

Commentary

Commentary on: Trends and Challenges of Telehealth in an Academic Institution: The Unforeseen Benefits of the COVID-19 Global Pandemic

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To overcome the many obstacles created by the COVID-19 global pandemic, we have been challenged to create innovative solutions to re-establish a sense of normalcy in every part of our personal and professional lives. As healthcare providers, we have been tasked to deliver the same high quality of care to our patients while also socially distancing, conserving healthcare resources, and limiting exposure of patients and staff to the virus. Over the past several months, many have experienced the unforeseen benefits of the global pandemic by engaging in telehealth. In this analysis, the authors describe their single-center experience with telehealth within the department of plastic surgery at a large academic health system during the early months of the pandemic in the United States.¹ In response to the shutdown, the department developed and implemented a telehealth program that rapidly increased from no telehealth visits prior to the pandemic shutdown to a 5000% increase from February to March 2020. Moreover, they also demonstrated that not only were the plastic surgeons able to adopt this new model of patient care delivery, but also patients from all different age groups and geographic locations (40 states in the continental United States and Puerto Rico) were equally accepting of this care model. These findings reflect the shared experiences for many plastic surgeons and highlight the benefits of telehealth to patients, providers, and healthcare systems. Although these early results are very encouraging, it is critically important for us to evaluate any potential limitations

and challenges that may be barriers to sustaining and even expanding this effective method of healthcare delivery.

Above all, telehealth has resulted in tremendous benefits for patients by reducing the time commitment and expenses often necessary to attend in-person clinic visits and has improved access to physicians and other providers. At the University of Michigan, the average patient travels about 55 miles to attend a clinic visit, translating to a 110-mile round trip. The decision to attend a single clinic visit at our institution may require patients to dedicate most of their day to 1 single healthcare encounter, which results in time off work, needing to make arrangements for dependents (eg, child-care or elder care), and/or out-of-pocket travel expenses.

It is quite clear that telehealth visits are convenient for patients and provide a significant cost-savings benefit. Organizations have also reported profound benefits of telehealth on health outcomes such as decreased mortality and length of stay in intensive care units, improved door-to-intervention times for stroke patients, and reductions in time

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to evaluation for patients in mental health crises.¹ Prior to the pandemic, telehealth efforts were largely utilized in rural settings to improve access to sub-specialty physicians and providers.^{2,3} However, the expansion of telehealth in all settings, especially in large tertiary referral centers, has allowed patients to better engage with subspecialty physicians and other providers in any given healthcare organization.

Similarly, telehealth facilitates better access and flexibility for surgeons to see patients without the need for a physical clinic space or the presence of clinical staff. Virtual visits also reduce the amount of time patients spend waiting to see the surgeon in a waiting room or exam room and can positively impact the overall patient care experience.⁴ By reducing wait times and improving patient satisfaction,³ it is conceivable that this will also improve surgeon satisfaction enhancing the doctor-patient relationship and the delivery of higher quality patient-centered care.

In addition to the benefits of telehealth for patients and surgeons, expanding telehealth results in considerable cost-savings for healthcare organizations. Resource utilization is decreased when in-person visits are reduced. For instance, the requirements for exam rooms and other physical workspaces for physicians and allied healthcare providers will be reduced, resulting in significant cost savings. Moreover, there may also be a reduced need for full-time equivalent hours for clinic staff if fewer patients are being seen in person. As the number of patients visiting a healthcare center decreases, the parking spaces occupied by patients and the traffic around the healthcare system will be reduced, which may ultimately improve overall employee and patient satisfaction. Lastly, there are also tangible benefits of telehealth to third-party payers such as decreasing unnecessary emergency room and urgent care visits and the need for costly transfers from smaller hospitals to larger tertiary care healthcare systems,^{2,3} which can result in significant financial costs.

Given the immense benefits of telehealth to all stakeholders, it is imperative that we maintain the impetus for change and enthusiasm for telehealth that arose as a result of the COVID-19 global pandemic and anticipate and address challenges that lie ahead. In addition to the challenges of telehealth discussed by the authors such as liability, malpractice, licensing, protecting patient information and confidentiality, and lack of physical examinations, we discuss 2 additional challenges to consider. First, to maintain access to telehealth, healthcare systems and third-party payers need to incentivize surgeons and other providers to use telehealth.⁵ Currently, in-person visits reimburse more than telehealth. If reimbursement models for telehealth do not change, smaller plastic surgery practices and solo providers may encounter financial difficulties.⁵ Therefore, it is important that our specialty and national societies advocate for “payment equity” to ensure that surgeons and other providers are getting reimbursed for

telehealth at similar rates as in-person clinic visits.⁵ Second, it is important for us to ensure that the quality of patient care does not decline as the number of telehealth visits increases. There is a close correlation between the rise of non-board-certified plastic surgeons promoting their ability to perform procedures along with the rapid expansion and ease of telehealth visits. This finding may not only be detrimental to the practice integrity of American Board of Plastic Surgery-certified plastic surgeons but may also, and more importantly, compromise the care and safety of patients undergoing these procedures. Perhaps this concern is especially important for aesthetic plastic surgeons as patients are increasingly looking to social media platforms to find their surgeon or other aesthetic provider.^{6,7} According to a study in 2016, only 6% of plastic surgery posts on social media were generated by board-certified plastic surgeons, meaning that 94% of plastic surgery content on these platforms was posted by the public and from people promoting aesthetic surgical services who were physicians not trained in plastic surgery or individuals who were not physicians.⁸ Additionally, less than 20% of top aesthetic surgery posts on Instagram are posted by plastic surgeons eligible for membership in The Aesthetic Society, further raising concerns that the increasing number of individuals who are not American Board of Plastic Surgery certified in plastic surgery are performing cosmetic procedures.⁷

As we have all been asked to be flexible and create solutions to overcome the obstacles brought on by the global pandemic and have begun adopting telehealth as a care delivery model, it will be necessary for us to advocate for improved reimbursement models for telehealth to make this a sustainable model. We will also have to diligently improve the vetting system for patients to ensure they are receiving safe surgical consultations and care from qualified and competent plastic surgeons. As the healthcare industry moves towards a value-based model, it has never been more important to invest in telehealth, which will allow us to maximize patient outcomes and satisfaction while decreasing costs to patients, healthcare systems, and third-party payers.

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