

TELEMEDICINE & NUTRITION DURING THE COVID-19 PANDEMIC

Featuring :: Asif Ali, MD

TRANSCRIPT

Maura: COVID-19 has without a doubt changed many aspects of daily life over the past few months, and that includes how we're managing health care. As we all decide whether we want to continue to stay at home or venture out, telemedicine and virtual healthcare have quickly become important ways to help connect health care professionals and patients while also keeping us safe. And as you can imagine, telemedicine and virtual visits are expected to continue to grow and evolve—and that's both during the Covid-19 pandemic and beyond.

Maura: I'm Maura Bowen, podcasting for Abbott Nutrition Health Institute. I'm here today with Dr. Asif Ali from Houston Cardiology Associates and the University of Texas Health Science Center in Houston Texas here in the United States. Dr Ali is a cardiologist who teaches and practices cardiovascular and preventative medicine with a special interest in cardiac wellness and prevention in the greater Houston area. Dr. Ali is an expert on telemedicine and has used it in his practice for years, so he's certainly no stranger to this new way of working.

Maura: So, without further ado, Dr Ali, welcome!

Dr Ali: First of all, thank you, Maura and Abbott for this most relevant topic during the Covid-19 pandemic. And I also wanted to thank all the first-line workers, medical and non-medical alike, for their tireless efforts during this time. I'm a preventative cardiologist, and I've been prescribing what I call "Lifestyle as Medicine" for the last 10 years. As a patient advocate, I've really been a proponent for using technology to improve healthcare and really focus on access and communication as fundamentals to the patient/physician relationship.

Dr Ali: I wanted to start with a story because it really keys on my interest in prevention, which is really embodied with a specific patient encounter that I had with Arthur, who showed up to my office for his first access to healthcare. He was 32 years old, and he weighed 716 lbs. He was morbidly obese. And after having to take two busses and walk a quarter mile to my office, he was extremely short of breath in my waiting room as he was checking in. He actually collapsed in my waiting room and went into sudden cardiac arrest.

Dr Ali: I was called out and had to revive him with CPR and a cardiac defibrillator. Luckily, I was able to save his life. And when he awoke, he said the words, "Now what? What do I have to do to stay alive?" And it was really at that defining moment that I was propelled to help Arthur with lifestyle as medicine, and really learned what that phrase meant. I helped Arthur through the last couple of years—the last 2 ½ years to lose half of his weight. He has lost 400 lbs as of last week. This was done through motivational improvements and behavioral changes, and his approach to lifestyle choices.

Dr Ali: I look back as an early adopter of technology. I began my healthcare journey first by creating medical animations to educate patients about their medical conditions. And I've gone through this journey of digital applications from things like diabetes prevention and chronic care management. And most recently I've served as Chief Medical Officer for a company named Curegram, which is a two-way patient texting software that integrates telemedicine.

Maura: I'm very glad you told this story about Arthur, because I think it's a powerful way to shine a light on why this is such a hot topic in today's healthcare landscape. Many people have most likely heard of telemedicine, but they might not know exactly what it is or what it entails. Can you define and explain telemedicine for our listeners?

Dr Ali: Sure. Telemedicine is really the delivery of remote care to patients in a virtual setting. For physicians' practices, it's really the workflow tool—not just the video chat—for patient engagement. I think for a patient consumer, it means obtaining access and communication with a healthcare provider when and where they need it.

Dr Ali: There are really three main types of medicine, which include:

- Store-and-forward
- Remote monitoring
- Real-time interactive services—which is what most people are used to with their provider using telemedicine

Dr Ali: So when we talk about telemedicine, we really need to define what is the problem we're trying to address, which essentially equates to what service we're providing. So for example, are we solving acute care issues, like in a tele-ICU or tele-emergency room? Or are we dealing with chronic care conditions. I may be an internist, family practitioner, pulmonologist or cardiologist like me, and I may use it for things like diabetes, hypertension, hyperlipidemia, and even obesity. And, are we focusing on just physical health ailments or mental health issues, or both? They require different tools and applications.

