



Providers' Views on Telemedicine within the Department of Physical Medicine and Rehabilitation Services during the COVID-19 Pandemic

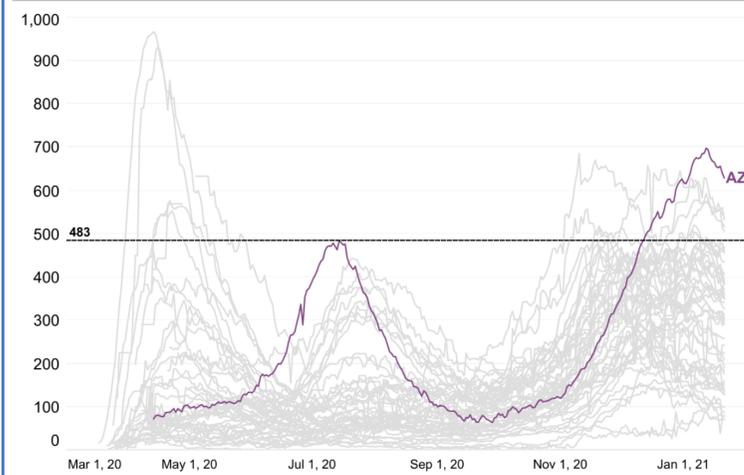
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Introduction

- COVID-19 pandemic rapidly transformed the medical community to use telemedicine as a primary means to communicate with their patients
- Prior to the pandemic, within the Phoenix Veterans Administration Medical Center, telemedicine was already present but was limited and focused on veterans living in more remote areas of Arizona
- Over the summer of 2020, Arizona was one of the worst states with active spread on a per capita basis
- Within the PMRS department, physiatry and therapy face-to-face appointments including both new patients and follow-ups were converted to telemedicine as well as the postponement of injections and EMG procedures

CURRENTLY HOSPITALIZED PER MILLION PEOPLE BY STATE



The COVID Tracking Project

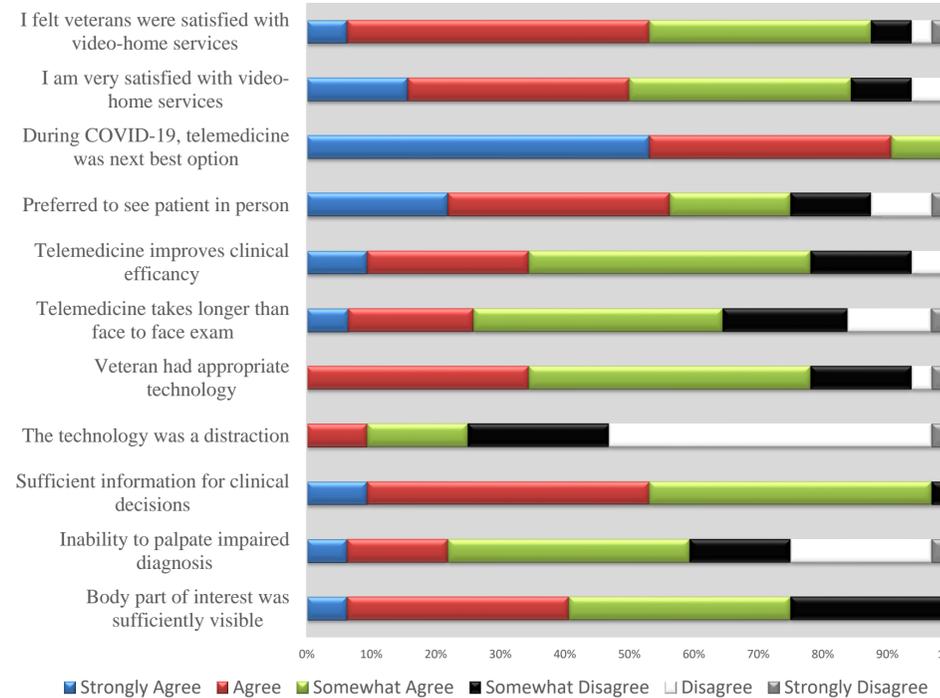
Objectives

- A survey aimed at understanding providers' opinion about telemedicine services across the department of Physical Medicine and Rehabilitation Services (PMRS)
- Participants included physiatrists, physical, occupational, recreational and kinesiotherapists at the Phoenix VA Medical Center
- Prior telemedicine studies tended to look primarily at the physician to patient relationship

Design

- Telemedicine was the predominant means of treatment and intervention for months prior to and during the initial COVID-19 peak in Arizona that occurred in July 2020
- An anonymous retrospective survey was distributed via email to all employees within the PMRS department
- The survey was sent at the end of July and was accepted through August
- Survey consisted of 31 multiple choice questions with one short answer at the end for additional feedback/comments
- Majority of multiple-choice questions were in a Likert format ranging from strongly agree to strongly disagree
- Time to complete the survey was approximately 10 minutes or less

Provider Characteristics	
Median Age	35-44 (33%)
Sex	
Female	19/32 (59%)
Male	13/32 (41%)
Prior Telemedicine, yes	18/33 (55%)
Attended VA telemedicine training	28/33 (85%)
Training helped encounters	24/28 (86%)
Sought outside training	18/33 (55%)
Type of Visit	
New Visits	2/31 (6%)
Follow ups	5/31 (16%)
Both Types	24/31 (77%)



Results

- 33/70 (47%) employees completed the survey
- Many of the providers did not have a visit preference for telemedicine and was used for both new and follow up appointments (77%)
- Prior to COVID-19, 55% of the providers had completed a telemedicine encounter
- 85% of providers attended the VA training sessions and of those 59% sought additional outside education
- 97% at least somewhat agree that that the clinical exam provided sufficient information to make clinical decisions
- 54% of respondents preferred to see the patients in person however 33% of providers felt telemedicine improved clinic efficiency (Strongly agree + agree)
- Common survey comments included: Limited technology for group therapies and need for increased veteran education on the use of telemedicine

Discussion

- Physical medicine providers in all disciplines were able to have effective telemedicine encounters
- Many of these providers expressed satisfaction with these services and felt patients were also satisfied with the service
- Telemedicine was a means to gather information for clinical decision making by physical medicine providers and did not interfere with sufficiently visualizing the body part of interest
- While most respondents felt telemedicine improves clinical efficiency, three quarters of surveyed providers would have preferred to see their patient in person
- These results led PMRS administrators to seek solutions on how to improve veterans' education with participation in telemedicine appointments as well as improving technology to allow for better and larger group sessions
- Providers were interested in learning more about telemedicine as over half of those surveyed sought additional education
- The survey was distributed to a single department which was an intentional boundary to gather quality information on the use of telemedicine services being provided within the PMRS department
- Because of the small sample size, the survey was unable to separate data by providers' role as doing so would have eliminated the survey being anonymous for certain providers
- Possible non-response bias was present given less than 50% returned the questionnaire
- The findings are potentially nongeneralizable to general public given the differences VA Medical Centers present compared to other health entities
- Our providers' experiences potentially varied from other environments given that over half had prior telemedicine experience

