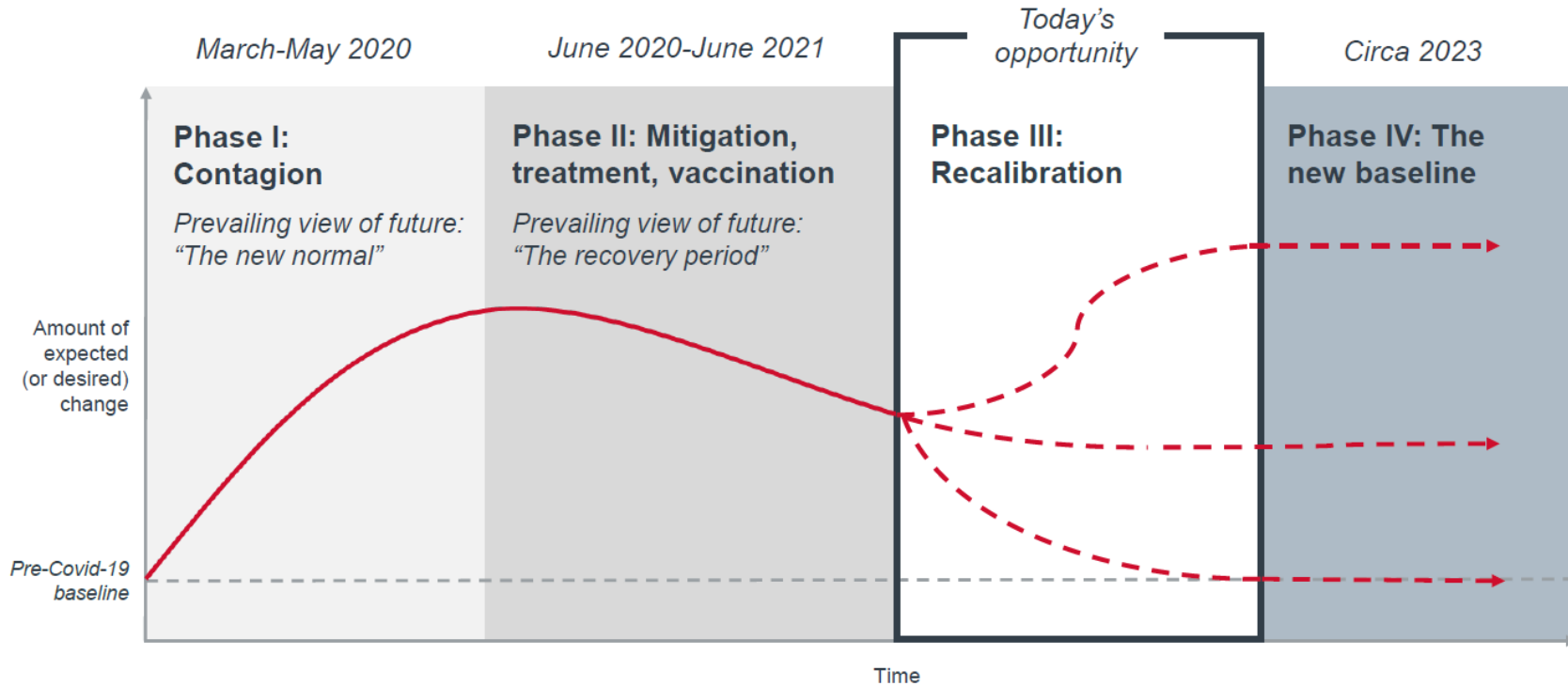


Healthcare Trends: Virtual Care

John S. Rhee, MD, MPH

A narrow window of opportunity to shape the future



The points of inflection are already known

The peri-pandemic period is characterized by an unusually large number of structural shifts that....

Can play out in ways that are **directionally different**, not just incrementally so

Have a **time-limited**—but enduring—window of influence

Will be influenced by **actions taken by members of the industry**

Have **cross-industry significance**

THE FUTURE OF...



