Emergency telemedicine poised to grow in pandemic’s new phase

MAY 23, 2022

Tanya Albert Henry
Contributing News Writer

Emergency medicine is likely not the first specialty that comes to mind when thinking about the clinical areas that can benefit greatly from telehealth. But this digitally enabled mode of health care delivery that took off at the pandemic’s onset was helping in the emergency medicine setting before COVID-19 and will only continue to grow.

An AMA Telehealth Immersion Program event co-hosted with the American College of Emergency Physicians (ACEP) provided an overview of the innovative ways telemedicine is being used in emergency settings and discussed how telehealth can continue to help physicians provide better care for patients.

Emergency medicine doesn’t take place in one spot in the hospital and emergency physicians are trained to take care of emerging acute care situations in any setting, said Aditi U. Joshi, MD, chair of ACEP’s telehealth section. That includes the kind of asynchronous care that can be part of telehealth.

Triage involves determining which kind of care presenting patients require. “Can they stay at home, do they need to go to an urgent care, primary care, or do they need to come into the emergency department?” she said. “We are uniquely skilled in that.”

Telestroke was another form of telehealth in use before the COVID-19 pandemic, and telehealth was in use at freestanding emergency departments and urgent care centers. And here are a few ways that virtual care is poised to continue to grow:

- **Triage.** This can include, for example, talking to the emergency medical services unit on the way to the hospital, long-term acute care (LTAC) triage, and telemedicine screening exams.
- **Direct, acute unscheduled care.** For example, virtual urgent care, ED consults to help with things such as transfer stabilization treatment advice, LTAC, correctional medicine, or skilled nursing facility consults.

Copyright 1995 - 2021 American Medical Association. All rights reserved.
Virtual (out of ED) observation. For example, post-ED follow-up visits, remote home monitoring, and hospital at home.

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.

Benefits in the rural setting

Over the past decade, 120 U.S. hospitals closed and 31 states have seen at least one rural hospital among those closures. With 20% of the population living and working in a rural area where hospitals often have limited staff, wait times for EDs in the rural hospitals are higher than the national average that is already at 24 minutes—and that is to see a nonphysician such as a nurse practitioner or physician assistant. It’s not uncommon for a physician to have to be called to come in from home at night because there are not enough doctors to staff the hospital 24/7.

Emergency physician Kelly Rhone, MD, interim chief medical officer and vice president of innovation and outreach at Avel eCare, said their virtual health system—started in 1993—works with rural hospitals across the country to provide emergency care.

They are hard-wired into EDs where health professionals with the push of a button can connect to their virtual emergency department, staffed with emergency physicians and nurses, to direct those who have their hands on the patients who may be in cardiac arrest, suffering from a stroke or facing other life-threatening injuries.

“We are making a difference in rural health and bringing cutting-edge emergency medicine to the bedside,” Dr. Rhone said.

Emergency telehealth in big cities too

Telemedicine in the ED setting has benefits in large urban areas such as Los Angeles, too.

Moshen Saidinejad, MD, directs pediatric emergency medicine at Ronald Reagan UCLA Medical Center, and said many children go to EDs that aren’t set up for pediatric patients and telemedicine allows those trained in pediatric emergency medicine to consult with those treating a child.
The benefits of expanded telemedicine are clear. Join physicians who are advocating to permanently expand virtual care coverage.