

COVID-19 Impact on Telemedicine

Updated: Wednesday, March 25, 2020

On March 23, 2020, we held a Telemedicine Focus Group with leaders in the urology community to facilitate communication on the current impact of COVID-19 on their practices. We gathered critical information and key takeaways from the discussion topics that we feel could be of benefit to the greater Specialty Networks Community to help navigate the coming days and the future. Please see below for a summary of this focus group.

What telemedicine solution have you implemented? Provide an overview of your experience so far.

- Platforms: The majority of the practices have implemented a variety of the following telemedicine platforms: Zoom (free and pro), Doxy.me, Anywhere Health, Skype and FaceTime. Below is a general overview of practice experience as it relates to these platforms:
 - Zoom – general consensus: very user friendly for physicians, typically no problems with patients figuring it out; however, older patients can tend to struggle with understanding and using the technology.
 - Facetime – is a good alternative to other telemedicine platforms. General consensus: a good fallback to use with older patients who have an iPhone or who struggle to use other technology.
 - Several practices have also implemented Doxy.me and Anywhere Health, as these are likely “permanent” solutions for long term telemedicine needs. There are several other platforms out there as well, but these are the technologies that have been most commonly mentioned as reasonable solutions thus far.
- The benefits found in using telemedicine:
 - Virtual meetings allow physicians to see more patients in one day, as the appointments tend to run quicker and are more focused. Some practices are seeing 50 patients per day already.
 - Significantly reduced number of patients in the clinic and waiting room.
 - Some telemedicine platforms allow for patients to schedule their own telemedicine visits.
 - Practices found that the majority of patients preferred telemedicine over in-person appointments.
- The setbacks of using telemedicine:
 - Slight slowdowns in educating patients on the different platforms.
 - Occasional hardware problems and human error.
 - The process of converting the schedule to telemedicine calls needs to be organized, usually by the MD.

What processes did you put in place to create consistency across the practice online? What tools and resources are you providing?

- From an internal perspective, some practices ran a trial with a small number of doctors before rolling the platform out to everyone. This allowed them to work out any kinks and put together step-by-step instructions on how to work the system. Before launching, they sent an email to the team with the guidelines as well as billing legal terms.
- One practice has its front desk team walk the patient through the process to join the Zoom meeting. At the start of a patient's meeting, the front desk calls the patient directly and does the triage, and then they send them an email with a link to the Zoom meeting. Once the patient has the Zoom meeting up, the physician is notified through their EMR that the patient is available for their appointment (creating a “virtual waiting room”).
- Many practices set up PowerPoint with screenshots and instructions on training.
- Practices are sending out reminders to patients ahead of the appointment to make sure to join virtually and with instructions on how to do so.
- The majority of the practice providers have a telemedicine template.

Are you reviewing your patient visit schedule to convert to telemedicine?

- General consensus: yes, the default for the practice at this point is to conduct all regular office visits via telemedicine.
- Some practices printed out the patient visit schedule for the doctors, who went through each patient and determined which, if any, need to be seen in person.
- Some practices are still seeing limited patients in the clinic (who are being screened before coming in) but believe they will stop this eventually.

Which patients are still coming into the office for care, and what precautionary steps are being taken?

- Precautionary steps: patients wait in their cars until their HCP is ready to see them. Family members and drivers wait in the car. Health screens are conducted at the door, including a questionnaire on the status of their health, previous travel and temperature (fever) monitoring. Patients wash hands, and in some cases, are asked to wear masks. Social distancing is practiced.
- Most offices are still treating ADT, BCG, Provenge and Xofigo patients, as long as they have the proper equipment and can safely do so.

How do you plan to triage patients over the next few weeks?

- Some practices are looking at these two ways, from an ASC perspective and a Clinic perspective.
 - ASC – if it's not an organ threatening case, they aren't doing anything.
 - Clinic – asked nurses that if anything can be postponed or done through telemedicine, to do it that way.

We thank the member practices who joined us and participated in the Telemedicine Focus Group Teleconference. Please continue to look for these individual messages as they come through to the membership today and ongoing. **If you have any questions or need additional help, please contact membership@urogpo.us.com.** The Specialty Networks team is happy to assist you.