

Virtual House Calls: Telemedicine and Reforming the Health Care Delivery Model with Strategies Implemented in a Novel Coronavirus Pandemic



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During the pandemic caused by severe acute respiratory syndrome coronavirus 2 (Covid-19), the US Centers for Medicare and Medicaid expanded coverage to allow clinicians to temporarily see patients through telemedicine visits instead of traditional office visits¹. Telemedicine has been a revolutionary tool for clinicians in this pandemic because it enabled continued medical care while maintaining social distancing and allowed patients who are at greater risk for morbidity and mortality from Covid-19 infection the ability to get medical assessments without leaving their homes¹. With the utility of telemedicine being proven in this pandemic, it strengthens the argument that the utilization of telemedicine should be incorporated into routine medical care.

Traditional office visits can be difficult for patients and providers. For patients, office visits led to long commutes, wait times, and increased exposure to infectious diseases, with health care providers also at increased risk of infection². Additionally, the routine physical examination, which is an integral part of a traditional office visit, often does not contribute to the medical plan. For example, annual physicals have been found to have no effect on total mortality, cancer mortality, and likely no effect on cardiovascular mortality or risk of strokes³. Studies found that the majority of diagnosis is attributed to the medical history and little from the physical exam⁴. Furthermore, telehealth visits can include focused physical examination maneuvers using image- and audio-capturing devices to assess the dermatologic, cardiac, and pulmonary systems².

With risks of transmissible infections, like the annual influenza epidemic, which led to higher mortality rates than Covid-19 at the time Covid-19 was declared pandemic, the benefits of telehealth should not be restricted after the Covid-19 pandemic ends. Through telehealth systems, it has been found that patients with chronic illnesses had better mortality, quality of life, and hospital readmission outcomes⁵. A study also found that 95% of patients who participated in a telehealth visit rated

it as good as, if not better than, a traditional office visit². It is now, in a time of crisis, that we should embrace innovation, not for just in this moment, but for the future. We must incorporate the technology that we have already leveraged, and further invest in novel approaches to improve the safety, experience, and capability of telehealth to optimize health care delivery without sacrificing quality. Though modern technology, doctors can again travel to patient homes with a modern version of a physician house call.

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Compliance with Ethical Standards:

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