At the beginning of the COVID-19 pandemic, neurologists determined that of the 23 key elements of the single-element neurological examination, only two could not be done in a virtual setting.

One was the cardiovascular portion, because there is not a remote stethoscope of fingers to feel pulses. Another was the ophthalmoscopic examination, because there is not a remote ophthalmoscope, according to Neil Busis, MD, associate chair of technology and innovation in the neurology department at New York University Langone Health.

During an AMA Telehealth Immersion Program webinar, “Clinical Case Study: Telehealth for Neurology,” Dr. Busis detailed how the four elements of virtual motor evaluations can be adapted to virtual care:

- **Inspection.** Whether someone is in the room or on a screen, a physician wouldn’t do much different, for example, to evaluate a right peripheral distribution of facial palsy.
- **Self- or assisted examination.** The physician on the screen, for example, can tell the remote patient how to examine their hand.
- **Functional testing.** Ask a remote patient to stand up from a chair without using their hands.
- **Objects.** Ask a patient to lift a barbell they may have at home, or cans of food.

“You can examine most things you need to examine in most cases by using these kinds of principles,” said Dr. Busis, who chairs the American Academy of Neurology (AAN) telehealth subcommittee. The AMA hosted the webinar in collaboration with the AAN.

Supporting telehealth is a core element of the AMA Recovery Plan for America’s Physicians. You took care of the nation. It’s time for the nation to take care of you. It’s time to rebuild. And the AMA is ready.
Telehealth is critical to the future of health care, which is why the AMA continues to lead the charge to aggressively expand telehealth policy, research and resources to ensure physician practice sustainability and fair payment.

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.

How neurologists are using telehealth

The AMA’s “2021 Telehealth Survey Report” (PDF) found that 98% of neurologists used telehealth. Here’s how:

- On average, per week, neurologists saw 36% of their patients via telehealth.
- Most telehealth cases were to provide follow-up care, improving access and medication management.
- 75% or more of telehealth visits were with established patients.
- Six in 10 neurologists could access their telehealth platforms via the EHR.
- 66% of respondents agreed or strongly agreed that telehealth has increased their professional satisfaction.

How subspecialists have adapted

Dr. Busis said that a hybrid of in-person care and telehealth is the future of chronic care management in neurology. Three speakers who focused on different subspecialties of neurological care took deep dives into how they have incorporated telemedicine into their practices.

Anne Marie Morse, DO, director of the division of child neurology and pediatric sleep medicine and clinical associate professor at Geisinger Commonwealth School of Medicine in Pennsylvania shared how they run their virtual sleep medicine practice, including peer-to-peer consultation, remote patient monitoring and school-based sleep education and screening.

Copyright 1995 - 2021 American Medical Association. All rights reserved.
Nassim Zecavati, MD, director of epilepsy at the Children’s Hospital of Richmond and an associate professor of neurology at Virginia Commonwealth University, spoke about how they have used telehealth for epilepsy care. She discussed useful techniques physicians can use in leveraging telehealth with epilepsy patients, shared the importance of developing a workflow that maximizes the incorporation of telehealth, and summarized the latest information on getting paid appropriately.

Benjamin Kummer, MD, who practices vascular neurology and stroke at Mount Sinai Hospital in New York City and serves as the AAN telehealth subcommittee’s vice-chair, spoke about how telehealth has been used for stroke care pre- and post-pandemic, and about the future of teleneurology.