



The Pros and Cons of Telehealth for Parkinson's Davis Phinney Foundation

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

Do you think of telehealth as an alternative to in person visits or is it something altogether different?

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

So I am a Parkinson's doc part of my exam involves having to test for rigidity. So I have to, you know, move the arm, move the legs and that's part of the exam. I have to be able to see people walk and test their balance. And so I think for a first visit you know, at least in a motor, you know, like neurology sort of framework, I think that ideally it would be good to have in person just so we can document these things and examine people look for swelling in the legs and, you know, just cuz we do a full sort of neurologic exam and get a baseline. So I think we would always want, I think the first visit to be in person, if we can. Follow up visits, if people are very stable, I have no issue with, you know doing maybe every other visit, for example, on a telehealth sort of modality.

If we're just checking in, patients are on stable medications, I'm not making a lot of changes, I think that that's absolutely fine. We can sometimes engage more family members cause they're in the background and see people in their environments has been sometimes helpful because you know, I can see the staircase that they, the patient may be able to fall down in your case Jenna, I can see some stairs back there and so if you were one of my patients, I'd be like, you know, how is it navigating those stairs? And so we can see people in their own environments and maybe see some safety issues that may present themselves. So I think that those are some added kind of benefits. One of the other downsides is that, you know, often at the end of the visit, I will write out you know, changes in medications and I can actually inspect the pill bottles and things like that in person and make sure that, you know, everyone's on the same page about any changes that are being made. Often with these televisits, people have to go on a portal to find, you know, the written changes and make sure that they're downloading those instructions.

So it just adds sometimes a bit of a disconnection between what I'm telling the patient and what they're actually able to do. You know, sometimes when instructions are written for them, I have them look and then tell me back what they're planning to do. And then we make sure that everyone's on the same page. So sometimes, you know, that sort of ability to translate, you know, what the sort of plan is, is sometimes a bit disconnected. So those are sort of my takes from a, you know, motor standpoint, especially as a neurologist. I'd love to hear also what Greg thinks as a mental health provider in this space.

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, no as Indu points out psychiatric practice and the logistics of a psychiatric practice are a little bit different, but I share her bias for in person. There's just a warmth and connection that really isn't facilitated through telehealth applications at this point, who knows what the future holds. So when I think of telehealth services, I think of them more as a compliment to in person care at this point, now they may evolve to become more than that. But I certainly think they offer a lot of opportunities. So, you know, Indu mentioned a few of them. So one is you really do get a look into the patient's home environment, which can be invaluable. In my case, I've actually met more of the family cause everybody's sort of locked down in pods. And so, you know, you sometimes meet aunts, uncles, siblings who knows, whoever happens to be there at the time, which is a wonderful opportunity.

But you know, I really think it gets back to access. And, you know, during the pandemic, obviously there's a risk associated with coming to a place like a hospital or an outpatient center. But even in non-pandemic times, I think many of our patients have mobility problems. And so this offers you know, an opportunity to access the same care without the logistical difficulties. And, you know, we're both in specialty centers and big metropolitan areas. And so, you know, people from rural communities now don't have to make that two, sometimes three hour commute to, you know, have a visit. And when you're dealing with sort of progressive or chronic long term diseases, even a well visit has a value. So, you know, when you have acute conditions that you visit a doctor for, you see a doctor once and then, okay, I might not see you again for a year, but in progressive conditions, keeping up to date on the current baseline is really important because if there's a change from that baseline, it can signal a problem.

And so I think telehealth is useful for that as well because it sort of eliminates many of the barriers to those visits that might otherwise be canceled or blown off on both sides. And so I think it's really gonna be a matter of facilitating this both on the patient side and the provider side in terms of making sure that insurance and benefits cover these services. Right now there's sort of a protectionist attitude about licensure across states. And I think when you're dealing with specialty care or patients who move, but have an established relationship with someone they've been seeing for 10 years for a chronic disease, there should be some allowance for continuing that care. So I think, you know, just as Indu posed it, I think, you know, right now there's many benefits, but there's also some things that I think aren't quite up to snuff and I think it works best as a compliment to in person care.

Indu Subramanian:

The thing about that rural piece. I mean, I think that in theory it does save a lot of these commutes and geography. The reality though is that in many parts of the country I love to travel. We were in very, you know, rural parts of some of these near national parks and some



places that a lot of my patients actually live near. And there's very poor internet connections in many of these places. And it's really hard if you're going to try to get internet in your home to pay for that. And, you know, there's a lot of access issues, even in these geographical places, some people have to, I had a patient who went to a McDonald's and was stealing the wifi near, you know, a McDonald's that was like an hour drive away just to be able to connect on a video visit with me.

So obviously I think, you know, if we're really gonna use this as a technology and you know, Greg and I are very passionate about making sure that if we improve things for some people that it's an improvement for all people. It shouldn't actually leave out those people who have already been marginalized before by now you know, putting a tech kind of gap in, or an internet broadband gap in or something else. And these are the realities that I think a lot of our patients are feeling, and we may not even know who has no access because the types of ways we survey these patients is through, you know, internet-based surveys or other things that really require, you know, internet. So, I think we just have to really you know, think about how to disseminate this widely and make sure that every person, every veteran, for example, in my care can actually do this from the comfort of their home or somewhere relatively close.

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