COVID Information Commons (CIC) Research Lightning Talk

Transcript of a Presentation by Liz Goldberg (Lifespan, Rhode Island Hospital), October 26, 2021

Title: Meeting the Health Needs of Older Americans with Telehealth During COVID-19, *A supplement to GAPcare II: The Geriatric Acute & Post-acute Care Coordination Program for Fall Prevention in the Emergency Department*

NIH Project #: 3K76AG059983-02S1

YouTube Recording with Slides

October 2021 CIC Webinar Information

Transcript Editor: Macy Moujabber

---

Transcript

Lauren Close:

And Liz. Yes, our final speaker for today is Liz Goldberg who is an Emergency Medical Physician at Miriam and Rhode Island Hospitals and the Associate Professor of Emergency Medicine, Associate Professor of Health Services Policy and Practice at Brown University. Liz, take it away.

Liz Goldberg:

*Slide 1*

Hi. Good afternoon everyone and now we're really going to move back to very patient facing clinical research and I'm excited to present our work on meeting the health needs of older adults via telehealth. And this was a supplement to my K award that is primarily about fall prevention in older individuals also using some technology.

*Slide 2*

So, thank you to the National Institute on Aging and to my research lab.

*Slide 3*

So, the COVID pandemic has really threatened healthcare delivery to older adults 65 and older. In a representative survey of over a thousand US older adults, 39% stated that they delayed non-essential treatment. 32% delayed preventative care and 15% delayed essential treatment.

*Slide 4*

And so, telehealth emerged as an option to keep older adults safe in their homes but also to provide this missing health care. And you can see in these two graphs that both consumers and physicians had an increased uptake of telehealth, and we expect that telehealth use will increase over the coming years. So, it's important for us to understand how can we make sure that older adults are included in this technology? Just to illustrate how much the uptake has been. There's a 154% increase in telehealth visits in March 2020, the first month after the pandemic started. compared to the year prior and 44% of Medicare primary care visits were via telehealth in April 2020, compared to only 0.1% in February. So, this was a big opportunity for our lab to study how telehealth is being implemented by physicians on the front lines to help older adults access telehealth.

*Slide 5*

So, our aims were to identify telehealth strategies used during the pandemic, and we conducted semi-structure interviews. Our aim was to complete between 36 and 54 with geriatricians primary care and emergency physicians. And why this group? It's because this group was really the first line response to the COVID pandemic and was responsible not only for public health, helping people understand when to go to the hospital, where to get testing, how to treat their symptoms, but also to keep chronic health issues at bay. And we did these interviews starting in July and they continue through November of 2020. And we really explored what were the telehealth services you provided or abandoned? What kind of modes did you use? And by modes were talking about, did use apps? Did you use audio visual? Did you make phone calls? We also asked about facilitators and barriers and sort of practical considerations in providing care remotely. And currently we're on aim 2 of this supplement and we're using those qualitative interviews to do item generation and do a web-based national survey of these physicians to understand the scope of use.

*Slide 6*

So, our methods included purposive sampling to recruit these three specialists from all geographic regions and practice settings, so it's important to us to not only just speak to academic physicians but also speak to community physicians in rural and urban settings. We conducted these interviews via 30-minute semi-structured remote interviews via Zoom. And we developed a code book *a priori*. We double coded our transcripts in in vivo. And we use framework analysis because it's a wonderful way to not only include learners and qualitative analysis, but it's also very expedited, and we knew that our results were important to help structure how telehealth was used in the future.

*Slide 7*

So, we ended up recruiting 48 participants and you can see here we were successful in recruiting both academic community and physicians that practice in metro suburban rural areas.

*Slide 8*

Our median age was 37.5, and I will say that is quite young. We did recruit over social media in part in addition to listservs and so I think that is why more younger physicians were attracted to this research. We had 21 men and 27 women physicians included, and on average there they were in practice for seven years. Approximately 58% of physicians we included had used some form of telehealth including phone calls with their patients prior to COVID-19 and 29% of physicians reported using video visits before March 2020, so a full two-thirds of our cohort had actually never done a video visit with a patient in their seven in their average of seven years of practice prior to this pandemic.

