

Game Changer

*Virtual visits
with a device-
enabled exam*



■ **Featuring Daniel Passerman, D.O.**

While there have been all manner of breakthrough innovations in health care throughout the last decade—from advancements in pharmaceutical medication to improved hands-on treatments and techniques, to technological developments such as AI-assisted predictive analytics and precision medicine—no piece of progress has arguably been more consequential or rapid than the ongoing adoption and expansion of telemedicine into a health system’s operational ecosystem. With more than half of all hospitals in the U.S. now offering some form of telehealth service, the growth of the telehealth sector in the healthcare industry is expected to reach \$93 billion in value by 2026, up from \$21 billion in 2017.

One of the many health systems across the country embracing this virtual transformation is Henry Ford Medical Group. Recently, at AMGA’s 2019 Institute for Quality Leadership, which highlighted ways in which members were

embracing disruption, Henry Ford’s Family Medicine Interim Chair Daniel Passerman, D.O., offered gathering attendees some educational insight into their organization’s journey into the telemedicine paradigm.

Beginning his presentation, Passerman quickly drove home the beneficial application of virtual care with the treatment of a patient that was under his care only a week prior. “I was rounding at Henry Ford Hospital, and we had a patient who was 42 years old with colon cancer. She wasn’t our patient, but she became our patient. She lived about 100 miles away in the suburbs of Flint. She was outside of our primary care catchment area. She had good care from her local oncologist. She had multiple treatment modalities, surgeries, and the cancer just continued to spread. And she was told by her oncologist that was terminal and she wanted another opinion. She drove to our emergency room, and after a 13-day

Figure 1

Can I Manage a Patient Virtually?



length-of-stay where we had multiple specialists see her, we came to a similar conclusion that this woman was terminal and there wasn't anything we could offer her because her cancer spread so much.

"Her goal was to go home and spend as much time as possible with her 14-year-old son. [Because] she has a complete bowel obstruction that we can't do anything about, we can't feed her. The hospice in her region doesn't do total parenteral nutrition [TPN]. Her primary care doctor didn't feel comfortable managing TPN with her chronic pain. And we were stuck. I ended up assuming her care, and I felt comfortable doing so because we gave her a device to go home with that could auscultate her heart, that could auscultate her lungs, and I could see her on video. We had good nursing support from the local home health agency to draw the labs, and I got her home so she could spend the time with her kid.

"I've had two visits since then with this virtual device. One was actually this morning while I'm here, and I feel very comfortable and competent with the care I'm giving. I'm able to adjust her pain medicine appropriately and manage her TPN with this type of care."

Use as Needed

For those in the audience unfamiliar with the various forms of virtual care, Passerman explained that there are two types of ways patients and their physicians can engage with one another, both of which have been established at Henry Ford. First, there is asynchronous virtual care, which functions as a digital means of storing and forwarding information, such as patient-initiated, condition-specific questionnaires or post-operative forms initiated by the clinic. Synchronous virtual care, on the other hand, is live and interactive, incorporating video chat capabilities between the patient and the clinic, whether it is with a primary care physician or behavioral health doctor or psychologist.

When Henry Ford first launched its virtual care program, Passerman explained, one of the primary obstacles to its adoption did not come from the patients, but rather from the medical group's own physicians. As a result, Henry Ford organized a primary care Continuing Medical Education (CME) event about virtual care, which wound up inspiring a lot of self-reflection on physicians' hesitation.

One of the biggest anxieties stemmed from the long-established practice of the physical exam, of maintaining that element of human touch. Other concerns stemmed from merely being able to successfully manage the patient's condition, and if it wasn't possible, the fear of the patient being upset and believing the whole care system is a waste. While it was true that in many ways these doctors were being asked to sometimes make medical decisions with less information than they were used to, they would certainly have enough information to make a decision for treating many conditions.

The first step was assessing a patient's potential severity. "If you look at the spectrum of illness, you have severe things like coronary syndrome, stroke, sepsis," explained Passerman. "These things belong in the ER, right? And then you have things that are more moderate, such as complicated cystitis, mild depression, substance abuse. These things are well served in primary care. And then the more mild illnesses—upper respiratory infection, sinusitis—can be managed with virtual care."

Helping to spread the spectrum of virtual care's appropriateness is Henry Ford's utilization of the device-enabled exam. Having engaged its physicians and staff around its capabilities, and patients recognizing its value, Henry Ford has deployed its device-enabled virtual care across four domains: virtual employer clinics, virtual school-based health, virtual home visiting physicians, and post-discharge follow-up.

