



**Concerns About Using Telehealth
Appropriately For Parkinson's**
Davis Phinney Foundation

Jenna Deidel: (Director of Programs and Outreach, Davis Phinney Foundation):

So the final kind of question for both of you, we've talked throughout, you know, this conversation about some of the potential, the idea of when we really learn that balance between hybrid and, or excuse me, virtual and in person, and have that hybrid approach. And you know, when we maybe aspirationally start to get into the, you know, cross, you know, cross-departmental and multidisciplinary visits, all of these things sound really exciting. I'm also curious about, what are some of the other concerns you have about us you know, not quite getting getting it right?

Gregory Pontone, MD, MHS (Associate Professor of Psychiatry and Neurology, Johns Hopkins University School of Medicine and Director of Johns Hopkins Parkinson's Neuropsychiatry Clinic):

Well, you know, I think our original sort of concern was that there's certain things that just don't translate well to telehealth visit. And so I would not want a patient to assume that at this point, that the care was at the same level as the in person. I think eventually it can be very close, but right now there's certainly some gaps in what we can do and the quality of our examination remotely versus in person. And I think that's the biggest thing is you know, there is a comfort sometimes because of all the things we've mentioned, weather, the pandemic right now, mobility, access to doing these virtual visits, but you do need at some point to have that more sort of comprehensive in person evaluation. And I think otherwise things can be missed and fall through the cracks.

Indu Subramanian, MD (Clinical Professor of Neurology, University of California, Los Angeles):

Yeah, and I think that when everybody's doing only telehealth you know, primary care visits are not, you know, we're not, and we're not checking labs. We're probably under investigating certain things. We're putting off care, deferring care. You know, Parkinson's is a complex disease and patients that get Parkinson's are often in age groups where they can get a lot of other things too, you know, as we age we're at risk for you know, strokes and heart attacks and other things that happen. And with the pandemic, we're seeing a lot of stressors that have increased and some of these things have gone up. Cancer, you know has not been, people aren't not getting cancer because of the pandemic, we're not screening people, you know, we're not detecting these things, but sometimes these diagnoses are being missed. So it's important that you seek care as you would for the normal screening things, if you've been bad

about going in for your mammograms or your colonoscopies, I would highly urge you to try to catch up with those as safely as possible because we are, as neurologists sometimes trying to, you know, find things, we might find something as we're probing, and then we don't have the ability to know that all these other body systems are being well you know, taken care of.

And I have actually in my clinic seen in the last week or two people who had significant medical issues that had been missed and had I not actually seen the patient in person, it would've really you know, sort of changed the trajectory of their care. And so you know, I think the physical exam is important. These labs, you know, checking in on your vitamin levels and hemoglobin A1C, if you're a diabetic, you know, all these things and maintenance things are very key to your health, in your age groups. And so I would definitely, you know, go in and get those checked. And then, you know, again, this digital divide, that's a concern of Greg and mine is really something that's hugely important that I wanna, you know, end on is, you know, the sort of sense that we have huge disparities in care that we've really uncovered and have always been there, but we're really shining a light on these in the last year or two.

If we continue to have technology that provides more care to people that have access to them, and then a lot of people who don't have access then don't have, are really left out in the dark, be it geography, be it tech savviness, be it you know, mental state, you know, if you're cognitively not very able to connect to this technology, then we can't see you, you know, it's just the truth. And so, you know, we can't access you to make these visits and you know, so we really are missing out. So I think that we really have to think about who not being served by some of this and find ways to provide education for people to be able to connect, if there there's a tech savviness issue or bring another provider like a home care or somebody or the other you know, whatever to facilitate these visits so that people with cognitive issues or other issues can, you know, have this technology available to them.

And then I think that the push for widening access to for free internet for all across the country and providing, you know, basic, you know, tablet or phone for everyone to be able to use this technology so that people can use it, is absolutely, you know, a basic need you know, just like access to healthcare. So, I mean, if this is where healthcare is going, then people need to be able to access it and we need to be part of that dialogue. So, so that's what hopefully we can advocate more for.

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