

One good thing to emerge from the pandemic.

Welcome to SBH Bronx Health Talk produced by SBH Health System and broadcast, albeit remotely from the beautiful studios at St Barnabas Hospital in the Bronx. I'm Steven Clark

Until recently, with good reason, many patients were hesitant to visit St Barnabas Hospital or any hospital for that matter the New York metropolitan area for fear of infection from Covid-19. During that time, to continue to provide much-needed care for patients, the hospital greatly expanded its telehealth program. With me today to discuss the status of telehealth is Dr. Tina Chee, site director for internal medicine/ primary care at SBH. Welcome Dr. Chee.

I know during the height of the pandemic you were seeing a lot of patients by telehealth. Is that still the case?

*Yes, a lot of our patients are still actually a bit hesitant to come into the clinic and come into the hospital so the majority of our visits have still been via telehealth and telephone.*

Ok so right now it's done by telephone but as I understand that we will have video up and running in the not-too-distant future, right?

*That's correct. We started with telephone because with a pandemic we just needed a quick way to be able to still provide care to our patients, especially the ones who were sick or worried about some of their symptoms being potentially coronavirus so that was the quickest way that we could still be able to provide services to our patients but it still doesn't provide the same level of assessment as a video visit would be able to and so our plan is to be able to offer that option in the near future.*

Okay now today, Dr. Chee, what kind of response are you getting from patients? Do they like doing it this way?

*For most of our patients generally the response has been very positive. I think that their experience with going to the doctor has improved quite a bit with the telephone visit. In the past you know many patients would come in, they would be in a waiting room waiting hopefully not too long but sometimes up to 30 minutes 45 minutes. With the telephone option they're able to you know be in the comfort of their own home and just you know wait till the time of their visit for the phone call. So I think it's a lot more convenient for patients especially if they already know their doctor their doctor knows them and it's the follow-up type visit. It can go a lot more smoothly for them.*

What about from the physician's perspective. Do you like it?

*Yes I think that in some ways it feels more direct to the patient and we found that we've been able to still do a lot of care over the phone and so that's been an interesting experience. I think we are starting as we're doing you know now almost two to three months of this I'm starting to realize you know some of the limitations of it and that there is still the need for some types of business for the physical exam and be able to physically examine our patient to see what's going*

*on and so not everything can be taken care of via telehealth.*

Well Dr. Chee, what are some of the limitations today in doing it telephonically?

*At least right so for the most part we are able to get you know the history with the symptoms of the patients. You know everything going on from that perspective but if the patients have mostly a sick symptom such as pain or a skin condition like a rash or anything that you know really involves the need to see something see the motion like a neurologic exam or a musculoskeletal exam those things unfortunately we're still not able to do virtually via the telephone and that's where the video visit would hopefully add another layer of a patient assisted physical exam where the physician could kind of direct the patient to you know palpate or examine different parts of their abdomen or move their arm in a certain way to show us like what things can make their symptoms better or worse or limit their ability to move if that were the symptom. So with video we're able to do a little bit more than the telephone but still not quite at the level of an in-person exam. right*

What areas now are being done through telehealth?

*So via telephone I think most of the specialties are offering some of their visits over the phone and the physician navigators are reviewing to see what needs to be escalated for a face-to-face visit. So for example in Pediatrics if the child is due for their vaccines of course that needs to be in person. If you're certain post-surgical care, certain women's health exams and that sort of thing you know that of course is flagged and so the patient can get there face to face visit. The goal of a combination is to be able to still allow for social distancing so that we don't have this overly crowded environment in the clinic and we're able to still take care of a good number of patients but in a way that's physically distant.*

Right, are you finding that you're seeing more patients telephonically and spending more time with them than you did in person in many cases?

*That's a multi-layered question because we are a teaching hospital and so in the past we would have our learners with us with the patient for most of the encounters so meeting students and residents and generally the amount of time that the attending physicians spend with a patient would be a little bit less and then during the pandemic most of the residents needed to help with the surge capacity in the hospital and so personally I have spent more time with patients via telephone because you know things were adjusted in that way so that we could spend more time in general. The telephone visits are more efficient because there is no physical exam component so if a patient has you know 15 or 20 minute visit appointments with the physician most of that would be the phone conversation and discussing what's going on with their lives rather than you know a large portion of that being the physical exam.*

Now we can do it in multiple languages right it's not just in English?

*Correct. Yes so with the telephone visits were still able to use the interpreter line services which includes American Sign Language as an option for our patients with the video visits we're still kind of exploring options of how that would specifically work out to and how it would look for*

*the patient experience and the physician experience but the goal would be that were able to provide health care to all patients virtually right now.*

What's behind the explosion in telehealth? Is it that the technology is advanced or is that the regulatory requirements have changed? Or the financial model is different? Is it because of the reality that patients are crying for this? Or is it all the above?

*I think it's really all of the above. I mean the last couple of years the technology space for audio and visual conferencing has improved and spread outside of medicine as well there's definitely a policy regulatory reimbursement component right and so in order to provide the services to our patients we need to do it in a way that still supports all the services that were able to provide so with the pandemic that kind of expedited things in terms of really you know putting pressure on the payers insurance companies to reimburse telephone calls and video visit. Before the pandemic that was rarely if ever covered so that definitely got this moving a lot faster.*

From a hospital's perspective it also gives them the opportunity to reach patients who may not necessarily live in the community right? I mean if you're doing many of your doctor visits virtually I mean you could live you know 45 minutes away, two hours away hypothetically right?

*Yes, actually we saw some improvement in our no-show rates because of that because of the barriers of transportation some patients need family members or home attendants to help them get to their appointments so the phone call and the ability to connect with patients via the phone, via the Internet is taking away a lot of those barriers. You know also the amount of time that it takes the patients for face-to-face visits were either you know early for their appointments or late for their appointments which can cause workflow issues but this has really removed a lot of well some of that you know especially on the patient side yeah it makes life a lot easier now I know.*

Dr. Chee, video is coming on board very soon but that's not the end of it right? We're also looking in a not too distant future to be able to monitor patients' vitals and things like that right?

*Yeah I think the future of telemedicine and using technology is always looking to improve so definitely in terms of whether the technology exists for remote patient monitoring that's already sort of growing in terms of patients being able to check their blood pressure, their sugar and that information potentially being transmitted directly to the medical record. I know that there's a lot of exploration about you know ways that patients can check other things for us you know from their homes either you know EKGs or other images or the sound of their hearts and that kind of stuff, so the technology is definitely trying to move towards that and of course there's also the exploration in terms of artificial intelligence and what that can bring in combination to patient care. I think that some of that is still in development and you know we'd have to see how much of that we can kind of layer in and incorporate over time.*

Thank you Dr. Chee for a few minutes today. For more information on services available in SBH Health System visit [www.sbhny.org](http://www.sbhny.org) and thank you for joining us today. Until next time.