Virtual Care in Otolaryngology

Karl Doerfer, MD
John Rhee, MD, MPH, MBA
Hannah Rottinghaus, PA-C
Brian Sieck, MD

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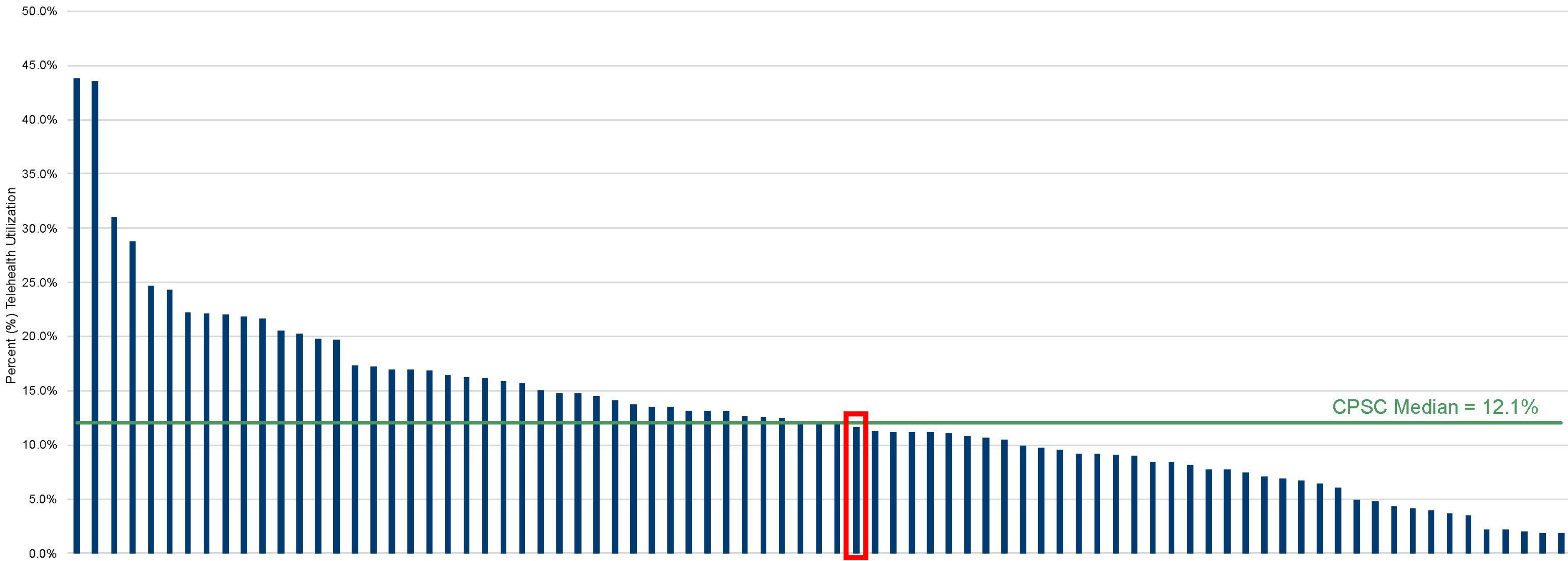
Telehealth vs. Telemedicine vs. Virtual Visits

- Telehealth: broadest term
  - Includes clinical care and non-clinical care components – e.g. training, meetings, CME
- Telemedicine: subset of telehealth
  - Refers to delivering remote clinical services over a distance
    - medical education
    - remote patient monitoring
    - patient consultation via videoconferencing
    - wireless health applications
    - transmission of imaging and medical reports

Telehealth vs. Telemedicine vs. Virtual Visits

- Telemedicine – 3 most common applications
  - Remote monitoring
  - Store-n-forward or asynchronous
    - Common in radiology, pathology, dermatology
  - Real-time interactive or synchronous (i.e. The Virtual Visit)



