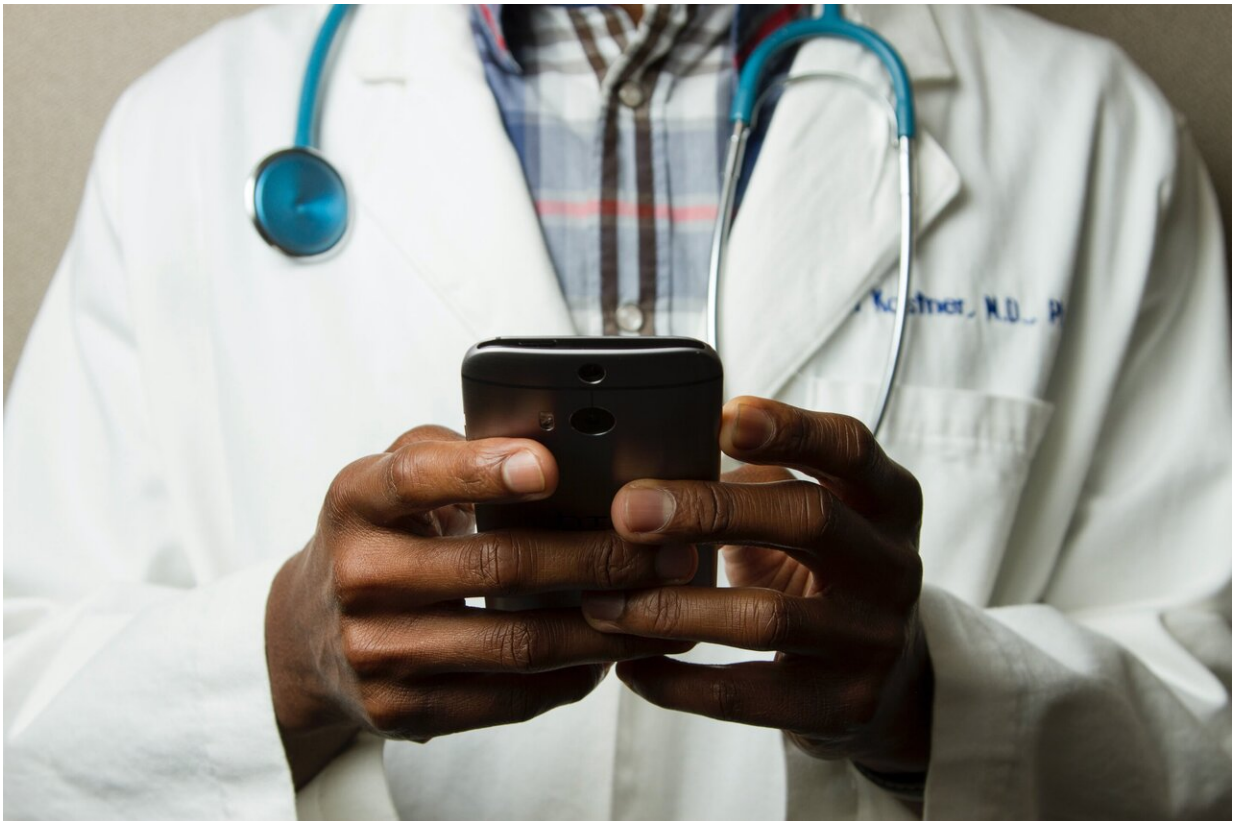


# Pandemic-driven telehealth proves popular at safety net health system

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As state and federal authorities decide whether to continue reimbursing for telehealth services that were suddenly adopted last spring in response to the coronavirus pandemic, a new study out of UC San Francisco has

found that clinicians in the San Francisco Health Network (SFHN) overwhelmingly support using these services for outpatient primary care and specialty care visits.

The results surprised the research team, which includes a number of clinicians at Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG), since they witnessed firsthand the difficulties that many of their colleagues and patients experienced when they had to turn to telehealth overnight. ZSFG is part of the San Francisco Health Network, where the survey was conducted, which also includes clinics run by the San Francisco Department of Public Health.

"That transition was so painful for many people: to find a new way to provide [medical care](#)," said Anjana Sharma, MD, MAS, assistant professor of family and community medicine at UCSF and first author of the paper, published in the *Journal of Health Care for the Poor and Underserved*. "We were surprised to see that 9 out of 10 clinicians expressed comfort with providing care by phone and [video](#)."

She said the team was also surprised at the concerns that providers expressed over whether they could accurately diagnose patients remotely. Almost 60 percent of those surveyed questioned the diagnostic safety of providing [health](#) care services over the telephone, and 35 percent had those concerns about diagnosing on video.

And there were other problems. Some 44 percent of clinicians reported that speech, hearing and cognitive barriers made telephone visits impractical. Significant portions also reported having patients who either did not have access to video (39 percent) or had no phone at all (38 percent), while 40 percent reported seeing patients who had trouble setting up video access because of language or educational barriers, and 35 percent reported patients without Internet.

Still, more than 90 percent of the clinicians surveyed said they planned to continue using phone and video to care for their patients after the COVID-19 pandemic ended.

For patients who can utilize the technology, particularly for follow-up care after a diagnosis has already been made, the benefits of telehealth are overwhelming. It saves time and money, especially for people who cannot easily get time off work to see the doctor or who may have childcare responsibilities. And, for those with access to video at home, the technology can make it easier to include other family members.

"People have been talking about telemedicine forever, but this transformation would have never happened if not for the pandemic," Sharma said. "It's the reimbursement flexibility that drove this to be possible."

State and [federal authorities](#) are currently debating whether to lower or potentially eliminate payments for video and telephone visits that have been reimbursed at near similar levels to in-person visits throughout the public health emergency.

"We do believe that video visits are higher quality and are probably safer for patients," Sharma said. "But we don't want to leave anyone behind. We're trying to say, 'both/and.' It makes sense to improve our video capacity for patients. But if telephone reimbursement goes away, that will be devastating for our patients."

Provided by University of California, San Francisco

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