Dr Ali: Telemedicine itself can be practiced in a couple of ways—synchronous or asynchronous. Synchronous means that we do live, on-demand video, audio, texting, or any two-way communications. Whereas asynchronous may be where we request patients to provide data to the healthcare professional so they can review and schedule future communications.

Dr Ali: Ultimately the virtual HIPPA and cyber-secure communication is really maintaining that relationship of the doctor and the patient.

Maura: Of course, telemedicine has played a major role in patient care during the Covid-19 pandemic. What major problems has telemedicine helped to solve in the current context?

Dr Ali: Really, telemedicine has allowed for continuity of care, and that's the bottom line. Really, during the time when both patients and healthcare workers are required to socially distance and may not have the access to facilities outside their homes, and I'm talking about the patients and the doctors. And even with this push of the "new normal," of getting America back on its feet, there's still a mix of apprehension from some patients to come to doctor's offices—especially those patients that are at the most risk for Covid-19. And as we know per the CDC, those would be patients maybe over 70 who may have diabetes or obesity, cancer patients, organ transplant patients, patients with autoimmune disorders who may be on immunosuppressants, and there's a further expansive list. But these are really high-risk patients who exposed, may have a higher incidence of Covid-19.

Dr Ali: Personally, my office was 90% telemedicine for the first two months of the pandemic. And now this has flipped to about 10% telemedicine and 90% bricks and mortar, as my patients, as a cardiologist, generally require some type of physical interaction or diagnostic imaging like an EKG (echocardiogram). But ultimately, patients still need access to healthcare for their physical and mental health, and telemedicine has really helped to fill that void.

Maura: Before COVID-19, how widespread was telemedicine in the US, do you think?

Dr Ali: Yeah, so prior to Covid-19—and I've been practicing telemedicine for over five years—telemedicine was really utilized in specific user cases and had stringent parameters. For example, Medicare required the patient, even if you were in a rural setting, to travel to a medical destination site. And other user cases like tele-ICU and tele-ER were really limited in scope. But, bottom line, parity laws for reimbursement were the limiting force because

insurance and reimbursement were limited.

Dr Ali: But this all has been changed in the blink of an eye with Covid-19. We probably saw 10 years' worth of policy change accelerated within the first couple weeks of the Covid-19 pandemic. I think the US government acted quickly to ensure our most vulnerable populations were still getting access to their medications, and I really applaud that this has been somewhat continued to be extended, though the future with parity laws and being able to practice across borders is in definite limbo right now because it's being reevaluated on a month-to-month basis. But as of today, Medicare is still reimbursing as if the patients were coming into the physical bricks and mortar of the doctor's office.

Maura: I think that's a really important note. And because you've been practicing telemedicine for years, you've been able to watch this progression. When Covid-19 began to spread across the US, you were uniquely positioned to immediately serve your patients in this new environment. When we spoke offline last week, you talked a bit about the patient journey in telemedicine. I'm hoping you can tell us about some of the benefits and challenges you've seen as you help to care for your patients across this journey?

Dr Ali: Absolutely. First of all, telemedicine is much more than just video chat. It's really the overall delivery of care remotely, and that care involves a lot of administrative tasks that are critical in the patient journey. So just think about your own experience in going to a doctor's office. You don't just show up at the doctor's door and get seen immediately by the physician; there's a process. And that process is no different whether you're doing it in a doctor's office or virtually. A patient journey typically starts with an intake form that you generally have to fill out in the waiting room. They have to obtain a copy of your insurance, a copy of your ID, a HIPPA waiver form, medical release forms and insurance verification. And as we've already discussed, the telemedicine program I use had already developed this workflow and telemedicine solution through the company Curegram. They were uniquely positioned to mass-text our patients that we were open for business, albeit virtually. So, we were able to create these virtual workflows as if you'd come to our bricks and mortar office, and we delivered this care via telemedicine.

Maura: Based on the process you're describing, I imagine there's been a bit of a learning curve for patients encountering telemedicine for the first time. Can you talk about that?