Medical College of Wisconsin Red Box	11.6%
CPSC Average	13.1%

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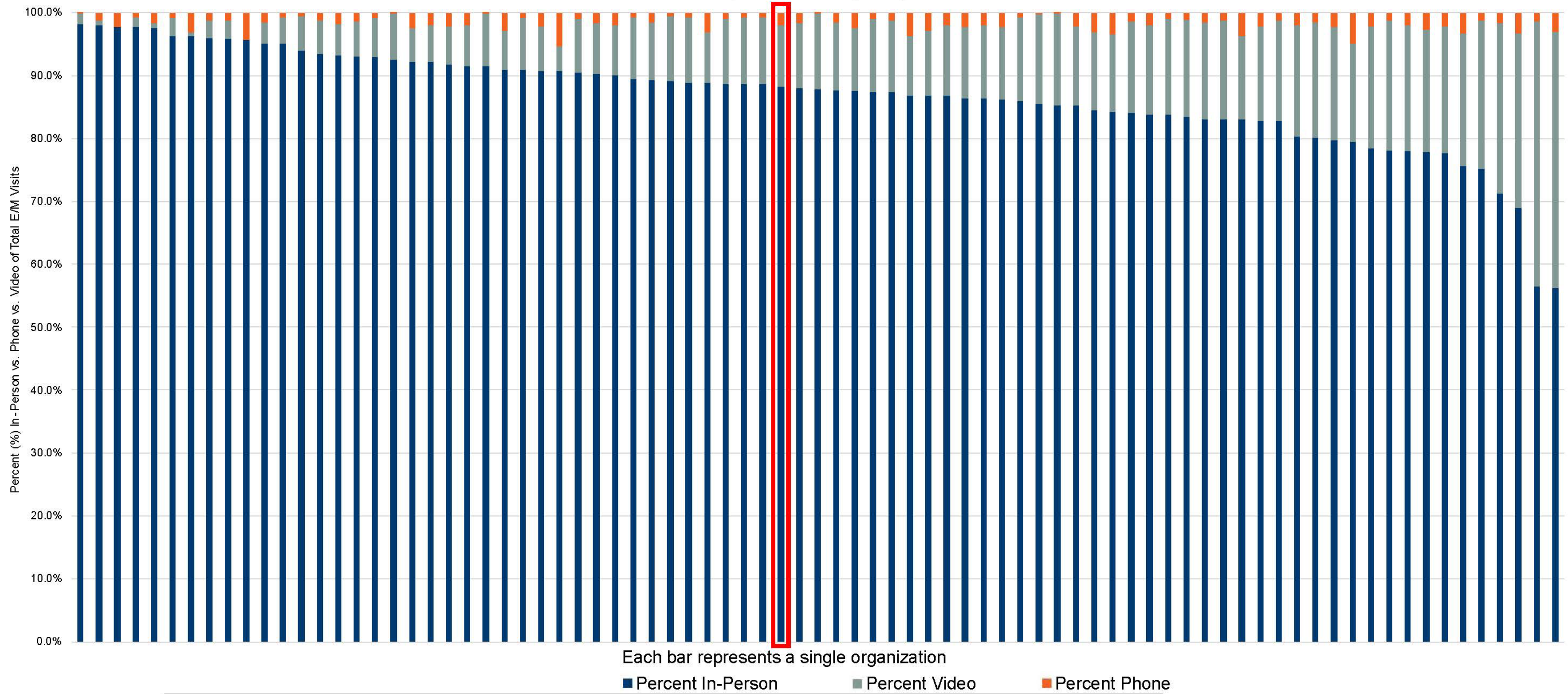
Comparison of In-Person vs. Video vs. Phone E/M Visit Utilization Across CPSC Members

January 2022 - December 2022

n=81, each bar represents a single organization



	Percent In-Person	Percent Video	Percent Phone
Medical College of Wisconsin **Red Box**	88.4%	9.7%	2.0%
CPSC Average	86.8%	11.4%	1.7%

