

Telehealth in the Age of COVID-19 and Beyond: Clinical Information Needs of Health Care Providers

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When the global pandemic of COVID-19 caused medical practices in the United States to shutter, all medical service providers were forced to examine new ways of interacting with patients for acute and chronic medical care.

Healio Strategic Solutions (HSS) conducted a survey to gauge the clinical information needs of health care providers (HCPs) during the COVID-19 outbreak. The goal of this survey was twofold: to gain insight into HCP use of telehealth/telemedicine before and during the COVID-19 pandemic and how telehealth practice is anticipated to impact clinical practice once medical offices can reopen and travel restrictions have been relaxed; and to assess how HCPs prefer to receive medical education as a result of increased use of digital methods. Since the pandemic began, most scientific congresses and other live events have been halted, postponed, or shifted to other platforms. As a result, industry has identified the need to understand what HCPs want in order to keep current with scientific advances.

The definition of telehealth as applied to this survey is the use of technology as a substitute for an in-person encounter with an HCP and is applied broadly, not tied to any system or network. Additionally, the term telehealth, is applied to the ways in which medical professionals interact with their patients in virtual environments. The survey was sent via email to U.S. HCP who were physicians, residents, nurse practitioners and physician assistants across 19 therapeutic specialties in the Healio network.

The survey was active for 1 week and generated responses from 1,295 respondents, the majority of whom described their primary clinical setting as a private practice (54%), followed by those in community hospitals and university teaching hospitals (range, 11%-12%), integrated delivery networks, urgent care facilities, long-term care facilities and pharmacies (< 7%). Respondents were predominantly from the South Atlantic region of the U.S. (Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia and West Virginia) and Mid-Atlantic region (New York, New Jersey and Pennsylvania), with the East South Central region (Alabama, Kentucky, Mississippi and Tennessee) and West North Central region (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota and South Dakota) being the least at 5% and 4.9%, respectively.

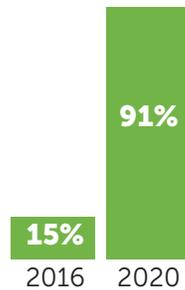
OUT OF
1,295
RESPONDENTS,
54%

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Results from this survey showed that 91% of respondents reported their use of telehealth increased since COVID-19, in comparison to 5% reporting it had not changed and 2% reporting it was about the same as before COVID-19. Furthermore, 46% reported using telehealth, either by phone or video conferencing, with more than 51% of their patient interactions. Results showed that 79% of HCPs reported their use of telehealth would very much increase compared with in-person visits once restrictions have been eased. The HSS COVID-19 survey found respondents were most likely to use telehealth for medication related concerns (73%), managing chronic conditions (64%) and phone triage in acute care (44%). Less than a third reported they were likely to use telehealth for adult well-checkups, routine diagnostic screenings, and initial physician consultations. Telehealth for pediatric well-checkups and pre-/postoperative care was less likely to be used. Respondents noted the two anticipated and most significant barriers in the use of telehealth would be patients' access to/ability to use telemedicine technology (63%) and reimbursement (58%).

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2016 Physician Practice Benchmark Survey reported that 15% of physicians used telehealth to interact with patients

Virtual technology and clinical care

A review of the literature showed that telehealth is effective and can have positive therapeutic effects and increased efficiencies in health services and is particularly advantageous before or after a clinical visit². Data based on the American Medical Association's 2016 Physician Practice Benchmark Survey reported that 15% of physicians used telehealth to interact with patients⁴. An analysis of the papers that were reviewed showed the majority concluded that telehealth was feasible, but the impact on clinical care was less apparent. Conditions that seem best suited to telehealth were weight management, post-stroke rehabilitation, alcohol abuse, certain mental disorders, and diabetes management. Via an open-field answer option in the current survey, respondents noted additional areas they were likely to use telehealth. Areas included in the review of status in dialysis patients, in cosmetic injection consults, sleep care, reproduction and contraception consults, pain management, rash, pediatric limb injury and in pink eye consults.

Advances in technology and many remote monitoring products and services are available today and range from online coaching, sensors and smart devices, remote patient monitoring virtual questionnaires and patient education resources. In the HSS survey, nearly two-thirds of respondents reported they anticipate using both video conferencing and appointment scheduling and follow-up technology, which were the top selections at 61% and 60%, respectively, among a list of the various products and services.

Online medical education

Online medical education has been available for several decades to facilitate distance or electronic learning, and to deliver, support and enhance both learning and teaching of online content⁵. Because HCPs have increased time constraints, are reluctant to travel and be out of the office, and have personal demands that were evident before live meetings were cancelled as a result of the COVID-19 pandemic, there is more need for medical education companies and pharma to engage with audiences to deliver personalized, self-directed learning experiences.



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In the current survey, HCPs deemed on-demand video platforms as the most useful format to gain a better understanding of trends and best practices related to patient care (70%), followed by text-based articles (59%), live web-based activities (38%) and podcasts (28%). Two months before the present survey was generated, another survey directed to the same HCP audience solicited input to assess clinician educational needs. Within 1 week, 3,710 responses were received and results showed that 56% of respondents reported wanting disease state education, and 76% wanted to consume this content via online methods that include text-based articles, video and corresponding text, live webinars, podcasts and virtual roundtables with thought leaders. As with the current survey, respondents noted that HCPs are more dependent on online educational content than ever before and have more time to spend on online medical information than they had in the past.

Summary and conclusions

To date there has not been a systematic assessment about the clinical use of telehealth since COVID-19 in the public domain, and assumptions made before the pandemic may no longer apply. As the immediate risk of COVID-19 infection wanes, the adoption of telehealth is likely to continue. The perception that moving care away from hospitals may be safer as it poses less exposure to health care staff and patients alike^{1,3}. The uptake of skills needed in technology to facilitate clinical care apply to the clinician as well as the patient and include better adoption of technology and technical skills, communication, literacy, support and resources to middle-income and low-income demographics. As more medical institutions adapt their policies in the transition to virtual clinical appointments, these new tools may produce an overall positive experience⁵.

Questions remain

As live medical meetings shift to virtual/digital-only formats, will attendance at future meetings be considered essential? Will attendance at live meetings endanger participants given concerns about the reemergence of infection? Medical education has always necessitated early adoption and the ability to develop new ways in teaching and learning. Is the use of digital health and education delivery part and parcel of the same concept in the practice and education of medicine? Regarding the widespread use of telehealth, several challenges remain for it to be globally used and integrated, not just in a public health epidemic but in standard medical practice as well. Guideline acceptance, strategy and operational plans, communication toolkits to inform patients on industry recommendations and a scientific evaluation network are several areas in which consensus must be developed⁶ for HCPs, patients, institutions and payers to be confident in the system for providing medical care. Healio has a very active engaged and loyal audience; we hope to continue soliciting the opinions of these valued HCP as trends in telehealth and medical education emerge.

References

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