Dr Ali: There's definitely a learning curve. The first consideration is, do patients have access? And next is that the reality is we have way too many healthcare apps that may be cumbersome for patients to download, or recall their user names and passwords, and even keep in order which physician and healthcare facility connects to each app. And I'll point out that Medical Economics had a great survey they sent out to about 27000 patients, and the focus was on patient consumerism—how do patients want to interact with this new digital healthcare era. And overwhelming the respondents favored texting over phone calls, emails or apps, for that matter, to do the following: 1) to schedule an appointment using text messaging, 2) to be able to obtain their prescription refills via text, and 3) being able to obtain their medical records when they needed it, again through a HIPPA-compliant service.

Dr Ali: The reality is that this learning curve for patients is not that steep if providers have simple interfaces that are commonly used by end-users, like phone calls and text messaging. So even if you look at Medicare with patients who are over 65, they allowed for full reimbursement using phone calls to talk to patients. But again, the problem is you still need to do that full end-to-end onboarding of the patient information and scheduling, and that's really where we believe that using text messaging is an easy format to do that.

Dr Ali: In my particular practice, my telemedicine platform is actually integrated with my EMR, so patients were able to get automated text and email reminders four days, a day and then 15 minutes in advance of their visit, so the compliance and conversion rates were really great during that time.

Dr Ali: Ultimately, simplicity is the key, intuitive and familiar means of communication makes the likelihood of the patient being satisfied and usage much more likely.

Maura: Even as stay-at-home restrictions are beginning to lift across the nation, I know many patients are still opting to stay safe at home when they can. When patients feel unwell, but they also feel weary of leaving their homes—or they simply don't feel well enough to go—some may wonder when to rely on telemedicine, and when to ask to see their health care professionals in person. Can you tell us a bit about what that decision tree may look like for patients?—the dos and don'ts, so to speak.

Dr Ali: Yes, and this is very relevant right now today because these are conversations we're having on a day to day basis with patients, which is really, ultimately, how do you virtually triage patients, whether they need to come in or not. And I think the Texas Medical Association made this very simple for doctors pre- and post-Covid with the following question: Practice telemedicine as long as you can provide the same standard of care as you would if you were seeing a patient in person. And in addition to the Medicare guidelines pre-Covid, mandated as we spoke about before that the patient had to originate their virtual visit in an approved healthcare facility. But during Covid we had a much broader expanse to provide our most vulnerable seniors to note have to travel, and to obtain that virtual care in their homes. I think that ability to do a phone call or text message or a virtual telemedicine one-on-one video chat really allowed the doctors to be able to talk to the patients, see if they're doing ok, be able to talk about prevention and what they need to do for Covid-19 per the CDC guidelines, check in with our most vulnerable patients, and be able to make that decision about whether they could have a virtual visit or have to come in and actually be seen for an ailment.

Maura: Now, this isn't the first time you've discussed telemedicine and telehealth on the ANHI podcast series. Last October, you talked about individualized medicine and nutrition in the digital era and presented the concept of lifestyle as medicine. Do you mind reviewing that concept with us again, this time in the context of the pre-vaccine Covid-19 environment? (But before you do, I want to make a quick note for our listeners: You can learn more about Dr Ali's thoughts on lifestyle as medicine by visiting the COMMUNITY page on anhi.org, selecting "Expert Voices" and "Podcast Recordings" to find Dr Ali's recording, "[Individualized Medicine & Nutrition in the Digital Era.](#)")

Dr Ali: Lifestyle medicine is not just diet and exercise; it's a lot more involved. It's the behavioral changes we bring to bear in our life choices. When I was Director of Counsel at True Health Initiative, we had this mantra of "forks, fingers, feet, stress, sleep, love," that really embodies those behavioral changes. So, briefly—**forks**: what you eat with your fork; **fingers**, which is not smoking and reducing alcohol consumption; **feet** is the how many steps you take in a day—we know there are trackers, and if you hit 10,000 steps, they buzz. **Stress** can impact your immune system, and **sleep** as well. The National Sleep Society says seven hours of sleep is important—quality sleep. And **love** is really your interpersonal relationships, bringing you're a-game to your work and your family and being present. These really encompass what we call lifestyle medicine.

