



When To Choose Telehealth Over In-Person Care For Parkinson's Davis Phinney Foundation

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

I'm curious, do you have, have you helped patients, do patients ask you which would be better? Have you had patients say, well, should I come in? Should I be online? How do you help people navigate, you know, some of those, that thought process, what are some questions people might, you know, that you ask your patients, that people listening might be able to ask themselves to help figure out what should I be doing, assuming that maybe they're in that admittedly somewhat privileged position maybe to be making the choice?

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

Yeah. So, I mean, I think that one of the issues is gonna be how, you know, are we in a surge? So right now at this, you know, in middle of January here in LA with Omicron we've, you know, got a lot of cases. So there's a lot of risk.

In the summertime, you know, there was much lower caseload. So I think, you know, the sort of you know upfront risk of sort of, you know, if I leave my home and I'm in, for example, some of my patients come in a shuttle from a place, you know, am I gonna be exposed there? You know, these sorts of things. Number two not to make this political or anything, but, you know, I personally believe that all of our patients should have the vaccine at this point have a booster as well. So if you're not vaccinated, for whatever reason, if you have an exempt, you know, a reason that you can't be or whatever, then that puts you at higher risk, if you're in these situations to be infected. So that sort of, we're always in medicine balancing a risk benefit ratio. So these are, you know, the higher, the risk then, you know maybe the benefits have to be high enough for us to be able to, you know, afford that risk. And it has been a stressor for me as somebody who runs a national center of excellence to decide, you know, how much risk to take right now, because the truth is that, you know, this is, we thought this was just gonna be a sprint and it was gonna be a month or two and we would just sort of put a finger in the dam and you know, everything would go back to normal very quickly, but we are on almost year two of this you know, or it's been two years, year three of this and, you know, some of our patients just cannot afford to not be seen because of, you know, mounting issues that are you know, sometimes physical and even mental.

And I think that one of the interesting things, and I'd love to hear Greg's ideas on this as well is I have a number of patients who when we see them on video, tend to under report their symptoms and really say that they're doing very well. And then when they physically come in, which we had some people come in over the summer, you know, what we saw in terms of mental status testing, in terms of actually interviewing them in person, actually examining them

was actually quite different than what they had been reporting. And so you know, so much of what we rely on in a telehealth scenario, because we can't rely on the physical exam is accurate reporting by the patient about you know, how they're doing. And it just seems like a lot of people were or under reporting their symptoms.

So I think that, you know, we just have to really get a sense of you know, I think how people are truly doing in order to make these decisions. We now have more PPE. So that's the protection that we can wear. At the beginning of the pandemic, a lot of us didn't have masks. We didn't have enough to give our patients as well. So in clinic now we're as clinicians wearing the N 95, which is, you know, much more higher duty mask, we have patients wear surgical masks in our clinic, not just the cloth ones and we're enforcing all of these pretty strictly. So, you know, I think, again, it's a matter of what are the protections in place, what are the risks, what are the benefits, and I think that's a very individualized sort of thing that you and your doctor would have to make at the time, maybe the week before the visit.

And I would say that, you know, the other problem is that if you are going to commit to doing a telehealth visit, you wanna just make sure that you actually can do that. You wanna have if possible, a family member who maybe can help you with the technology, test out the technology before, you know, get all your pills, you know, together, get all your questions together. So that can be the level best visit that we can provide for you, you know, given the constraints because, you know I think the system is extremely stretched, everyone's spread thin. And, you know, if you, for whatever reason, can't connect at the time, we don't really have a huge option to, you know, I'll just call you back in 30 minutes. Well, actually there's another patient's scheduled in 30 minutes, right?

So, you wanna just take the day, take the afternoon off, don't try to do too many other things, you know, really make that the priority for your healthcare you know, this is your visit. You know, even though we're able to do it in your home, the casualness sort of of having guests over, being at a restaurant or a grocery store at the visit is just not gonna be good care. We have to be able to ask the questions, get the answers that we need, be able to connect with you with as best you know, sort of technology and be able to transmit information to you that you would then, you know, be able to take with you and make those changes. So, we wanna make sure that, you know, we give you the level best sort of information and we can prep prepare for the visit as best as we can.