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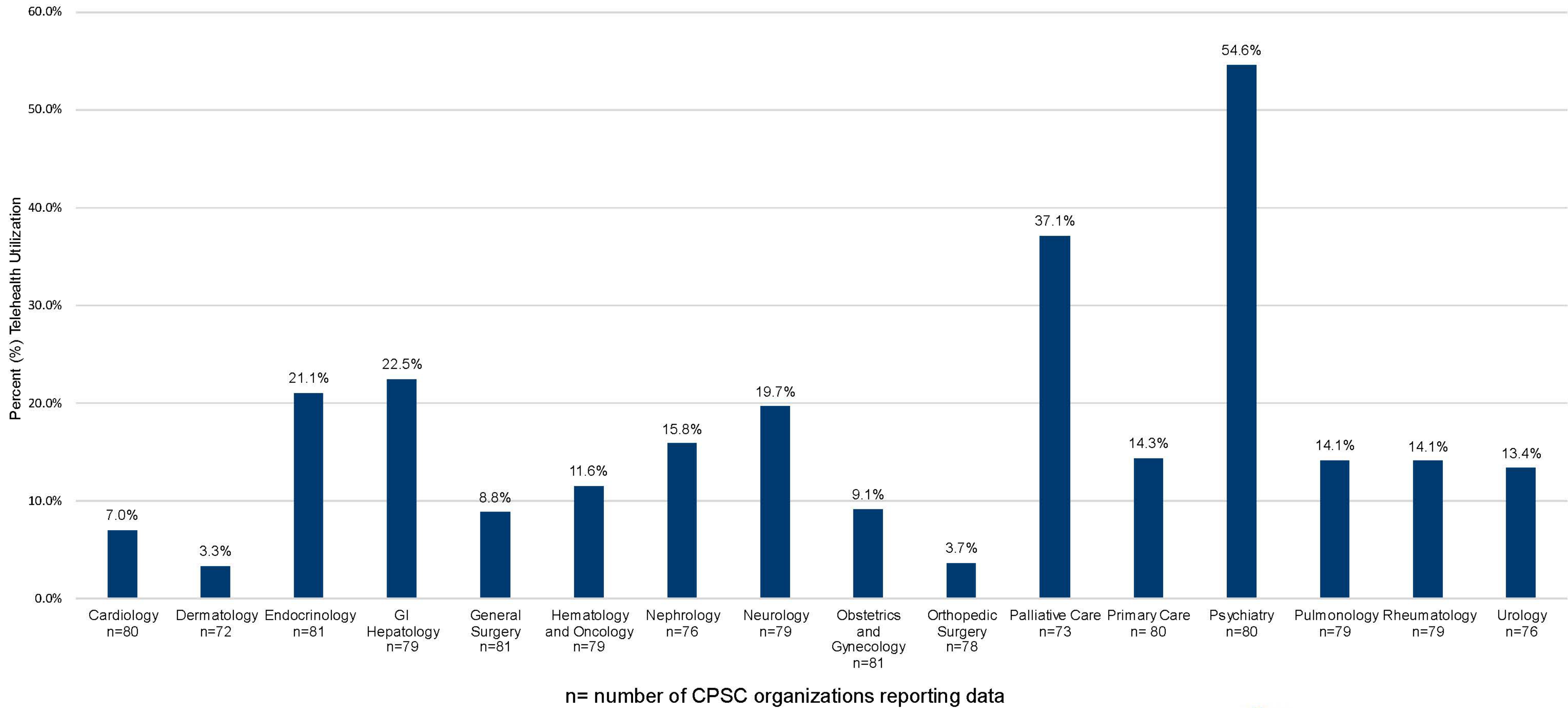

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MCW OTO Virtual Visits

- Our current baseline is about 1-2%
- Comparators:
  - Urology – 12%
  - Neurosurgery – 18%
  - Ortho – 1%
  - Optho - <1%

  - Psychiatry – 55%

Potential Upsides

- Increase geographic reach
  - Increase new patients
- Decreased need for staff support and exam rooms
- Less travel burden for patients
- Platform allows for “counseling-type” visits more readily

Potential Downsides

- Geographic restrictions and license coverage issues
- Challenges of meshing virtual option with in-person option within a clinic session or within a clinical work week
- Value proposition to patients
  - Limitations of physical exam
  - Missing the “human touch” factor
  - Technology hiccups and variability
  - Point-of-service limitations such as audiogram

Panelists

- Hannah Rottinghaus, PA-C
  - Potential upside application
- Brian Sieck, MD
  - Potential downsides and limitations
- Karl Doerfer, MD
  - Telehealth applications (other than virtual visits) and possible future applications

Virtual Visits: Best Practices and Applications

Hannah Rottinghaus, PA-C
University of Wisconsin

Visit Types

- Sinusitis
- Nasal congestion/obstruction
- Loss of taste and/or smell
- Epistaxis
- Dizziness
- Established patients with acute concerns
- Follow up for imaging, pathology, or other testing results
- Preoperative visits
- Postoperative visits

Advantages

- Improved patient access
- Optimize patients before seeing in person
- Logistically easier for patients
- Improve clinic space constraints
- Billable visits
- Decreased strain on clinical staff and nurse triage
- Flexibility for provider schedules
- Adopting new program elements