Price
transparency



Value-based
payment



Physician
alignment



Virtual
care

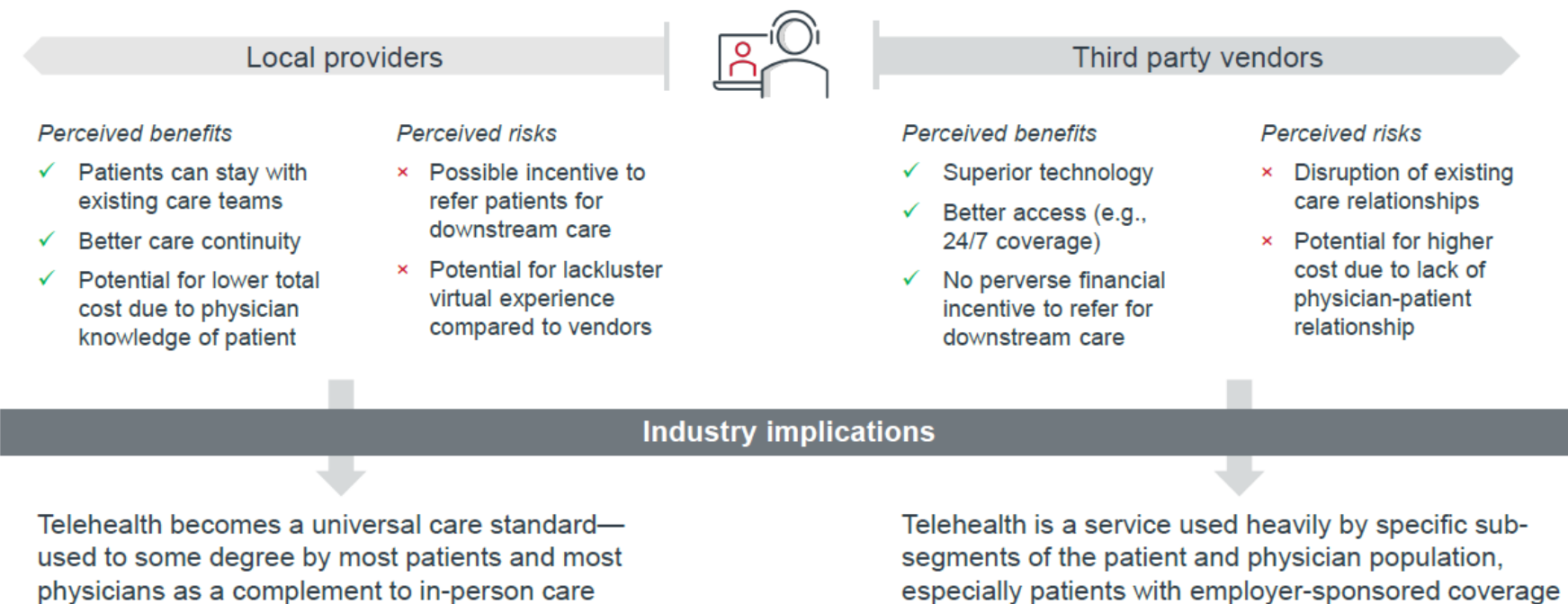


Home-
based care



Health
equity

Telehealth outlook depends on who owns delivery



Will telehealth be a universal skill or a new specialty?

SCENARIO 1

Universal care standard

Telehealth is used widely by both patients and physicians as a complement to in-person care. Virtual care is used as a means to maintain and reinforce existing relationships and referral patterns.

Possible if:

- Local providers and plans can make the necessary compromises to maintain reimbursement near-parity
- Local providers invest in digital experience and use virtual care to improve physician workflows

SCENARIO 2

Niche market

Telehealth is used heavily by patient segments targeted by third-party vendors, who focus primarily on selling to self-funded employers. Existing relationships and referral patterns are disrupted.

Possible if:

- Third parties expand beyond acute care services to meet employer and consumer demand for more integrated solutions
- Plans opt to align with third parties, either through benefit design/reimbursement or acquisition

Virtual Care Challenges in OTO

- Value proposition to the patient
 - “How can you look in my ear, nose or throat?”
 - Is the care equivalent to in-person? Does it have to be?
- Technology challenges for both sides
- Revenue impact to physicians, APP’s, audiologists, SLP’s, health care systems or corporations
 - Payment concerns, downstream revenue

Virtual Care Scenarios

- Patient – OTO specialist
 - E/M encounter or contracted payment
- Healthcare personnel (OTO or non-OTO) – OTO specialist
 - E-consult
- Patient – MD/APP (intermediary personnel) – OTO specialist
 - ? E/M or E consult ?
 - Example: Quintree



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Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

American Journal of Otolaryngology–Head and Neck Medicine and Surgery

journal homepage: www.elsevier.com/locate/amjoto

Continuation of telemedicine in otolaryngology post-COVID-19: Applications by subspecialty

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Table 1

Comparison of the applications and limitations between various otolaryngology subspecialties.

Subspecialty	Applications	Limitations
Facial plastics Trauma/burns	<ul style="list-style-type: none">– Triaging trauma/burns safely and efficiently– Improved provider decision making with asynchronous digital images– Increased care availability for patients– Close follow up of microvascular reconstructive cases	<ul style="list-style-type: none">–There may be a delay in access to the next level of care, in the event of an emergency, if a patient is not physically in the office
Cleft lip & palate	<ul style="list-style-type: none">– Allows for collaborative multidisciplinary care for extended periods of time– Alleviates cost and travel	<ul style="list-style-type: none">–Intraoral assessments may still require in person consultations
Wound care	<ul style="list-style-type: none">– Demonstrated to be efficacious in evaluating wound status– Decreases the length of visit	<ul style="list-style-type: none">–Telemedicine may not permit full evaluation of the wound due to logistics like camera quality
Cosmetics	<ul style="list-style-type: none">–Allows for seamless cosmetic surgical consultations	<ul style="list-style-type: none">–Botox, fillers and laser therapy requires in person care

Otology

- Shortens time to visit for new appointments
- Innovative devices (i.e. smartphone-enabled otoscope) improve efficacy of otology appointments
- Otology telemedicine algorithms have been developed

–Newer devices require the use of a smart phone which may be difficult for some

Rhinology

- Rhinologists are at high risk for COVID transmission, telemedicine can circumvent this
- CT scans in combination telemedicine visits can be used to create treatment plans

–Increasing need for standardization of practices due to high risk procedures

Pediatrics

- Telemedicine in this realm has been demonstrated to be very efficacious
- Advantageous for counseling, family education and long term care discussions

–Physical examination of pediatric patients is difficult via telemedicine

Laryngology

- Remotely sharing of high quality flexible laryngoscopy and videostrobe images can be useful in garnering second opinions and expansion of care in underserved areas
 - Virtual voice therapy sessions and follow up visits are very feasible
- Quality flexible laryngoscopy and videostrobe require a trained professional

Head & neck Oncology

- There are existing guidelines for remote management of head and neck oncology patients
 - Telemedicine visits can lessen the emotional burden and quality of life sacrifice many of these patients experience
- Head and neck cancer patients require prompt and continuous management

Microvascular & free flaps

- Innovative technologies to assess flap perfusion
- Microvascular reconstruction and free flap surgery require meticulous postoperative evaluation to ensure flap viability

Enabling Technologies



Summary

- Virtual Care in OTO is here to stay!
- Adoption level will depend on:
 - Creative and sustainable payment models
 - Patient perception of value and demand for these services
 - Enabling technologies