*Slide 9*

And I want to share some representative quotes with you because I think it's important to know how we're using telehealth with these older adults. One geriatrician told us "I'm lucky at the VA. We can actually send VA issued iPads to people who need them to start a mobile home visit." And one of the themes that we noted throughout all of our interviews was that shortage in devices or not having a device or not having broadband internet access was a major access barrier for older adults. Also, for rural patients and under resourced patients, such as homeless patients and folks that were of lower socioeconomic status. One of our primary care physicians said: "Our staff calls patients a week ahead of time to make sure that they have the Zoom link and to help troubleshoot patients". So, we actually found- one of the themes that we found is that it's not actually the age that makes it difficult for some folks to access telehealth, but it was a lack of exposure. So, some older adults have a lot of exposure. They've used iPads before. They've done Facetime before. They had an easier time accessing telehealth, whereby there were some even young older patients that- between 65 and 75 that had never really used a computer to do anything healthcare related, and those folks really struggled. One of our emergency medicine physicians said: "Making sure they can hear you, making sure that you're talking at a cadence that works for them that gives them the time to hear you, listen, process, and respond. I think I would probably spend more times providing instructions." So, our emergency physicians reported on using telehealth both in the hospital and also many practice telehealth outpatient to supplement their income because there was a large drop in volume to emergency departments early on in the pandemic, and so there was an opportunity there for emergency physicians to offer telehealth in the home as like a moonlighting opportunity.

*Slide 9*

So, some of the strategies we identified is that particularly for older adults with sensory impairments such as hearing impairments, slow speaking speed was important, spending more time on instructions, leaving room for questions, and also mirroring the tone and formality used by older patients. One

observation that physicians made is that younger patients were really comfortable with chat-based telehealth and using really informal tones, whereas older adults prefer that the telehealth visit was more like an actual doctor's visit with professional titles used and they appreciated that increased formality. It was also found to be important to discuss telehealth privacy concerns. Many patients were concerned that- about Zoom bombing, or that their personal health information would be exposed to others if they used an audio-visual format, and so educating surrounding how these telehealth modalities could be HIPAA [The Health Insurance Portability and Accountability Act of 1996] compliant really helped improve acceptability. And in the emergency department, some of the concerns that emergency physicians mentioned was that it was often difficult to have patients start their own devices, especially patients with cognitive impairment were very confused about how to get the device to start that was in their patient room. And so, they often needed to have nurses or techs go into the room and set that up or if there were mounted devices that automatically turned on, that was the best solution. Emergency physicians also stated that these devices that they used in the hospital helped them during times where there was limited PPE [personal protective equipment], because every single time that you go into a hospital room, you had to gown up and then gown back down and that was one set of PPE that you could no longer use. So, by having a device mounted in the room, if there were new findings or you or you decide to change the course of the treatment, it was much easier to have this telehealth available in the room so you could conserve that very valuable PPE.

*Slide 10*

Some of the other quotations that we think illustrate strategies that physicians use, include this by the emergency physician "Despite that you can put the highest volume you can, sometimes it's hard for them to hear well... So then in our ED we will try to give them hearing amplifiers if they don't have their hearing aids". And this was another theme that in order to get around some of the hearing issues, they supplied staff with better microphones and they also encouraged people to use Bluetooth connected devices for hearing. A geriatrician said: "Some very passionate medical students did a lot of outreach to our patients. They spent hours with them one-on-one over the phone to teach them how to use video or Zoom." So very early on in the pandemic medical students were often not allowed to go into hospitals and continue their clinical rotations, so many of the medical students volunteered to help orient patients, especially older patients, on how to use Zoom and how to use these technologies. One of our primary care physicians said: "I have older people who barely know how to use a cell phone, let alone start a video. I rely a lot on their family members or if we can coordinate if they have home services and we can coordinate with a visiting nurse for instance to help us with that". So, it's really important that we recognize the burden this is had on caregivers and also home health staff. They were really required to help us meet the health needs of older adults and help them with technology.

*Slide 11*

And finally, there were barriers that came to light that need to be addressed. For instance, there were many medical legal concerns surrounding this diagnosis. Many emergency physicians said we really shouldn't be seeing abdominal pain or chest pain via telehealth. It's important to do a physical exam in those patients. There are still many concerns with integrating the EHR [electronic health record] with

the telehealth platform, so sometimes the telehealth platform was on a separate EHR than the hospital EHR the one that they usually use. There's still a huge gap in offering telehealth to non-English speaking patients because of the lack of interpreter services and coordination with interpreters via telehealth. There's a need for more validated cognitive assessments that can be offered over an audio-visual format. It's still a concern that there's not enough access to remote care for rural and low-income patients. And many physicians said that they could have helped more patients if there was an option for cross-state licensure instead of only being licensed in one state. And finally, for telehealth to be sustainable, really the reimbursement model needs to be competitive with in-person visits. Many older adults could only use a phone. They couldn't use other devices, and so if there's not a similar payment for these phone calls as there is for in-person visits, it's going to make it difficult for physicians to continue to offer that to older adults.

*Slide 12*

So, in conclusion physicians describe varied adoption of telehealth, but all increased telehealth use. Physicians identified many different strategies to optimize visits, and many of them had individual strategies that we really need to disseminate, so, and teach in medical school so that these can become more broad. There can be broader uptake. And finally, to really enhance uptake and to ensure that telehealth continues to be offered as an option for healthcare delivery, we need to address liability concerns, enhance the interoperability, and address the needs of special populations with sensory impairments like hearing impairments. Thank you.