For its virtual employer clinic, Henry Ford began by experimenting on itself, constructing a small office space in the headquarters of its insurance company. The program, called MyCare at Work, was developed as a means of reducing employee absenteeism. Passerman, driving home the success of the program, played a video testimonial featuring Health Alliance Plan of Michigan's Peter Watson, vice president of care management and outcomes, who said, "This is an opportunity to use technology to create an experience for patients that's real-time in their place of work, when they need it. The basic principle is to use a generic office space and convert it into a fairly low-cost, but high-value, model to deliver real-time medical care using a medical assistant and an electronic-enabled exam device and real-time, on-demand virtual physician oversight."

Exhibiting what Passerman calls “so much potential” is Henry Ford’s virtual school-based health. Just as there are substantial social determinants to education in Henry Ford’s home of Detroit, those same social determinants can have an incredible impact on students’ health, causing high emergency department use rates; absenteeism, which affects school funding; and low immunization rates.

“As long as I’ve been a part of Henry Ford, we’ve had these school-based clinics that are grant supported,” said Passerman. “We have nurses and nurse practitioners in many of the schools based on what was thought to be the highest

need. But we thought adding virtual care would be a great idea if, when a student comes in sick to the nurse and says, ‘I need to have an appointment with a doctor,’ the nurse can say, ‘Let me do this virtual appointment and set things up right away.’ Seems really like a no-brainer. The nurse would call the parent to get consent, and then would act as a tele-presenter.”

Moving forward, Passerman says that in addition to building more reliable Wi-Fi in these schools, the goal of Henry Ford is to continue to educate nurses on the value of the school-based virtual care and increase parental acceptance.

Henry Ford’s third virtual care domain ties directly to its established home visiting physician program. Begun in 2013, the home visit physician program was designed to provide service and care to patients that have limited mobility options and are still in need of significant care. Unfortunately, Henry Ford struggled in managing this particular patient population. Due to travel distances between patients and the amount of time it required to assess and examine these unique patients, doctors would only average one visit per hour. Virtual care offered a beneficial solution by having the doctor sit in their office and video conference in with a queue of nurse assistants conducting the physical visits.

As Passerman explained, “That way, the doc is seeing patient A with nurse assistant A. And while that’s happening, nurse assistant B is checking on patient B. Then, when they finish with patient A, nurse assistant A goes to patient C and starts the process over, expanding our capacity to two to three patients an hour. We can expand our capacity of the clinic without expanding the docs.”

With plans to transition to medical assistants with community health worker training to increase efficiency, hire

What Is a Device-Enabled Exam?

- ▶ **Diagnostic services that allow for enhanced examination; heart, lungs, skin, abdomen, temperature, ears, throat**
- ▶ **Attached blue-tooth enabled diagnostic devices to a virtual care channel**
- ▶ **Live video feed**



more doctors, and increase its utilization from two-and-a-half days a week to daily, Passerman looks forward to seeing the future data measuring the impact of its utilization.

The final domain of Henry Ford’s device-enabled virtual care lies in post-discharge follow-up. Instituted as a means of reducing readmissions, Passerman explained how in hospital care, there are a litany of micro-decisions an admitting doctor makes concerning a patient when said patient is physically in their care, and many times those decisions can be lost in translation once that patient is prepared

to leave. As part of the virtual care, a paramedic is sent to a patient’s house 48 to 72 hours after his or her discharge. In addition to providing an intake on the patient’s vitals and medication, the paramedic serves as a tele-presenter, which enables the discharging doctor to reconnect and assess all those little decisions that had been made days prior. Afterwards, the patient follows up with their primary care physician or specialist as normal.

Enabling Change

Looking ahead, Passerman hopes to employ device-enabled virtual care in other areas of its integrated network, such as in its comprehensive care center, skilled nursing facilities, or palliative and hospice care. There is even potential for virtual care in situations that may not necessitate the need for accompanying tele-presenters, such as on-demand primary care or for expectant mothers.

Ultimately, Passerman said, Henry Ford’s adoption of device-enabled virtual care has offered a new kind of perspective on patient care, one that goes beyond the technical where physicians are making medical decisions with different information, and how the severity of a patient’s illness can be funneled through new, quality, efficient forms of care. Looking at paradigm-shifting companies such as Amazon against the more static thinking of others like Blockbuster or Toys R Us, Passerman emphasized how important it is for organizations in the healthcare industry to recognize a change in the culture. Said Passerman, “We’ve got to think differently.” **GRJ**

Daniel Passerman, D.O., is interim chair of Family Medicine at the Henry Ford Medical Group.