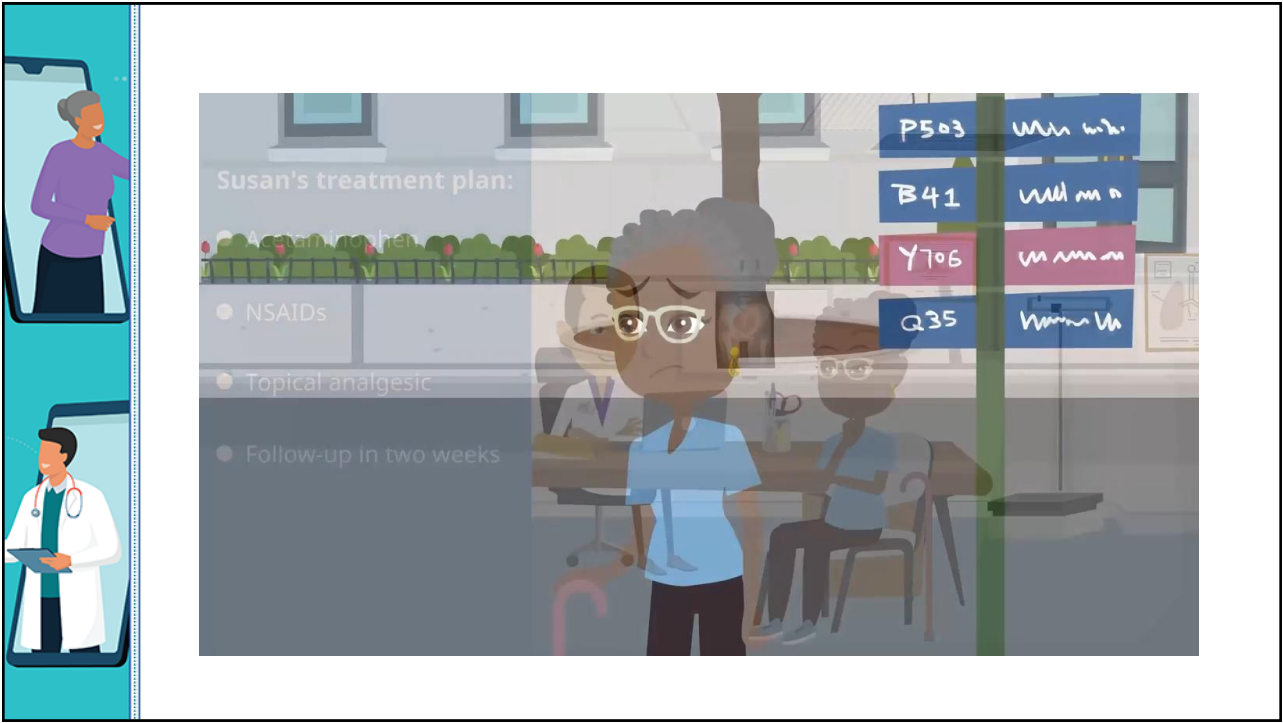
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40

Case Practice: Susan

42

What Do You Think?

Is she a good candidate for telehealth?

What are the best practices to help her?

43

44

Key Messages

- COVID-19 pushed the adoption of telehealth a lot faster than it would have naturally been adopted
- It is easy to see that there are benefits to telehealth for both providers and patients
- Telehealth provides an opportunity to increase access to care and magnify the healthcare provider workforce
- Telehealth can be utilized for acute care visits and follow up of chronic conditions
- Appropriate preparation and approach to telehealth provides opportunities for effective and efficient delivery of care

45

Questions?