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):

Yeah. I think you raised some good points Indu, so, you know, one of the things that you brought up there was, you know, how do you help them make the decision about whether care will be qualitatively altered, whether it's in person or virtual. And I think it really is you know, Indu mentioned it's very individualized to the person and the complaint at the time. So, you know, if I need to do any specialized testing you know, certain types of certain parts of the

neurological exam really need to be in person, even as sort of advanced as some of the remote assessment technology is getting, nothing beats a good old fashion test for rigidity or tone in the musculature, right? And you have to be in person for that. Same thing for assessment of, you know, gait and balance.

So if the primary complaint is, you know, falling or fear of falling, you know, obviously then we're gonna sort of steer them toward coming in. I mean, can we do somewhat of a review through telehealth? Absolutely. But is it gonna be up to par with the in person, not quite. Same thing with some of the psychological testing we do, if I'm giving a Montreal cognitive assessment exam, it's gonna be much more difficult to do the sort of written portions of that exam via telehealth. I mean, there are sort of verbal proxies for these tests that test the same cognitive domains, but it's not the same. And so I think that sort of risk benefit scenario that Indu brought up is also gonna play large then too, because in non-pandemic times, of course, oh, sure, just come on in, it'll cost you the gas money, right.

But in the pandemic, having those extra three items in person versus some kind of translation verbally, I think their risk trumps the reward. And you know, I do think that there's going to be some benefits though. For instance, with access, when we have a cancellation, my secretary will get on the phone and say, Hey, look, we've had a cancellation. Sometimes it'll be a day before, but not uncommonly it'll be the morning before, we've had an afternoon cancellation, we see the you've had an acute problem you'd like to have addressed. Well, we're two hours away, there's no way we're gonna be able to make it. With telehealth, you absolutely can take advantage of that opportunity. And so I really do think that this is you know, something that's going to be a boon to our practice when we learn to best utilize it. But I think we're right now, Indu really did a great job of outlining sort of the pros and cons of its current implementation.

Jenna Deidel:

Thanks for that, that sort of clarification. And you know, helping walk through the thought process and the stages that are happening right now, but I think will also be, you know, relevant for some time, you know, as the pandemic continues. But also as we, as you said, just as this gets more integrated, and this is something that we start to use. My takeaway is that really there's a bias for, in person when it's safe, when that benefit outweighs that risk. It sounds to me like there's really just a lot more that can be gleaned out of that in-person visit, if it's an option for me to come really try to prioritize that. But the other bias is to connect, right? So, if a telehealth else visit means that I'm gonna be able to keep my appointment, see my provider when I need to, report on something important, let you into to my world where you can help me.

That's in super invaluable. And so I appreciate the picture you're painting that as we get really great at this, we'll start to know when is the benefit for me to come in, when is the benefit for me to stay home and be able to maybe increase my frequency or let you into some different parts of my life that help you increase my care. So those were kind of the main takeaways I heard. Any other takeaways, sort of that piece of hybrid.

Gregory Pontone:

Yeah. Yeah.

Jenna Deidel:

What, what else would you advise?

Gregory Pontone:

The hybrid I love that name because, you know, it's in, you know, conjunction and complimentary to the, in person. There have been studies on the patient side about their sort of preference for in-person versus remote care. And at least the studies suggest that the preference of patients and their caregivers is equal to that of in person. And I, you know, the reason for that I think is gonna vary person by person. But, you know, for the most part, I think when, when I think of my practice and I don't know how true this is, Indu might have a slightly younger practice, but many of the people I work with are retired. Imagine though, someone with maybe young onset Parkinson's, who's still working. All of a sudden that telehealth visit allows them to really not disrupt their work day.

