

A CLINICIAN'S PERSPECTIVE ON NUTRITION IN TELEMEDICINE VISITS DURING THE COVID-19 PANDEMIC

Featuring:

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TRANSCRIPT

Maura Bowen: I'd like to talk about my mom and dad, if you'll indulge me for just a moment. They're in their early 80s: healthy as horses, stubborn as mules, all the standard euphemisms we tend to use to joke about how little control we actually have over our parents. But truly, since March, I've seen a level of defiance from these two that I absolutely didn't expect because, at the height of the pandemic, my dad would still drive to the local gas station to grab the daily cup of coffee they offer free to veterans. And my mother, an asthmatic I might add, still volunteered at the food pantry downtown, reminding me that even a pandemic can't stop hunger.

They didn't really change their lifestyle at all during lockdown. And in fact, they scoffed at me for sequestering myself and my family. So, it may surprise you then to hear how much they love dialing in for their medical appointments. These are not technology loving people, listeners, and they are definitely not early adopters. My dad still has the flip phone he bought back in 2005 and I think he enjoys my text messages, but he doesn't really know how to text me back. But does he get a kick out of checking in with his physician by phone? You'd better believe it.

I'm Maura Bowen, podcasting for Abbott Nutrition Health Institute. With me today is Stephen Koesters, Associate Professor in the Department of Internal Medicine at the Ohio State University Wexner Medical Center, which is in our own backyard here in Columbus, Ohio. "O.H." Dr. Koesters?

Dr. Stephen Koesters: I.O!

Maura Bowen: All right. And joining us is Jeanne Hendricks, a registered dietitian nutritionist and founder and owner of This inspiRD Life. And the word inspiRD, the letters R, D are capitalized at the end.

Now through the course of this recording, they'll discuss how best to identify the needs for a successful virtual patient experience, and present frontline examples of how to discuss nutrition in a virtual setting. But before we get started with the interview, I'd like to note today that our recording may sound different from what you're used to hearing. And that's because we're still in the middle of a global pandemic and we are conducting this interview outside the studio setting.

So, with all that said, I'm excited because both Jeanne and Dr. Koesters are fresh off recording a webinar with us on this same topic. So, hello to you both and welcome. You are so kind to join us for this recording, and I'm really looking forward to talking to you both today.

Dr. Stephen Koesters: Great to be here.

Jeanne Hendricks: Thank you so much.

Maura Bowen: Now, I always like to begin these discussions by helping our listeners get to know you both a little bit. So, do you each mind telling us about your clinical background? Jeanne, maybe you'd like to go first?

Jeanne Hendricks: Absolutely. I've been a registered dietitian for a little over 10 years and I've had the pleasure of working in a variety of settings, including clinical acute care, long-term acute care, and the outpatient setting. I've spent the last five years of my career in the outpatient setting, both seeing clients and supporting clinicians that saw clients.

Most recently, I relocated to California where I launched my company, This inspiRD Life, and I aim to share a science-based, simple, plant-forward cooking and nutrition education that can support clients in their health and wellness goals.

Maura Bowen: Great. And how about you Dr. Koesters?

Dr. Stephen Koesters: Well, I've been here at Columbus for a number of years now, after coming here to attend medical school at Ohio State. I then went on to residency in internal medicine and pediatrics, and then joined Ohio State as an academic primary care physician.

I really like that I get to see all ages of patients from newborns all the way up to 97-year-olds in my practice. And I really enjoy the focus on primary care and preventative care, as well as helping patients advocate for their own care. In the meantime, I help out with my kids and watch them grow up too fast.

Maura Bowen: So, thank you both so much for sharing your background. I think that usually helps our audience a lot. And I'm wondering if you can start from the beginning by defining telehealth for us.

Dr. Stephen Koesters: Well, telehealth is a broad term that people use to really cover a number of different types of other visits you'll hear about. So, terms you may also have heard are telemedicine telehealth, eVisits, virtual visits, video visits, virtual check-ins. So, there's a lot of different kinds of technology being used when you hear the word telehealth, but for the simplicity of referring to it, most people just lump it all together under the word telehealth.

Maura Bowen: So, we should acknowledge too, that telehealth really isn't a new concept, but it's one that has gained a certain popularity that was born from necessity at the outset of this global pandemic. So, with that in mind, can you tell us what telehealth was like before COVID-19 and then also what it's like now?

Dr. Stephen Koesters: So, you're right that tele-health isn't really a new concept. And at the same time, it seems new to most people because it really wasn't being used widely prior to the onset of the pandemic. A little bit of background is actually that telehealth was set up for existence by the HITECH Act passed about 10 years ago during the Great Recession, when hospitals and medical practice were incentivized to develop their electronic medical records. And a lot of those included options for telehealth within that.

