

HEALTH CARE'S 'NEW NORMAL'

It's a fast-changing medical landscape in the age of coronavirus

BY JILL HAMILTON



Health care providers are adapting fast to changing times. They're making face-to-face visits as safe as possible and finding new ways to keep waiting rooms safe and streamlined. And if you're hesitant about going in — or don't actually need to go in — you've got a host of other options, including phone and video appointments. What do you need to know in this new normal?

ARE THERE CHANGES TO WAITING ROOMS?

Yes. There are fewer people cooling their heels in waiting rooms, partially because fewer people are coming, but also by design.

"We have decreased the number of medical office buildings that see patients face-to-face, and increased by more than 80 percent our ability to address patient issues via telemedicine, including telephone, video and text messaging," says Patti A. Harvey, senior vice president of Quality, Regulatory and Clinical Operations Support at Kaiser Permanente Southern California.

"When a visit to a medical center campus is necessary, we have provided social distancing processes for our patients and families, including modifying waiting areas so that a 6-foot space between individuals can be maintained. We have also supplied appropriate personal protection equipment when clinical conditions require this care."

At MemorialCare, it's business as usual, but supercharged.

"MemorialCare Medical Group went through a practice transformation project a few years ago where we deconstructed the patient visit from the moment a patient walked through the door until they left so that the whole process was streamlined, eliminating waste," says Dr. Adam Solomon, chief medical officer at MemorialCare Medical Foundation.

"That meant that for the past couple of years, nearly all of our waiting rooms have typically been empty," he continued. "Patients come in, get checked in immediately and are typically directed straight to our vitals intake area before being guided to an exam room. Now, with the reduction in patients coming to our office due to rescheduling of non-urgent issues to later dates or video visits, only our busiest urgent care sites have anyone in the waiting room."

Other offices are offering patients a chance to wait in their cars until their appointments (see the "What about pediatrics?" sidebar) or even coming out to the parking lot for in-car visits — like 1950s carhops, minus the milkshakes. Check with your provider to see what options they have.

WHAT ISSUES REQUIRE A VISIT TO THE ER OR AN IN-OFFICE DOCTOR VISIT?

"The ER is the location of choice for patients experiencing life-threatening emergencies such as crushing chest pain, gasping for air, loss of consciousness or slurred speech," says MemorialCare's Solomon. "We don't want patients

going to the ER if their symptoms or needs can be handled elsewhere because it can expose them to delays (people with life-threatening conditions will be seen first) and expose them to people with other potentially infectious diseases.

"Office visits are still needed for cases where an examination is required. For example, someone with moderate shortness of breath, especially if wheezing, needs a provider to listen to their lungs in person. Abdominal pain often needs a provider to examine the belly to differentiate more serious causes from ones that can simply be monitored." When in doubt, don't hesitate to call or email your doctor's office.

WHO ARE GOOD CANDIDATES FOR VIRTUAL VISITS?

"The best candidates are established patients who have a chronic issue that doesn't require a physical examination," says Dr. Martin J. Fee, infectious disease specialist and chief clinical officer at Hoag Medical Group.

Also good are things that can be shown visually like a rash, he adds. "Things like sore throat or a cough where the patient needs a full physical examination would not be a good fit."

Every office will have different guidelines for more in between cases, so again, the first step is contacting your provider.

CAN YOU REFILL OR GET A NEW PRESCRIPTION ON A VIDEO VISIT?

"New prescriptions and refills can generally both be taken care of during a video visit," says Solomon.

HOW CAN PATIENTS GET THE BEST RESULTS FROM A VIDEO OR PHONE SESSION?

Log in early, at least 10 minutes beforehand, and check that your audio, video and connectivity are working. If you have any downloads, have those ready as well.

Once you figure out how the heck to adjust those audio and visual levels, you might actually find that you prefer the new tech. "Patients and doctors love it because it's so convenient," says Hoag's Fee.

GET THE MOST OUT OF YOUR VIRTUAL VISIT

Patti A. Harvey, senior vice president of Quality, Regulatory and Clinical Operations Support at Kaiser Permanente Southern California, offers these tips to patients so they can get the most out of a virtual visit:

- Write down the problem or question that you have to discuss.
- Include how long the problem has been going on.
- What have you already done to relieve or solve the problem?
- Is the problem new or associated with an existing condition?
- What are you most concerned about?

WHAT ABOUT PEDIATRICS?

Between well checks and the bazillion maladies of childhood, parents spend a decent chunk of time at the pediatrician's office. But what now? Are there new safety measures in place? What requires a visit with the doctor? Should we all just hunker down and hide?

Not quite — although right now a lot of parents are simply not coming in.

"Patients are petrified to leave their homes," says Dr. Steven Abelowitz, medical director and president of Coastal Kids Pediatric Medical Group, which has had to reduce staff hours 30 percent.

But the idea of "safe at home" can work as a contrary in pediatric patients. Two recent patients had to be immediately hospitalized because they hadn't come in early enough, says Abelowitz, who also worries that kids skipping important vaccines could lead to outbreaks of measles and whooping cough a few months down the road.

The general rule? When in doubt, call. "Patients don't always have to come in, but they need to reach out to us," he says.

WHAT TO KNOW

Who needs to keep seeing the doctor?

Babies need to keep up with well checks and continue with their vaccines including ones for meningitis, measles and polio. Kids with chronic conditions like asthma and diabetes need to have their conditions monitored.

Otherwise, anything that would normally merit a doctor visit — high fever, injuries, bad rashes, etc. — still merits an in-office visit, a video visit or at least a call to the doctor to see how to proceed.

How have doctor visits changed?

At Coastal Kids, huge changes have been made to accommodate the times. Patients can wait in their vehicles instead of the waiting room — they're called when it's time to go in.

Some of the offices are only seeing well-check patients in the morning, sick visits in the afternoon. Others have completely separate offices for sick and well patients.

Staff wear masks decorated with fun pop culture images so they don't scare the kids.

What if I don't even want to go inside?

For some situations, you're going have to go inside. But for other situations, there are a host of options. You can call the office 24/7 or schedule a video chat with the doctor. "It has been absolutely amazing. The parents love it," Abelowitz says.

At Coastal Kids, caregivers also will come out to your vehicle for an in-car medical visit in the parking lot. They've set up drive through COVID-19 testing for patients who meet the criteria to be tested. And they're working on setting up in-car vaccinations and possibly house calls as well.

"We want parents to know we are there and available for them," Abelowitz says.