APPs

- Generally higher utilization for APPs
- Preoperative and postoperative visits
- Optimize medical management prior to surgical consult
- Obtain appropriate testing to determine if surgical consult needed
- Avoids unnecessary cost to patient

Physicians

- Established patients
- New patients who have imaging, pathology, outside testing or being referred from another Otolaryngologist or APP
- Preoperative counseling
- Postoperative visits
- Review imaging, pathology or testing results

Virtual Visits: Limitations and Hurdles

Brian Sieck, MD
Gundersen Clinic

Virtual Care: Topics to review

- Exam limitations
- Technology limitations
- Value to patients
- Limitations due to geographic reach
- Structuring virtual visits into schedules
- HIPAA/compliance

Exam Limitations

- Personal touch
  - Are you able to form that clinician-patient circle of trust
- Physical touch
  - How can you pick up the subtle finding on exam
- Types of visits Health and Human Services uses the term "telemedicine" in their regulations
- GHS uses the follow terminology calling the whole concept "Virtual Care"
  - Telemedicine (patient and visit specialist are off site but from health care facility)
  - Video visit (patient can use their own camera/audio source)
  - Virtual visit (may be unscheduled so Urgent Care etc)
  - Telephone (audio only)
  - eVisit (asynchronous)
  - eConsult (asynchronous)

Technology Limitations

- Band width and freeze ups
  - Strong push to begin "telemedicine" for years,,,, then GHS real push came in 4/20 with skype as a provider, 2/21 changed to Amwell, 8/23 now using EPIC video client
  - Need minimum of 1-3mb/sec. encouraged to be on a WIFI network (Hello-Starlink, if you know/you know)
  - Geography a big concern in our area with hills/valleys

Technology Limitations (cont)

- Connectivity challenges
  - Currently encouraging client to use the EPIC My Chart portal
  - How long/easy is it for the patient to access/set up-reported to be very simple when done through My Chart

Value to Patients

- Should virtual visits be at least equal if not better than in person when looked upon wholistically?
  - Study done at Univ of Birmingham-NHS patients-mostly Rheumatologic issues
    - urveyed
    - e to a

clinicians	patients	
93 %	86%	Lacked accuracy/assessment some reported misdiagnosis
90%	69%	More difficult to build a trusting relationship

    - Concerns arose that increased the potential for inequalities in care
      - Language barrier/hearing-cognitive or speech issues, low socioeconomic status limiting resources

Value to Patients

- Costs
  - GHS policy is that what is called virtual visit to Urgent care has a flat fee that a patient must agree to pay
  - Clinician involved visits are billed on a standard E&M coding rate
  - What about procedures-if for instance a “telemedicine” visit and visit assistant is showing endoscopy-this still to be answered.

Limitations in Geographic Reach

- Must be licensed in the state of client with the EPIC Video client this has to be verified by the patient.
- As stated, earlier considerations for data coverage

Structuring Virtual Visits into Schedules

- Should they be interspersed with inperson visits vs dedicated virtual sessions
  - GHS this has been very Department/clinician specific
- How does it affect overhead costs
  - Can you reduce rooms or support staff vs workflow decompression-this was a big push back from our Administration when we talked about Department size and exam room numbers.
  - Reviewing the Virtual Care team at GHS-impressed with the amount of support staff….. This is a buzz to administrators

HIPAA and Telehealth

- Government announced a 3 month transition period ending 8/9/23, this had allowed for more leniency to access during the pandemic
- Note that government uses the term “telehealth” in its guidance.

NIH Published Reference

- 3/20 declaration of Public Health Emergency resulted in much broader usage
- Significant factors
  - Environmental factors>Lack of private space, difficulty for client to share sensitive health information, expose client's living conditions to provider
  - Tech fact>data security, limited access to internet/technology/WIFI, digital literacy, poor quality
  - Operational factors> privacy and security concerns, reimbursement, payer denials, training and education, maintenance and updating devices/services.

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Privacy and Security Risk Factors Related to Telehealth Services – A Systematic Review

Shannon H. Houser, Ph.D., MPH, RHIA, FAHIMA, Cathy A. Flite, Ph.D., RHIA, FAHIMA, and Susan L. Foster, EdD, MBA, RHIA, CHPS, CHC, CHPC, CIPP/US, FAHIMA

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Questions and Thoughts