As recently as March [2020] only 13,000 Medicare beneficiaries a week were using telehealth, which sounds like a lot until you realize that at the end of March, millions were. And since then it's only gone up. So, it really was born out of necessity. And fortunately, a lot of places were at least partly equipped to jump into telehealth when this whole pandemic started.

Jeanne Hendricks: And I agree, I think the acceptance, both from clinicians and patients, has come out of necessity out of this pandemic. I'm not sure the concept has really changed, but the way that we provide it in a structure has certainly developed over this time that we've been providing telehealth.

Dr. Stephen Koesters: I would be remiss if I didn't mention the act of Congress that actually helped enable this conversion to telehealth more rapidly. And that is the Medicare 1135 waiver that was part of the Coronavirus Preparedness and Response Supplemental Appropriations Act back in March of 2020. Which actually authorized a broader range of providers, including registered dietitians, psychologists, social workers, doctors, to all use telehealth in multiple settings, not just outpatients, in-patient and even critical care. It authorized us to use it with new patients, not just existing patients.

Dr. Stephen Koesters: And it actually paused HIPAA penalties for that time period, as long as telehealth was being used in good faith to connect with patients during this global emergency. That and the reimbursement, which was made equivalent to an in-person visit, really helped fuel the fire that helped us adopt telehealth more rapidly during this time.

Maura Bowen: So, we hear a lot about the patient experience and the telehealth environment. And I know that's something we plan to discuss today, but something I haven't heard much about is what telehealth is like for clinicians. First of all, what happens when you can't see your patients?

Jeanne Hendricks: I must say at first it feels awkward and we feel a little like our practice is incomplete. We all know how much dietitians love to use our food boxes and visuals and food labels to teach our patients. We need to rely more heavily on asking questions, engaging for understanding, which can slow down our visit. So, I think going into it knowing some of those limitations and going in with an open mind, is really the most helpful thing.

Dr. Stephen Koesters: I would just add on that for the medical side of things, it's actually going back to some old skills I learned years ago. Since I'm on-call many hours after my practice day is over, I've had to spend many evenings and weekends talking to patients and problem solving.

And it's not the most fun part of my job sometimes, but I have learned how to ask the right questions, how to decipher how important something is by phone, and to listen to patients and let them describe things. It's certainly not the same as seeing somebody in person, but there's a quite a bit you can accomplish by phone. And then when you add video to it, there's even more that you can accomplish.

Maura Bowen: Now all of this makes me think that clinicians who are new to the telehealth format, probably have an immediate need when setting up a telehealth programs to understand some basic guidelines. So, can you speak to some of those best practices?

Dr. Stephen Koesters: Probably the biggest thing that anybody who's going to adopt telemedicine can do is to try to get a little bit more familiar with the technology. There are quite a few providers out there. If you're working for a bigger institution or practice, you may already have an electronic medical record that has an integrated system. But I know even through our institution, which has an integrated one, we use at least two others on a regular basis to connect with patients.

Dr. Stephen Koesters: So, understanding that there's different technology out there and experimenting with it to get a sense of how it works, what you're comfortable with, what the patient experience is like, is really important in getting off the ground. And then I guess the second big thing I would say is to try to work with your staff that you work with if you have an office, to help set up a process that makes it smooth. From the scheduling, to the check-in process, to the documenting, to the talking to the patient and the troubleshooting, which inevitably comes up in some of the cases.

Jeanne Hendricks: I would completely agree. And I think practicing on family members or staff in your office and really walking through the process ahead of time, will make everyone feel at ease from front to end. And I think that's really important when you're getting geared up to start doing telehealth.

Maura Bowen: So now that you've talked about what you need to do to help clinicians prepare, can you tell us a little bit about what clinicians could set in place to offer a successful telehealth experience for your patients?

Jeanne Hendricks: We really need to establish some clear ground rules and expectations. This helps both the client and yourself understand the path of the care that you're going to be providing. So working together to discuss what will make the appointment successful for the client, making sure that we're both on the same page for limiting distractions, or coming to the visit prepared that will really set the patient up for success and give them a level of comfort, understanding what to expect.

Maura Bowen: So, you both have hinted toward this already, but what challenges might clinicians face in this initial setup phase? And by that same token, what challenges might patients face? I guess what I'm asking is, what is it like to maintain the standard of positive telehealth experience?

Dr. Stephen Koesters: I think for me it was more about the transition to just a new routine. We all probably remember our first few days when we were out practicing whatever career we were in, and it was just new and we didn't have routine, nothing seemed to flow, nothing was the way we were used to doing it. So, we had to come up with a new structure. And doing telehealth or video visits definitely is that same kind of process. It goes back a little bit to practicing and understanding with the technology, how it works, understanding what your experience is like, understanding what the patient experience like, and just developing a comfort.

