

Transcript Details

This is a transcript of a continuing medical education (CME) activity. Additional media formats for the activity and full activity details (including sponsor and supporter, disclosures, and instructions for claiming credit) are available by visiting:

<https://reachmd.com/programs/cme/what-are-the-main-issues-with-using-telemedicine-for-risk-assessment-for-monitoring-of-pah-patients/14124/>

Released: 06/24/2022

Valid until: 06/24/2023

Time needed to complete: 1h 01m

ReachMD

www.reachmd.com

info@reachmd.com

(866) 423-7849

What Are the Main Issues With Using Telemedicine for Risk Assessment for Monitoring of PAH Patients?

Dr. Elwing:

What are the main issues using telemedicine for risk assessment and monitoring PAH patients? How can we make this happen? So currently we have telemedicine, which is able to reach many patients. But we are not able to reach everyone. Currently, telemedicine can be used to gather information about functional capacity, maybe do some walk assessment to look at six-minute walk test, and we'll talk about that. We can look at labs and we can look at echoes if patients can get out to get a test done. But there are challenges. Not everyone has access to broadband. Not everyone is technically savvy. Some people lack the appropriate equipment, and some providers lack the skills to be able to really interact with patients on this virtual level.

So now let's talk about physician-perceived barriers to effective telemedicine. The perceived barriers include the lack of comprehensive medical assessment, technical challenges, public resistance, cost, reimbursement, and some providers feel that they're providing a lower standard of care. The groups that were most concerned about telemedicine were those in the US and Europe. And the other groups in Australia, Middle East, Africa, and India were less concerned about these barriers. But important to be aware of and important that we look to address them so more physicians can provide care they feel very comfortable is effective and optimal.

So what are the patient-perceived barriers? They also have to be comfortable with telemedicine. Patients with older age and lower level of education perceived barriers to telemedicine. Also very importantly, patients who had bandwidth issues with internet or lack of telephones were very concerned about use of telemedicine for their healthcare. So things that we need to be aware of and we need to ask these questions when we offer telemedicine to patients. If you don't have broadband access, you can't do virtual visits. You could do a telephone call, but you can't have that full experience where you are able to have audio and visual interaction with your patients. This is particularly a problem in rural communities where we don't have the greatest internet connectivity. The availability of high-speed internet or mobile data networks may be insufficient in those regions. Some individuals cannot afford or maintain their own connectivity or camera-enabled devices and some patients just don't feel comfortable with the video devices and setting it up in a timely fashion for a visit and they become very anxious about this. They may even fear the potential embarrassment because they don't understand how to use these devices. So we need to be sensitive to these issues and be able to adapt, see patients in person, or via telephone in patient situations where they're not comfortable or able to connect.

Let's talk about the gravity of this situation. It's probably bigger than you think. 19 million Americans lack broadband service. Telemedicine solutions come in two forms. You could just do an audio-only, where you just talk on the telephone. But that's not always as productive as we'd like. We're not able to do a virtual examination and we're not able to get a full experience for the patient. And then of course we have the synchronous, two-way audio/video conferencing, which allows us to do more in our visit. Successful transition to telemedicine requires three parts. We need to have access to broadband, we need to have internet-capable devices, and we need to have sufficient technology literacy to take advantage of those. Just to have a little bit of sense of the problem in the inner city, I have 31% of the patients in New York City without broadband and lack of broadband disproportionately affects Blacks and Latinx Americans. So we now have a patient population that has difficulty accessing, and we put another factor on top of it that limits the care that group of patients receives. So something we really need to wrap our heads around before we find telemedicine to be the solution for everyone.