Access to Telemedicine – Are We Doing All That We Can During The COVID-19 Pandemic?

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Abstract

The COVID-19 pandemic has resulted in physicians having to switch from in office visits to telemedicine. Unfortunately, both physicians and patients did not have adequate time to anticipate barriers to its implementation. Over the last month, one of the major problems has been patient access to telemedicine. Many patients do not own a smartphone or have broadband access. This "digital divide" is not fair to our patients in need - especially those with a cancer diagnosis. Patients deserve access to care. We need to implore insurance companies to provide tablets with wireless capabilities to patients in need.

Commentary

Primum non nocere. “First, do no harm”. Although, not explicitly written in the Hippocratic Oath, it is one of the fundamental ethical standards that physicians hold. Over the past few weeks, the coronavirus (COVID-19) pandemic has dramatically stressed the healthcare system. The rapid rate of COVID-19 related patient illnesses has caused the Centers for Disease Control and Prevention (CDC) to postpone or cancel any elective surgeries.¹ To mitigate risk of patient exposure to the virus, most societies, including the American Academy Otolaryngology and the American Head and Neck Society, have advised limiting outpatient visits to “time sensitive and emergent problems” and recommending telehealth visits instead.²-⁴ The rate at which medical practices have had to transition to telemedicine visits is just as fast as the rate at which COVID-19 is surging through the world. This rapid transition has made it difficult for
physicians and patients to anticipate barriers to successfully implement telemedicine visits.

One such barrier is access to digital communication. Four weeks into my telehealth visits, about thirty percent of my patients were not able to participate via video communication. Instead, I was forced to conduct the patient visits entirely through telephone conversation. The reason? My patients did not have access to a smart phone or broadband. Wondering if this was isolated to just my patient population, I researched how many patients in the United States actually have a smartphone or access to broadband. Figure 1 is a summary of what I discovered. While 81 percent of US adults own a smart phone and 73% own home broadband, there exists a large “digital divide”. The digital divide represents the virtual inequity or inequality related to socioeconomic status, race or ethnicity, gender, age or geography. Since older and less educated patients are often the ones who suffer from poorer health, and are the same population that is more difficult to reach with digital technology, physicians are presented with a touch challenge.

As head and neck oncologic surgeons, patients place their trust in our medical assessment. How are we supposed to do this with good conscious if we cannot see our patients? We have already lost our ability to physically examine the patient. For those patients who do not have access to video communication, we are down to our one and only sense – hearing. Although this is an important sense, how do we do our job adequately?
I have contemplated asking patients to obtain imaging before the telemedicine visit. Putting aside that imaging is not always perfect, there are other problems as well. Due to the pandemic, most imaging centers are not authorizing routine scans unless there is an emergency. Even if they did authorize it, there is the risk that patients can be exposed to the virus at the imaging center. What about asking patients to borrow their neighbor’s smartphone? This too has been met with resistance, as patients are either not comfortable walking to their neighbor’s house in light of the pandemic and/or are uncomfortable learning how to use the video feature on a smartphone.

Rather than give up on these patients or provide them with a substandard exam, patients should have the opportunity to either rent a tablet with wireless network capabilities, purchase one at a subsidized cost, or be offered one for free. Ideally, medical insurance companies should step in and identify patients who are in need and offer them assistance. In the grand scheme of things, this will save them a lot more money than if we missed a cancer diagnosis. Tablets with broadband capabilities are relatively inexpensive these days, but probably too expensive for some patients to purchase, especially since many are currently struggling financially due to the pandemic. If insurance companies are not willing to provide a tablet to the patients in need, then hospital systems should step in. They can either purchase the tablets and rent it to the patients or partner with companies that can offer this service.

In addition to providing patients with a tablet, we will need to educate them on its use. Patients lack of knowledge, unfamiliarity with communication technology and fear of the
unknown are well known causes for lack of adoption to telemedicine. Creating
handouts on best practices for telemedicine and other educational resources can ease
the patient’s anxiety and enhance their experience with telemedicine visits. Additionally,
giving patients the opportunity to setup separate training sessions with the office staff, to
learn the nuances of video visits prior to the telehealth visit, can also help reduce patient
anxiety.

With the rates of confirmed COVID-19 cases and deaths rising, telemedicine visits are
likely to stay for the foreseeable future. Do we not owe it our patients to improve their
access to our care?

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Figure 1: Percent of US Adults who own a smartphone or home broadband
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