

Henry Ford moves telehealth forward with virtual exam kit

JUN 18, 2021

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Telehealth boomed during the early stages of the COVID-19 pandemic as patients avoided in-person medical office visits, but the tactic has become more than an emergency accommodation. While the number of telehealth appointments is slowly declining, lessons learned in the past year are making virtual care a new standard.

And new remote-examination technology is making telehealth more effective than ever, according to Diane L. George, DO, chief medical officer of Henry Ford Medical Group Primary Care in Sterling Heights, Michigan.

Dr. George discussed her practice's experience with expanded telehealth during a recent episode of "AMA COVID-19 Update."

"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. So, in March, we ramped up our video visits to 13,000 and then we peaked in May at 92,000," she said.

"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."

Learn more about the AMA's Return on Health framework, which articulates the value of digitally enabled care and accounts for ways in which a wide range of virtual care programs can increase the overall health and generate positive impact for patients, clinicians, payers and society.

Office visits may remain limited

But with the pandemic seemingly waning, will office visits return to pre-pandemic levels while telehealth fades from general use? Not likely, Dr. George said.

"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," she said. "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."

She predicts telehealth visits will stabilize at a level of 30% or 40%, with the remainder of visits being conducted in person.

"Maybe 50-50 even someday, as the technologies improve," Dr. George said.

Telehealth video visits are limited in their ability to enable a detailed examination.

"When you only have video, you have to get 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," she said.

Remote self-examination tools

However, her practice has already experimented with remote-examination tools that allow patients to gather examination responses themselves and transmit them to their physicians with their smartphones, providing a body of detail that comes closer to the level of a traditional examination.

Originally, the practice sent paramedics to homes with these devices to conduct examinations and send information to physicians who could follow up immediately with treatment instructions. But now the practice has begun using a simplified version—a virtual exam kit—that patients can use themselves at home.

The practice rolled out the technology to its physicians who specialize in video visits and plans to move on to primary care physicians in the near future.

The tool may help limit hospital readmission by helping physicians better monitor patients who have been released from hospitalization and provide affordable access to care to patients with those limitations.

The next step, she said, is providing better integration with EHRs so patients "can own their own care."



"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," she said.

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