Dr. Stephen Koesters: And more broadly for my primary care office, I think it's a process for the whole office. The scheduling, the check-in, getting data from patients such as blood pressures or blood sugars or weights and things like that that help us assess their problems to give them counseling. So really, I guess, if I had to summarize, I'd say office visits are a social ritual, there's a process to them. And to the extent that you can, I think it's about recreating that ritual with the key elements that patients and providers are used to, but then adapting it for the telehealth world.

Jeanne Hendricks: And I would add to that too, it's setting up your physical environment in the virtual world that mimics your in-person, so the patient feels comfortable. Making sure your camera's at eye level so they feel like they're speaking to you, making sure you're appropriate distance from the camera. And advising your clients to do the same, making sure they're in a well-lit room, that they come prepared. All of those things are really going to set both up for success and give a level of comfort.

And I always am a huge fan of having a backup plan. I think, especially with the technology piece, communicating that with the patient ahead of time. "If the video cuts out because of your Wi-Fi, I'm going to call you on the phone." So, they feel like they're not ... It puts them at ease again, and it helps them feel open and ready to learn and engage with their provider.

Maura Bowen: Great. That's super helpful. And there's one thing that I'm really hoping we can drill into here, because we are the Abbott Nutrition Health Institute after all. And I think we all know it's tricky to motivate patients to follow good nutrition, even in normal times. How do you broach the subject of good nutrition when speaking with patients in a format where you can't really meet in-person?

Jeanne Hendricks: I think clinicians, no matter what the topic is, when it comes to lifestyle and behavior change, we always need to approach it with empathy and ask lots of open-ended questions. And I think that lends itself to engaging patients into listening and behavior change practices. When we can develop rapport and meet our patients on a human level, that helps them feel more open to making changes. And really acting as their coach or their guide.

I think a lot of times as clinicians we're viewed as perfect or we know all the answers, and it can really stymie the relationship. Because instead of being internally motivated to make changes, they're really just trying to please your answer to the food police. This is something we really need to home in on as clinicians, is understanding that we need to get a relationship that will build rapport and support them so that they feel motivated to change.

Dr. Stephen Koesters: Yeah. And I would just add in that it's such an interesting time now because of all the disruptions, telehealth is new, so many things are new with this whole pandemic, that I think people are actually a little bit more open to talking about their health because it's become very prominent in the era of COVID.

Maura Bowen: Another thing we probably should address is that there are some concerns around telehealth too. Can you speak to what some of those concerns might be?

Dr. Stephen Koesters: I think one of the main questions people have is, "Can I really practice what I do through a telephone or through a video visit?" And as we've highlighted already, there certainly are some modifications to it, but I think the answer is yes. Most of the visits we would see, at least in my primary care office, we can do on a video visit basis. They're not perfect. There are some little parts we're going to miss, and those we try to bring into the office when we can.

But I would say that for a lot of what I deal with, and I think a lot of what other health professionals deal with, are chronic conditions that we're trying to provide support for. Whether it be a diabetes or depression or obesity. And a lot of times those are heavily involved counseling, for example, counseling and trying to motivate patients to make some changes. And that part of a visit, as long as you make that connection, I think you can do it very effectively.

The second thing, I guess I'd say that people have concerns about telehealth is just the technology part. Obviously people have different comfort levels with technology. I think we would generally assume that older patients would be less comfortable with technology, but I was surprised when I was preparing for our webinar to find that the data actually shows it's the middle-aged group that is the most uncomfortable with technology.

My personal bias is that I think a lot of the older generation, the grandparents, etc., have learned to connect with their grandkids through technology. And because they're heavy users of medical care, they've become quite comfortable with contacting their doctor's office through their patient portal or through emails or things like that to get the care they need. And they've really taken responsibility for that. So, I've been pleasantly surprised with how comfortable most people are with technology.

Jeanne Hendricks: I would agree with all of that. Through my conversations with patients, I've heard, they feel they may not be able to connect as well or have that rapport with their clinician and vice versa. I think if we can set ourselves up physically in a way that feels connected, if we can have a lot of dialogue around how patients are feeling and set up that rapport, it really is easy to almost feel like you're in a room together, and it provides some advantages as well.

Maura Bowen: So, I'm glad you mentioned the advantages, because we've talked about the challenges, but we know that there are lots of advantages too. Can you speak to some of those benefits?

Jeanne Hendricks: So, technology really opens doors into the patient's lifestyle and environment like never before. We wouldn't have those opportunities in the outpatient office. So, we know that lifestyle and environment are really the drivers for making changes in health and wellness. So, I view it as very exciting for clinicians, especially registered dietitians, that we can see a doorway into their home, their home environment, their kitchen. We could see the way they prepare or cook something. We could see the foods that are in their pantry. It really increases our resources to help a patient.

