Telehealth Opportunities for the Otolaryngologist: A Silver Lining During the COVID-19 Pandemic

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Abstract

The utilization of telemedicine has seen a relatively slow progression over the past 50 years in the US Healthcare system. Technological challenges limiting the ease of use of robust video platforms have been a major factor. Additionally, the perception by many healthcare providers that telehealth is reserved only for the rural population or that it provides limited value due to the inability to perform in-depth physical exams contributes to the slow adoption. The COVID-19 pandemic, with its massive disruption in social interaction by way of “stay at home” orders, is serving as a catalyst for improving telehealth. Large health systems are investing millions of dollars and increasing telehealth visit numbers 100-fold in order to access patients. The “telehealth movement” is here to stay and will undoubtedly be incorporated into providers’ daily lives years after the COVID-19 pandemic. By embracing virtual access to healthcare,
otolaryngologists will be able to influence improvements to these systems and broaden access
options for patient care well into the future.

Discussion

Telehealth has roots in the early 1900s with the increasing use of the telephone. The first
reported interactive video-linked telehealth visit, however, did not occur until 1959 when
physicians treated psychiatric patients 112 miles away. Subsequently, military and NASA
operations utilized telehealth for remote healthcare delivery. Forty years later, in 1999, the
Center for Medicare & Medicaid Services (CMS) recognized telehealth consultations as billable
services. Recent technological advances including exponentially higher broadband data transfer
rates, higher definition monitors, and broad adoption of video calls for personal communication
have converged to create an environment conducive to widespread adoption of telehealth.

Despite this, telehealth has seen relatively slow growth compared with the recent explosion
during the COVID-19 pandemic.

Pre-COVID-19, the majority of telehealth visits had focused on primary care, behavioral and
population health, and rural outreach. Physicians in large health systems were encouraged to
utilize telehealth for streamlined patient checkups and test interpretation. Routine visits,
however, often continued to be conducted in the office unless a patient specifically asked for a
telehealth visit. Furthermore, the widespread deployment of telehealth had been variable across
specialties until recently; in many cases only a subset of providers were outfitted with the
technology necessary to conduct telehealth efficiently.

For many, telehealth may seem to limit the development of the doctor-patient relationship that
defines much of the meaning we find in our profession. Interacting via video is not the same as
in person. Overcoming the reluctance for providers to engage in telehealth as a meaningful part of their practice has been a major obstacle.¹

Telehealth has been utilized effectively across multiple surgical specialties including orthopedics, otolaryngology-head & neck surgery, general surgery, neurosurgery, urology and plastic surgery.² However, anecdotally, many surgical subspecialists rarely utilize telehealth. Likely this stems from the lack of ability to perform adequate physical exams via telehealth, and the perception that patients are expected to travel for specialty care. As otolaryngologists, given our exams are frequently conducted in ear canals or the upper aerodigestive tract, it is difficult for definitive care to be performed via telehealth.³ In addition, office-based procedures such as flexible laryngoscopy and nasal endoscopy cannot routinely be performed remotely.

During the COVID-19 pandemic, primary care and surgical specialists alike have seen a dramatic decrease in patient office visits in order to follow “stay at home” orders and practice social distancing. In order to access patients, comply with social distancing, and maintain a degree of patient volume, telehealth utilization has seen a 100-fold surge over the past 8 weeks nationally.⁷ An increasingly crowded market of telehealth platforms allows providers to easily conduct visits in their home with a smart phone requiring minimal to no extra equipment or outfitting.

The Indiana University School of Medicine Department of Otolaryngology (Indianapolis, IN) began conducting telehealth visits on March 23, 2020. During this time, both new and established patient visits have been performed. Each visit is scheduled for 20-30 minutes and coordinated with a medical assistant and “front desk” registration team member who work remotely from home. Approximately 10 patients are seen in a half day. The greatest challenges that providers have experienced with the telehealth visits include minor software issues with the
virtual visit platforms, and inefficiencies in the workflow as part of the learning curve. The experience as a whole, however, has been extremely positive. Patients living locally are grateful to access a physician without traveling to a perceived “high-risk” setting, and patients travelling from hours away are able to have a significant portion of their care delivered via virtual visit. Established patient visits for reviewing test results and discussing medical/surgical management are ideally suited for telehealth. New patient visits allow the pipeline of access to remain open and triage patients for future in-office visits. For patients referred for urgent tertiary level surgical care, virtual visits have allowed patients to proceed directly to surgery.

Telehealth allows access to subspecialty care in rural and medical shortage areas with a reduction in patient cost and travel time, while demonstrating similar patient and provider satisfaction when delivering postoperative care.\(^8,9\) Additionally, telehealth provides easy and cost-effective access to second opinions and breaks down previously perceived geographic barriers across longer distances. Significant operational efficiencies may also be realized with transitioning postoperative patients to telehealth; in one study, telehealth in a postoperative patient population made available 110 additional clinic slots for new patients over a 10-month period.\(^10\)

In considering the wider adoption of telehealth within otolaryngology, several factors must be weighed. Younger and more educated patients may have a higher degree of comfort and experience with technology, which could result in preferential access to telehealth and potentially exacerbate existing disparities in healthcare delivery.\(^8\) Conversely, telehealth may meet the needs of patients who cannot travel due to challenging socioeconomic issues. Finally, while the CMS and some commercial payers have modified payment policy in response to the current pandemic, the vast majority of states have not required payment parity between telemedicine and in-person visits.
Conclusion

The COVID-19 pandemic has provided a window of opportunity for otolaryngologists to accelerate our adoption of telehealth. By embracing the need to adapt our healthcare delivery models to incorporate a significant portion of telehealth, we will ultimately be able to improve patient access to subspecialty care and lower the cost of health care delivery. As technology improves and long-term payment policy is clarified, telehealth will likely be incorporated into the routine practice of many otolaryngologists.


