Justification lacking for equivalency between telemedicine and face-to-face clinic visits

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Telemedicine platforms and their use in the coronavirus disease-19 era to deliver comprehensive vascular care (Lin, JC, JVS, 2021,73:392-8)

- "The mission of telehealth is to improve patient access/experience, maintain high quality care, and reduce the cost of care across a population which will ultimately improve the value of healthcare."
- " (Patients) include postoperative patients having an unremarkable and uncomplicated convalescence."
- Established patients with a new complaint
- "Telemedicine allows the vascular surgery practice to maintain a revenue stream to support these aspirations."

Telemedicine platforms…continued

- "Medicare payment for the telephone evaluation and management visits (CPT codes 99441-99443 is equivalent to the Medicare payment for office/outpatient visits with established patient effective March 1, 2020."
- No data were presented asserting that the remote mode of healthcare delivery was equivalent and as safe as a hands-on visit

Advantages of Telemedicine

- Improve health care delivery
- Rural areas – overcome geographical challenges
- Covid-19 pandemic – avoid exposure
- Should be considered an adjunct
- Ryan Haight Health Act 2009 – prohibited on-line prescription of controlled substances.
- Exemption to Ryan Haight in 2016 may or may not apply

Disadvantages to Telemedicine

- Impersonal and potentially dangerous
- Negatively affects continuity of care
- Technically difficult (particularly for older people)
- No history and physical
- Rules vary by state

Disadvantages to Telemedicine - continued

- No multistate telehealth license (Interstate Medical License Compact)
- Interstate Medical License Compact does not apply to Nurse Practitioners
- Vulnerability to privacy and security rules
- Data accuracy and potential for misdiagnosis
- Medical liability – no "standard of care"
- Medicaid Reimbursement under control of each state

American Medical Associate – Common Uses

- Patients who need close follow-up care
- Chronic and complex diseases – lab results (e.g., diabetes, diet)
- Post-op wound care
- Patients with mobility issues
- Low-risk infections (e.g., conjunctivitis, urinary tract infection)
- Pre-op orthopedic operations (?)
- Clinical trials

Specialties that use Telehealth frequently

- Genetic counseling
- Dermatology
- Rehabilitative medicine
- Gastroenterology
- Non-stroke neurological care
- Ophthalmology (red-eye)
- Behavioral health, psychiatry

VASCULAR SURGERY NOT AMONG THEM

Methods

- 100 consecutive patients – 6-week period
- 78 patients (40 new, 60 established)
- 55 males, 45 females
- Average age 56.2 (59 patient over 65)
- Additional 57 ultrasounds and non-invasive studies. If abnormalities were found, they were included in the population cited above.

Indications for visit

- INDICATION FOR VISIT
- (numbers do not equal 100 since many patients presented with multiple complaints/morbidities.)

DIAGNOSIS	NEW	ESTABLISHED/FOLLOWUP
CKD	5	29
LYMPHEDEMA	6	3
MUSCULOSKELETAL	10	3
VENOUS INSUFFICIENCY	7	3
NEUROGENIC	8	1
ANEURYSM	1	2
CAROTID STENOSIS	4	6
PERIPHERAL ARTERIAL DISEASE	6	10
DEEP VEIN THROMBSOSIS	1	2
WOUND COMPLICATIONS		9
VASCULITIS	1	
TOTAL:	49	68

Criteria for unsuitability for telemedicine

INFORMATION GAINED FROM EXAMINATION THAT MATERIALLY ALTERED TREATMENT

Results

Seven (7) patient did not require face-to-face visit

Four (4) patients were pre-op

Three (3) did not require in-person visit but insisted on seeing the doctor

Patient not requiring in-person visit

- After-the-fact determination made that face-to-face encounter did not yield any actionable information

PATIENTS NOT REQUIRING PHYSICAL EXAM	
VARICOSE VEINS PRE-OP	1
CAROTID ULTRASOUND RESULTS AND PRE-OP	4
LYMPHEDEMA	1
CHRONIC KIDNEY DISEASE	1
TOTAL	7

Conditions that can be safely managed via Telemedicine

- Venous insufficiency
- Ultrasound results
- Lymphedema
- Pre-operative patients
- Some post-op patients

