

A WHOLE NEW WORLD: PATIENT CARE THROUGH SCREENS

Virtual
Consults
Sustain
Continuity
During
Pandemic
—and
Beyond

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Before the coronavirus pandemic, few New Yorkers could have imagined getting most of their medical care via their computer, tablet, or smartphone. Until 2019, ColumbiaDoctors had merely dipped a toe into the field of telehealth. And then, in March 2020, “the world changed,” says Rosalie Long, RN, MBA, chief operating officer of ColumbiaDoctors.

Between July 2019 and January 2020, ColumbiaDoctors conducted an average of 300 telemedicine visits per month, Ms. Long estimates. In February, when the faculty practice launched Epic, a digital platform that integrates electronic health recordkeeping with scheduling and billing software and a patient portal, the plan was to “slowly optimize and bring more people into the new system, using the patient portal to expand virtual visits.”

When the COVID-19 pandemic hit New York, plans for a gradual transition were quickly scrapped. With a focus on flattening the curve by minimizing in-person interactions, doctors quickly embraced telehealth—as did patients who needed to discuss coronavirus concerns with their primary care providers, people with chronic health issues who were eager to stay in touch with specialists, pregnant people seeking prenatal care, and many, many others.

“In the entire month of February, we had 222 virtual visits. During the last two weeks of March, we had nearly 14,000,” says Ms. Long. “It was an amazing pickup. The providers were very engaged and very determined, and the patients were also very interested.” The highest use of virtual visits, not surprisingly, coincided with the peak of COVID-19 cases in

New York City in April. ColumbiaDoctors conducted nearly 40,000 virtual visits that month.

The psychiatry department, which was the pilot practice for ColumbiaDoctors’ transition to Epic, has relied especially heavily on telehealth. Many surgeons also transitioned to telehealth for postoperative checkups to assess range of motion or examine incision sites. “Patients have embraced this more than I would have predicted,” says George “Jack” Cioffi, MD, president of ColumbiaDoctors and VP&S vice dean for clinical affairs.

Because Epic is a secure, private network, few patients have expressed concerns about privacy. The bigger challenge has been getting older, less tech-savvy patients on board; in some cases, family members or caregivers facilitate remote appointments. Occasionally, providers host telephone-only appointments.

As the number of COVID-19 cases in New York began to wane and physicians welcomed patients back for in-person appointments, virtual visits naturally started to drop off. Yet telehealth usage is unlikely to ever return to pre-pandemic levels. As of July, ColumbiaDoctors was still virtually seeing about 1,600 patients per day, says Ms. Long. “We certainly want to continue to provide virtual visits and grow it as appropriate to the level of care that the patient needs.”

Among the patients who like it are patients who previously traveled from the suburbs or outer boroughs to see their providers. “It doesn’t require anyone to cross a bridge, park a car in a garage, or wait in a waiting room,” says Ms. Long.

Of course, not every specialty is well-suited for telemedicine, notes Dr. Cioffi, who is chair of ophthalmology, one of the specialties better suited for in-person visits because of the equipment involved. Ditto for any appointments that require hands-on examination, blood work, or imaging tests.

Even when a fully remote appointment is not possible, however, telehealth can play an important role: Patients can complete standard intake forms online via the Epic portal. A nurse can call a patient the day before an appointment to discuss allergies, medications, and current health concerns. Lab and imaging tests can be pre-ordered and patients can have tests completed at a location most convenient to them. Results can be reviewed by the providers before patients arrive for their in-person visits.

“Now when you get into the office, everything is aligned and pre-charted,” says Dr. Cioffi. “You’re not sitting in the waiting room filling out forms, which is safer for you and the staff. You’re not spending 20 minutes with a nurse; the nurse just checks your blood pressure and asks if anything has changed since your phone conversation. You see the doctor for half an hour and you’re out the door.”