

6 tips to succeed with telehealth in allergy and immunology care

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With only about 3,000 allergists and immunologists nationwide, telehealth has the potential to be a potent tool to help more patients get the specialized care they need and get it sooner.

By putting telehealth to its best use, allergists and immunologists can improve access to care, make monitoring an ongoing diagnosis easier for the patient, and help primary care physicians treat patients whose needs may not require subspecialty treatment.

During an AMA Telehealth Immersion Program webinar co-hosted with the American College of Allergy, Asthma & Immunology, experts showcased how allergists and immunologists are leveraging the technology to provide high-quality care.

How it works in private practice

Sofija Volertas, MD, is assistant professor of medicine and associate program director of the allergy and immunology fellowship at University of North Carolina Medical Center, Chapel Hill, and part of a two-person practice. She detailed how smaller private physician practices can make telehealth work.

Dr. Volertas said there are six areas types of allergy and immunology care that often make sense for a virtual visit:

- Asthma.
- Allergic rhinitis.
- Dermatitis/urticaria.

- Drug allergy.
- Food allergy.
- Immune deficiency.

A huge chunk of allergy and immunology is taking a patient history, while the other part is procedural, Dr. Volertas said. It's allowed her practice to split their clinical flow into two blocks of time along those lines. For example, so much of a first visit is taking a history that it can be made a virtual visit. A patient can be brought into the office at another time to have testing performed, something that can be run by a member of the team other than the physician.

Dr. Volertas outlined three key lessons learned for what should happen before the telehealth visit.

Assign a telehealth champion. Not every physician has to provide a large number of telehealth visits, but make sure you have one person who stays current on what the practice needs to know about regulations and new ways of providing virtual care.

Gain critical scheduler support. Create a script for the scheduler so they ask the patient whether virtual care is appropriate for the next visit so they don't just default to in-person visits.

Create a clinic specific "tele-amenable" diagnoses list. You can tell the scheduler and patients that it is clinically appropriate to have a telehealth visit for these specific diagnoses. This empowers the scheduler to create a virtual visit for the patient.

Template the provider schedule into blocks or ad-lib. There's a different flow to seeing patients virtually versus seeing them in person. Create a schedule that allows for certain hours to be dedicated to virtual visits, with the flexibility to ad-lib if you need to.

Dr. Volertas also detailed three tips for what should take place during the telehealth visit.

Provide a direct link for patient ease. Make sure patients can easily access the visit through a direct link sent to their email.

Don't just replicate an in-person visit. This is an opportunity to have a different lens into the patient, focusing on their social determinants of health, looking at what is in their home, going through medication use and providing patient education.

Address whether virtual follow-up is appropriate. Let the patient know if the next visit is best done virtually or if they need to come in the office.

The AMA helps guide physicians, practices and health systems in optimizing and sustaining telehealth at their organizations through the AMA Telehealth Immersion Program. The program builds on The Telehealth Initiative and is part of the AMA STEPS Forward™ Innovation Academy, which enables



physicians to learn from peers and experts and discover ways to implement time-saving practice innovation strategies.

The benefits of expanded telemedicine are clear. Join physicians who are advocating to permanently expand virtual care coverage.