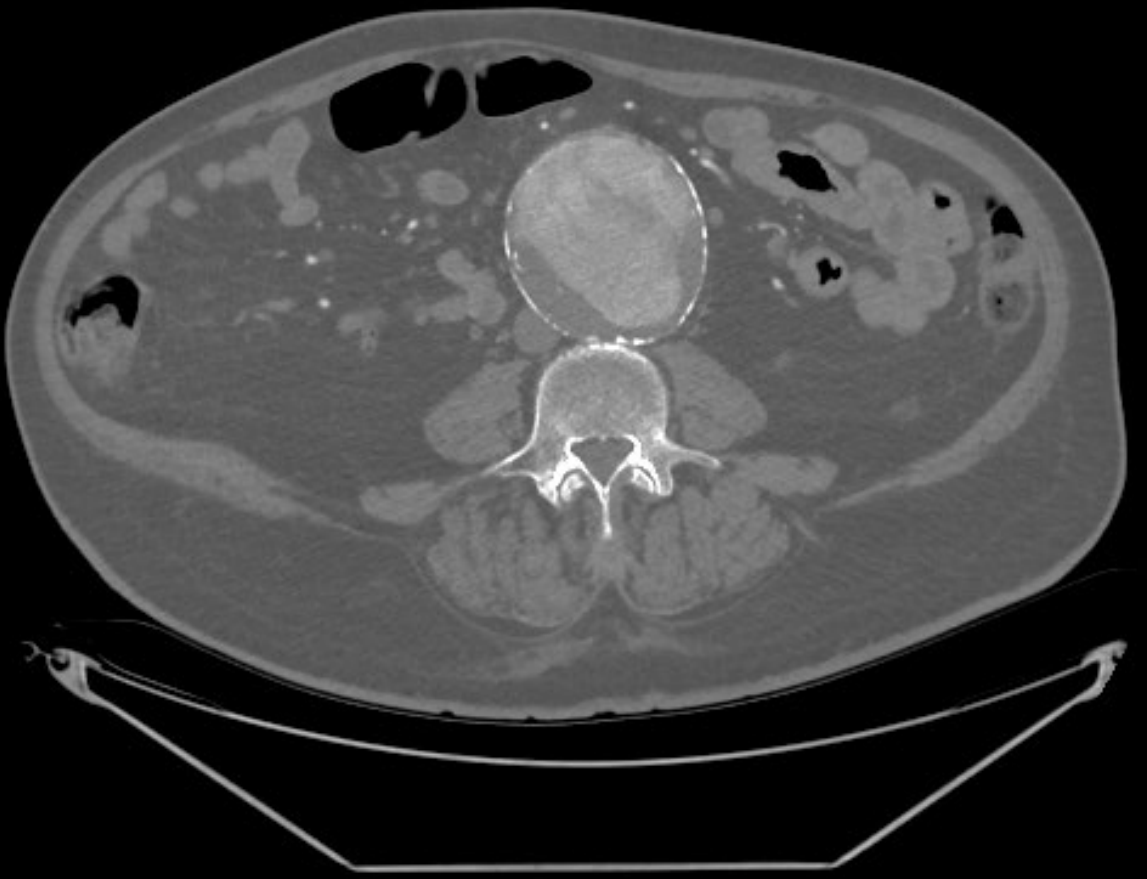
Conditions requiring in-person visit

- Chronic kidney disease
- Differentiation between vascular and neurogenic insufficiency
- Aneurysms
- Carotid stenosis
- (most) wound complications
- Musculoskeletal disorders

Patient with CKD stage V

- Referred for fistula creation
- Hypertension
- Portly
- Cardiomyopathy
- Two recent prior admissions
- Evaluated by 24 doctors (64 visits)
- 9 ARNPs (11 visits)

Pulsatile abdominal mass



Conclusion – majority of vascular patients require in-person visit

- Vascular surgical patient are unique in their complexity
- Patients referred from mid-levels who lack diagnostic skills
- Difficult to assess post-op results without examination (e.g., check pulses)
- Patients are medically unsophisticated

Conclusion

- Need controlled outcome studies before declaring non-inferiority of telemedicine
- No large population studies available to assume that parity exists
- Until such studies are performed, the assertion that parity exists is based on an unproven assumption
- Patients may be receiving inferior, delayed care

Thank You !!!!