Dr. Stephen Koesters: I would echo what Jeanne says. There's a lot of great positives to this that I've found along the way. First of all, we have to mention safety right now with COVID. A lot of the reason we went to this is to make sure patients are safe and make sure our offices are safe if patients are going to be coming in to see us.

But there's also some efficiency in terms of travel time savings, in terms of reducing no-shows related to traffic jams, weather delays, wrong turns, things like that. But probably the most exciting thing to me is that we're now bringing care to patients a little bit better. And I really hope this persist beyond the pandemic, because I think it's been a great addition. The world of medicine has started the transition into the world of outreach more, where we're talking about care coordination and taking care of patients when you're not in the office.

And at the same time, because telehealth wasn't fully embraced prior to now, I don't think we took full advantage of that. And I think we've realized now how much more we can do with outreach, reaching into a patient's home to help them where they are.

Maura Bowen: So, you're both very well-versed in using telehealth to help care for your patients. And I'm wondering if you can tell us about some of the things you personally have done connect with patients, and how those efforts are helping you to be successful in this pandemic.

Jeanne Hendricks: I have really tried to use tech as a connector and a visual teaching tool. So, using screen sharing to do virtual grocery shopping together, helping clients set up their environment for success, I think there are limitless possibilities. I also use think like surveys and send supplemental education materials virtually. And all of these things really enhance the experience and help our patients buy-in a little bit, how to tele-nutrition can really be a great avenue for them.

Dr. Stephen Koesters: I would just add on that. I think along with the technology, sharing of that information, the initial connection is a unique thing for people. So just the fact that you're on technology as a way to connect with them in the first place and develop that rapport that's going to make you more successful during the visit.

I always call out the elephant in the room, which is COVID right now. Everybody's been impacted somehow. Whether it's their kids and going to school, whether it's your job and working from home, maybe even loss of a job and other stresses that are going on. So, there's a lot of things out there now that you can bond over and create that rapport. And one of the other things I like to acknowledge with patients is, "Hey, if I was in the office, you couldn't even see my face, I'd be wearing a mask. So, since we're on a video chat, we could actually see each other."

Maura Bowen: And that's a great point. And I think it's important too, to just share any parting advice you have for clinicians who are either helping to establish telehealth capabilities or helping to maintain existing ones. Do you mind sharing some of those?

Dr. Stephen Koesters: I think the big thing I would say to people who are hesitant to start doing it, or just nervous about their ability to do it well, is don't be afraid of change. This was all forced on us. It's new for a lot of us, but it actually has a lot of potential to improve care. And I don't think it's going to replace in-office care, but I do think it's going to augment it. And I think that it should stay around after the pandemic, but realize people are in the same boat.

The other thing is if you think of that old quote by Dr. Francis Peabody, it was, "For the secret in caring for the patient." I think that really rings true here. If you show that you care about a patient by asking a little bit about their background and how COVID's impacting them and things like that, it will help you deliver care for the patient, and it's going to make your connection more successful. And when you do that, it removes that barrier of the video visit entirely. It just becomes talking on the phone to your medical provider.

Jeanne Hendricks: I agree. And I think telehealth is definitely here to stay. It may not replace it, but it definitely is here to stay. And as clinicians, we want to stay educated here. We want to make sure we learn best practices from our peers and continue to build on our skills, because it not only will set us apart, but it will help us reach a larger audience and maybe connect with patients that we wouldn't have in the office.

Jeanne Hendricks: So, we need to learn from this and we need to grow from this. And we need to understand that we're reaching an audience that we maybe never would have had access to before. So, let's embrace it and continue to learn and grow.

Maura Bowen: Well, wonderful. Thank you so much for this fantastic discussion. I know you both continue to be so busy in this strange time and the ANHI team is truly grateful for your time and insights, both on the webinar today and on this podcast. So, thank you for all you're doing to help build awareness for telehealth best practices.

Dr. Stephen Koesters: Pleasure to be here. Thank you.

Jeanne Hendricks: Thank you so much.

Maura Bowen: Now for our listeners, if you're hoping for more podcasts episodes on nutrition and immunity, rest assured, we are continuing to develop a series of additional episodes to help support you. You can find these recordings on ANHI.org by clicking "resources," then "podcasts and videos." And if you become an ANHI.org member today, what you can do by clicking "register" at the top of our homepage, you'll receive regular nutrition science news updates. And of course, you can also follow the Abbott Nutrition Health Institute on LinkedIn.

Finally, on our website, ANHI.org, we have a series of printable resources related to this topic. And you can find these resources on ANHI.org by clicking "resources and printable materials."

Thanks, everyone. Stay healthy and safe.