Diane George, DO, details her health system’s telehealth approach

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In today’s COVID-19 Update, a conversation with Diane George, DO, chief medical officer of Henry Ford Medical Group Primary Care, about her health system’s innovative approach to telehealth during the pandemic.

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Speaker

- Diane George, DO, chief medical officer, Henry Ford Medical Group Primary Care

Transcript

**Unger:** Hello, this is the American Medical Association's COVID-19 Update. Today, we're talking to Dr. Diane George, chief medical officer of Henry Ford Medical Group Primary Care in Sterling Heights, Michigan, about her health system's innovative approach to telehealth during the pandemic. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. George, we've seen the use of telehealth rapidly increase, obviously during the pandemic. I'd love to learn more about the growth, specifically that Henry Ford has seen over this past year.

**Dr. George:** Well, Todd, there's nothing like a crisis to create change, and that's what happened with Henry Ford. So in 2019, we did a total of just over 10,000 video visits throughout our whole medical group, which encompasses all of Southeast Michigan. And then the pandemic hit. And it really hit us hard mid-March, as you probably know. So in March, we ramped up our video visits to 13,000 and then we peaked in May at 92,000. So all those naysayers that didn't like the idea of doing a video visit
and thought that maybe a video visit wasn't high quality medicine became believers overnight. And we had a great boom in terms of the numbers. In fact, they're staying high, really, at this point.

**Unger:** That's why I'm curious, when you think about just the percentage of visits, so to speak in telehealth, do you see that leveling out? Increasing? What's your view of the future there?

**Dr. George:** I truthfully don't think that it'll stay where it is with the pandemic. But it's never going to get back to where it was. Because so many people tried telemedicine and realized that it was easier than they thought, and they liked it more than they thought, but we're going to probably settle into something that's very reasonable where people can be seen virtually when it's appropriate and can be seen in-person when it's appropriate. And maybe something like 30 or 40% virtual and the rest in person. Maybe 50-50 even someday, as the technologies improve.

**Unger:** I know I personally really like the flexibility of having telehealth appointments with my physicians. But obviously there are limitations as to what can be done in a virtual visit like that. Can you talk a little bit about the challenges that you've learned over the past year with telehealth?

**Dr. George:** Yeah, absolutely. So, one of the biggest challenges with COVID was just this idea of replacing in-person with virtual and it was less than ideal in many situations. So for example, sending somebody for a neurology consult, well, that usually entails a very detailed exam. When you only have video, you have to get much, many of your clues from the person's facial expressions, their tone of voice. You need to be a very astute history taker. And sometimes that can be a less than satisfying visit if it was something that really did require an exam. So on the other hand, it was the best we could do at the time. Right? So, that's where we landed. And most of the patients or doctors who have concerns about virtual care in the past, it was really about that lack of having a physical exam.

**Unger:** Well Dr. George, obviously, there are limitations there and there's been a big learning curve. But Henry Ford is moving ahead and you're using new technology that can help address some of those challenges. Will you give us more background on what's happening?

**Dr. George:** Absolutely. So we have discovered this device that allows for a virtual exam, and we actually discovered this sometime ago and started moving forward. But when the pandemic hit, our strategy moved even faster. So we started by having paramedics go into the home and actually do these virtual visits. They could examine and do treatments. They're still doing this actually. And then use a device to transmit an exam to a physician who would be on the screen by video. We've taken that even further now because there's a home version of the device that an individual can use themselves. And the device is very small. Fits in the palm of your hand. Has really very good navigation. It's very easy to use. Has little elements that help to change, so you can change the exam. And so we're using that in the home now. People can purchase that. They can then connect up with their physician, do the navigation on the screen with their smartphone and be able to get very high quality exam using that device.
**Unger:** So can you give a little more background on these kinds of kits that you're equipping patients with? What's in them?

**Dr. George:** So in the kit is a device that looks like this. This kit will have navigation on the screen. It comes with attachments for heart and lungs, an attachment to look in the ears and nose. And there's another attachment that a tongue depressor attaches to, to be able to do a throat exam. It also has a dermatoscope but, quite frankly, you don't really need it because the optics on this are so good that our doctors say they can see a rash better with the device than they can with their own eyes. Similarly, the view that you get of a tympanic membrane or of the oral pharynx is better than what you see when the patient's there in person. Every doctor that sees this on a screen, basically their jaw drops because of how great the picture is. So it really is. For anything that needs ears, nose, throat, heart, lungs, skin, it's awesome. And then there are additional capabilities as well, such as Bluetooth connection with blood pressure, a Bluetooth connection for weight. And then an additional attachment that can be purchased separately to do pulse oximetry.