And so, you know, I think these are things that right now are a little bit confounded by the pandemic and, you know, telemedicine has existed before the pandemic, but like Indu said earlier, we've really gotten a big dose of it now. And I think we're really seeing all the nooks and crannies, and I think this is really gonna help because I don't think this can be a one sided discussion. You know, she and I have our biases as providers about what we like, right? And the advantages disadvantages, but the patient side is really you know, we need a forum for that to hear what they really like and dislike about it, to help us really adjust this to where it needs to be going forward.

Indu Subramanian:

Yeah. And the other thing I think from a multidisciplinary team approach, I think, you know, sometimes you can get, you know, the physical therapist and you can invite the daughter who's in, I don't know, Wisconsin or whatever to come on. So you can send these links around and sometimes have a really nice team approach by this technology. So I think that that sort of multimodality is exciting. I think, you know, in the spaces, the other spaces that I've been interested in with yoga, mindfulness, you know, support groups, socially connecting, this is an invaluable, you know, sort of technology and a lot of types of providers who wanted people to be, you know, I have mindfulness colleagues that were like, there's no way that mindfulness can be done on zoom platform. And I need to see the patient, the person in front of me, and be able to talk to them and touch them.

It's sort of one of those things where I feel like we've really kind of, because we had to, realize that, you know, actually you can form meaningful connections through this modality. One of the other things that we haven't talked about is when you're in person and in our clinics, we're often wearing a lot of like masks. You only see this much of me. I only see this much of my patient sometimes we'll move the, you know, but there's a lot of facial you know, sort of disconnection from, you know smiling and other things that usually when you're talking to people, you really get a different sort of sense of how they're doing emotionally. And you know, when we're talking about depression, for example, just sort of the way that people are answering questions and watching their face and connecting with them, that's been quite disrupted even in our in-person visits.

So I think, and you can't hear people's voices very well through the mask, we're often yelling, you know, through a mask in somebody's ear. So obviously I don't think it's apples and oranges, now we're also talking about bananas in the comparison, because, you know, even our in person visits are very different than how they were, we're wearing gloves when we touch people. We are, you know, sometimes wearing a face shield on top of a mask. So obviously none of this is ideal. But I think, you know, when we're talking about telehealth to not talk about the multidisciplinary approach, which I think is exciting, that we can, you know, engage a lot of different types of other practitioners. I know psychologists have really used this modality very well.

Even the physical therapists have actually done quite well with it. Social workers have been able to use it like lots of other people. So, that's exciting and gives you know, access to these sorts of folks as well as part of the therapeutic team. And then, you know, when we talk about telehealth too we talk about, you know, these other, you know, sort of social connection and support groups and other sorts of ways that people can use these technologies as part of their wellness prescription. And I think that a lot of these can be very exciting and I'm sure, you know, the Davis Phinney group that you work with Jenna has probably engaged this in a way that you probably have never been able to access so many types of patients, probably from all over the world in some ways.

And so it brings, it's an opportunity to bring, I think people together that may never have connected otherwise and sort of form beautiful, you know, sort of friendships and connections that way. I know I've met a number of people virtually and actually feel very close to them now, I've had very deep discussions about all kinds of things. And I realize that, you know, I've actually never, I've never actually, Greg, have you and I actually even been in the same room.

Gregory Pontone:

Nope.

Indu Subramanian:



So, we probably have been in the same room, but we just didn't know it. So you know, so I think, you know, this is a perfect example and Jenna you as well. So, you know, I think I feel like we're all old friends here.

Jenna Deidel:

Absolutely. I mean, you highlight the fact that this, while it's been such an intense couple of years and it's kind of carried on, you know, in longer and in different ways, and we anticipated when it started, as you highlighted it's still so new and we're learning. So I think probably one of the best things all of us can do is to try to be mindful, you know, be aware, be intentional, ask as many questions as we can and consider it, cause it sounds like also what you're asking for is that sort of collaboration from patients that, you know, what your experiencing but you also wanna see and hear what patients are experiencing so that as we do continue to learn and hopefully embrace and sort of find some of the best practices and make this a little easier to navigate, just because we know more, that that really takes that partnership. So I think that's really great.

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