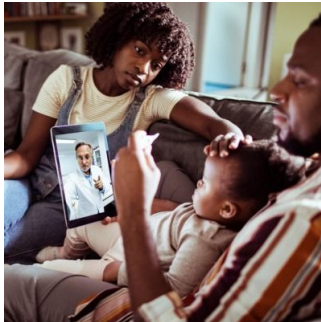

Has the Pandemic Given Telehealth a Boost?



When COVID-19 came on the scene in early 2020, and in-person medical care, aside from emergencies was deemed verboten, health systems were forced to find other care options. Clinicians, who were used to diagnose and treat patients in a clinical setting, were compelled to provide care by phone and video. The overnight transition to Telehealth was riddled with problems, and physicians and patients found the new system of care challenging.

Despite these initial issues, a new [study](#) has found that clinicians from a large, urban safety-net hospital network, now overwhelmingly support using these services for outpatient primary care and specialty care visits.

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The results have surprised many, including the study's research team, many of whom are clinicians at Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG), which is part of the San Francisco Health Network, where the survey was conducted.

"That transition was so painful for many people: to find a new way to provide medical care," said Anjana Sharma, MD, MAS, assistant professor of family and community medicine at UCSF and lead author of the study. "We were surprised to see that 9 out of 10 clinicians expressed comfort with providing care by phone and video."

The article, published in the *Journal of Health Care for the Poor and Underserved* notes that clinicians were not without concerns. The study setting is a large, urban safety-net hospital network, serving publicly-insured and low-income county residents. Almost 60 percent of those surveyed questioned the diagnostic safety of providing healthcare services over the telephone, and 35 percent had those same concerns about diagnosing patients via video.

Technical and logistical problems were also described by the authors. Speech, hearing and cognitive barriers were reported by 44 percent of clinicians surveyed. Lack of access to video and phone services were other common issues reported in nearly 40 percent of cases, while technical troubles in setting up video due to language or knowledge barriers and lack of internet was an issue in a further 40 and 35 percent of cases.

Regardless, more than 90 percent of the clinicians surveyed said they planned to continue using phone and video to care for their patients after the COVID-19 pandemic ended.

There were 311 respondents, of which 37.0% (n=115) were medical specialists, 34.7% (n=108) were primary or urgent care clinicians, and 7.7% (n=24) were surgical specialists.

The benefits, in terms of time and money saved, are persuasive. For patients who have access to internet and video at home or office, Telehealth can provide an efficient option to taking off work or arranging childcare to see a doctor. Clinicians can also reap these benefits and provide quality care, particularly for follow-up care after a diagnosis has already been made.

"People have been talking about telemedicine forever, but this transformation would have never happened if not for the pandemic," Sharma said.

To date, this is the first assessment of the early experience implementing telemedicine across a multispecialty network of safety-net clinicians during COVID-19. Since Telehealth was embraced by many health systems during the global pandemic, further studies on best practice in diverse patient populations are expected.

Reference: Sharma, Anjana E., et al. "Clinician Experience with Telemedicine at a Safety-net Hospital Network during COVID-19: A Cross-sectional Survey." *Journal of Health Care for the Poor and Underserved*, vol. 32 no. 2, 2021, p. 220-240. *Project MUSE*. [doi:10.1353/hpu.2021.0060](https://doi.org/10.1353/hpu.2021.0060).

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