

'Telemedicine' stepping up amid coronavirus spread

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(HealthDay)—As U.S. states and cities scramble to contain the new

coronavirus by restricting public gatherings, hospitals are increasingly using remote medical care to battle the outbreak.

Many [health systems](#) in the United States already have "telemedicine" services in place, and there is no better time to deploy them, said Dr. Judd Hollander, an emergency medicine physician at Jefferson Health in Philadelphia.

Telemedicine takes advantage of technology to see patients with non-emergency conditions in their own homes. People can use their devices to set up a "virtual visit" with a doctor to evaluate their symptoms, get treatment advice and, in some cases, prescriptions.

And right now, when people should be avoiding crowds whenever possible, telemedicine could fill a critical role, Hollander said.

Jefferson Health has a longstanding telemedicine program, and it generally sees an uptick during flu season, when miserably [sick people](#) want to avoid an in-person visit.

"But the whole world has changed in the past month," Hollander said.

In roughly the past week, the number of telemedicine visits at Jefferson has quadrupled—and the program is fast training additional providers to manage the demand, he noted.

"We're basically begging anyone with some spare minutes to take on a visit," he said.

Telemedicine is also a way to keep potentially ill hospital staff away from patients. Since COVID-19 landed in the United States, several health care facilities have put workers under quarantine due to exposure to infected patients.

But telemedicine offers a way to keep those providers working, Hollander said, which would also free up others for in-person care.

Similarly, Jefferson has used the technology to allow doctors with symptoms to care for patients virtually while tests for COVID-19 are pending.

Hollander recently co-wrote a perspective piece in the *New England Journal of Medicine*, laying out the potential for telemedicine in a time of pandemic. His co-author, Dr. Brendan Carr, is an emergency medicine physician at Mount Sinai Health System in New York City, which also offers virtual visits.

Telemedicine is not new, nor is it uncommon, said Amanda Tosto, clinical transformation officer at Rush University Medical Center in Chicago. But many people may be unaware it's available in their local area, she said.

Rush, which launched "on-demand" video visits last year, has seen a similar surge in demand—going from a typical 30 to 60 visits a month, to about 100 a day, Tosto said.

There are also nationwide telehealth companies, Hollander noted, such as Teladoc and American Well.

Many people making virtual visits now have symptoms they worry could be COVID-19, which generally causes a fever, cough and shortness of breath. Others are simply worried—due to their travel history or exposure to someone diagnosed with the virus.

"People want peace of mind," Hollander said. But, he added, "there aren't enough tests. You can barely test the people who are sick."

In general, people with milder COVID-19 symptoms will be told to isolate at home, rest, stay hydrated and monitor their symptoms.

Dr. Rahul Sharma, emergency physician-in-chief at NewYork-Presbyterian/Weill Cornell Medicine, in New York City, said, "We want people to avoid the ER if it's not an emergency."

His hospital is another that has long been using telemedicine. "It's not new," Sharma said, "but now we're seeing why it's so powerful and useful. We want everyone to be safe, and to minimize disease spread."

Like Jefferson, NYP/Weill Cornell has seen a quadrupling in demand for its telemedicine services in the past 10 days or so, Sharma said.

Not everyone should have a video visit, he stressed. They are for people with problems like respiratory symptoms, headache, stomach complaints, rashes and body aches.

People with severe chest pain or difficulty breathing, for instance, need emergency care, Sharma said.

Who pays for telemedicine? In response to COVID-19, the Medicare program—which covers Americans age 65 and older—has loosened restrictions on seniors' access to such services.

Some private insurers cover virtual visits, Hollander said, but often people self-pay. (The cost per visit is typically around \$50; Tosto said Rush is not charging for virtual visits related to "concern for [coronavirus](#) .")

Hollander praised certain insurers, such as Aetna, which is waiving co-pays for [telemedicine](#) visits for the next 90 days.

Other insurers, he said, "should step up and take care of your people."

More information: The U.S. Centers for Disease Control and Prevention has more on [COVID-19](#).

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