For patients with chronic diseases, their fears are heightened during this pandemic. These fears can threaten their health and add to delays in care. As the pandemic continues to unfold, it is important for physicians to stress that fear of COVID-19 should not keep people from seeking medical attention. There are measures in place to reach patients where they are and added precautions implemented for those who need to visit their physician's office.

When patients with a chronic disease receive appropriate care and have their condition under control, it can reduce their risk of severe COVID-19, said Tony Hampton, MD, a family physician and obesity medicine specialist at Advocate Medical Group in Chicago.

Amid patients’ fear and confusing messages about avoiding nonurgent visits, it is understandable that patients might be delaying care. However, there are ways to help patients with chronic diseases such as type 2 diabetes even outside of the office.

Use video visits to see patients

Most health systems and physician practices have implemented telehealth, which is key to reaching patients during the COVID-19 pandemic.

“We prefer video visits because video visits allow us to see where people are—not only just hearing their voice, but I can see their body language,” said Dr. Hampton who is also the physician lead for Advocate’s Healthy Living Program and regional medical director for the South Region of Advocate Medical Group. “I could see if they’re in the right kind of mood and if I have something I need to visualize, I can actually do that.”
“People also seem to get a more emotional benefit from a video visit,” he said. “They tend to light up with joy, especially when I see my older patients. When they see me, it’s magical to them.”

The AMA quick guide to telemedicine in practice has been developed to help physicians swiftly ramp up their telemedicine capabilities.

Engage the patient’s family

While encouraging video visits for patients with chronic diseases is important, Dr. Hampton also recommends engaging the family too.

“The people in our population are older, so what we do is we try to arrange a time for a video visit when a family member is available or a family member helps to educate them about how to do that,” he said. “We just rearrange our schedule to fit when that family member is available.”

Medical assistants will also sit on the phone for up to 30 minutes, if necessary, to walk the patient through the steps to work the video call.

“There's a lot of support around being able to make sure that technology works for them because not only is it going to be beneficial for now, but maybe down the road we’ll still be doing video visits,” said Dr. Hampton. “Ultimately, most of the things we need to do can be done virtually and we should.”

Be comfortable being uncomfortable

Throughout the pandemic, a lot of the processes with telehealth and reaching patients is new, but it is important for physicians “to be comfortable being uncomfortable,” said Dr. Hampton. “We’re never in an ideal state, but it’s better to have connected with you than to not have connected at all.”

“We have to train people to be comfortable, and it’s not just the patient. It’s the doctor that needs to be comfortable with that too,” he said. “Some doctors push back and say, ‘I can’t really do my job,’ but it is better to have interacted with that person than not.”

Reiterate safety measures in place

Patients who do want to come to the office can be reassured through safety measures that are in place. For example, when arriving at Advocate, patients are directed to the parking garage where
they are triaged without having to get out of their car.

The health professionals staffing the triage area will ask a series of questions, including, “Do you have any upper respiratory infection symptoms?” A temperature check and additional screening will also be completed. If a patient screens positive, they will be sent to a designated area that separates them from everyone else. Each person involved in the triage wears proper personal protective equipment.

“That’s one way we keep you safe and make it OK for you to come here,” said Dr. Hampton, adding that most of the buildings do not have patients with COVID-19 symptoms because everyone is screened before entering.

Once in the building, patients are asked again if they are experiencing any symptoms and will be checked for a fever. After the patient is cleared, they will enter the lobby which has chairs spread out to account for proper physical distancing. Additionally, the building is sanitized at least twice what it used to be.

“For those few people who need to come in, we have this safe care promise,” said Dr. Hampton.

The AMA and the Centers for Disease Control and Prevention are closely monitoring the COVID-19 global pandemic. Learn more at the AMA COVID-19 resource center and consult the AMA’s physician guide to COVID-19.