**Unger:** Well, I have to say it's a bit of a mindblower. We talk a lot about home monitoring.

**Dr. George:** Yes.

**Unger:** But I haven't seen this kind of diagnostic equipment applied to this. How ... you mentioned the quality of this. This has got to be a surprise to physicians.

**Dr. George:** Yes. It is a surprise. And this gets patients and physicians past that hurdle of, I can't do an exam or the doctor's not doing an exam. Well, the doctor is because they can see all the things or almost all the things they would if a person was present in the office. Not everything. You can't palpate an abdomen. You can't check reflexes. There are certain things you can't do. But you can check out somebody who has congestive heart failure. You can take minor ears, nose and throat complaints, the kinds of things that people have all the time. So it is quite mind-blowing. When physicians use it and patients use it and realize how easy it is, then we have them hooked.

**Unger:** Before I ask about the patient experience part of this, when you think about physicians, obviously, this is a big systemic change to accommodate something like this.

**Dr. George:** Yes.

**Unger:** How are they responding? Beyond the quality part of this, is this something that is a better part or an enrichment to the day? Or is it a challenge? How is it viewed?

**Dr. George:** Our doctors ... let me back up and say, we started with our MyCare On Demand physicians. So this is a group of physicians who do video visits on demand. We trained up that group so that any patient who has the device can do an on-demand visit with anybody in that group. And as
we roll out to the primary care physicians, as more and more of them get trained, they just see the possibilities. In fact, they see the possibilities once they hear about it because they think of those patients. Well, the elderly patient who had to move up north with their daughter or son but still wants to have their primary care physician in our area. How can they still connect? So they see a lot of possibilities. Families with children, our pediatricians are over the moon about it.

**Unger:** How are your patients adapting to this? Was there a big learning curve for them?

**Dr. George:** There really isn't. So what we found is that as long as you have a smartphone and it can be iOS or Android, the navigation is very easy. So the most important thing is that people actually activate the device so that when they're ready to use it, it's ready to go. Because typically if they don't activate the device when they need it, they will go back to their old pattern, "I'll just run to the urgent care or whatever." So we have a team of people that help folks get started, get their device activated and registered, et cetera.

**Unger:** How do you see, in closing, the ramifications of something like this, where we would have said, maybe there might've been limitations to how much telehealth could help in the existing paradigm. This obviously is going to open that up more. How else do you see the impact of something like this on health care going forward?

**Dr. George:** Oh, I think it's really endless. So I think in terms of buckets of individuals. So people with families with acute problems, where they might've gone to an urgent care or they might've gone to the ED in the middle of the night. People who have transportation issues that, or can't miss work or things like that. Those folks with minor complaints. One device can be used for the whole family. So they pay for it once and there isn't any additional costs. They can also get reimbursed through their health savings account or flexible spending. So, that is helpful.

Another bucket of people are those folks who are more at risk for readmission to the hospital. And by equipping those folks with this kind of a device and teaching them how to use it, they can have more frequent touch points with their physician that are more meaningful touch points than just a voice on the phone or a video on the screen. So it's helping with decreasing readmission. It's helping to keep people out of the emergency department. And then another group of people would be people with more issues with social determinants to health. And if we can find ways to get these kinds of devices in the hands of people who have more trouble getting in or more trouble with affording care or finances, I think that that's ideally very helpful as well.

**Unger:** So obviously, access to care is a big benefit here. When you think about how far you've come in the last year, that's a lot of innovation for a year. On your innovation roadmap going forward, what do you see as the next steps?

**Dr. George:** I see more integration with our electronic health record and more integration with devices. So where most electronic health records are really, we call them that, but they're really
electronic medical records. I think for people to own their own care more, the devices need to be more seamlessly integrated with our health record. The information needs to be more easily sortable and available to the physician in a meaningful way, as well as to the patient in a meaningful way. So I think that that's one of the areas that will improve. So that's for the well folks. But additionally, I think you'll see more of this integration of the home monitoring with the home visits that are done virtually.

Unger: It's pretty exciting. I really appreciate you being here to give your perspective and a preview of what's going on at the Henry Ford Health System.

Dr. George: Thank you.

Unger: Thanks so much for joining us today, Dr. George. We'll be back with another segment shortly. In the meantime, for additional resources on COVID-19, visit ama-assn.org/COVID-19. Thanks for joining us. Please take care.

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