Dr Ali: If you really look at Covid-19, the name of the game is really improving your immune system. Until we have a vaccine and a cure, the best things we can do are making sure we socially distance and improve our immune system through our initiative, "forks, fingers, feet, stress, sleep, love."

Maura: Let's talk a bit more about "Forks." How do you incorporate nutrition information during your telemedicine visits with your patients?

Dr Ali: "Forks" is so important because nutrition and your immune system are so tied together. We had a wonderful conversation about the microbiome, about gut health and mental health. So, what you put into your mouth is really important and very relevant to today. In fact, if you look at one of the biggest risk factors in Covid-19 mortality, that's been obesity and all of the things that relate to it, including insulin resistance, impaired fasting glucose, all the way to diabetes, hypertension, and all those other chronic care conditions. So "forks" really encompasses the nutritional aspects of our patients.

Dr Ali: Telemedicine has been a wonderful way to talk about nutrition and wellness, and in fact, very commonly, when I'm speaking to patients in a physical setting, it's actually much more difficult to give patients pamphlets or

URLs to great content because the conversion rates hoping for those patients to go home and really act on it is not as high as I was hoping for in the past. But in this new digital communication era, as I'm speaking to the patient virtually, I can now text patients real-time as I'm speaking to them and the conversion rates are much higher.

Maura: What are some of the best strategies you've seen for incorporating nutrition education into these virtual visits?

Dr Ali: I want to make sure I offer a take-home message: when we talk to our patients, one is really to define the barriers. Understand and listen to the patient's barriers to access to healthy nutrition and fitness. And then, one of the best strategies is really laying out expectations. I explain to patients that they should have expectations for me, and I have expectations for them. Being really concise about those deliverables. Then, that leads to accountability. Don't be afraid to do the ask. As I talked about before, I give homework to patients. I send content to them and I hold them accountable that the content will be read. And then, acknowledgement. I think rewarding success, even acknowledging small wins, help patients to keep motivated. Some of the best results come from feeding the ego, and small wins over time end up becoming really big wins for patients.

Maura: How do you work with other members of the health care team, such as registered dietitian nutritionists, to maximize nutrition care?

Dr Ali: First of all, I can't emphasize how much dietitians and nutritionists are important for prevention and ultimately for these lifestyle behavioral changes. It would be ideal if insurance paid for a nutrition visit for all patients. Even if you review most medications, like statins, lifestyle modification is the first line in therapy. So even in this pandemic, focusing on nutrition and weight loss is key to improving one's immune system and overall health.

Dr Ali: The way I've been able to incorporate is explain these very fundamentals to patients that ultimately medications are there as a bridge sometimes to address various conditions, but we know overwhelmingly that prevention, wellness, nutrition—all of these lifestyle choices—actually translate to better healthcare.

Maura: How do you see the future of patient care given our current pandemic and how will telemedicine continue to play a role?

Dr Ali: First of all, telemedicine is here to stay, and end-users and patients have already got a flavor for what telemedicine is, as do providers. I think the patient consumer is wanting to have access to care when and where they want it, and knowing that there is parity for telemedicine, the provider now has a way to actually be reimbursed for providing that care. In fact, the US government is trying to find a way to keep this kind of service of telemedicine intact for the long term. I think it's very important that we keep telemedicine extremely patient-centric. Most of the technology that has been brought out, like EMRs (emergency medical records), have not been user friendly either for physicians or with the apps associated with it—they're not user-friendly for the patient. And really making sure that we have tools that are a user-friendly experience and high engagement will really be the key moving forward for telemedicine to be part of the infrastructure for America.

Maura: And finally, let's talk about action items. What are some practical ideas to either help practitioners begin to offer capabilities in telemedicine, or to expand telemedicine in their practice?

Dr Ali: We always start the conversation with assessing your needs. So I think the majority of healthcare providers acknowledge that patient consumers have this need for remote access to their care via the end-to-end solution, whether it's text messaging, phone call or video chat. So, first of all, look for a telemedicine solution that meets your needs and your patients' needs. Number two is really recognizing your barriers to entry—is it a technology barrier, an interoperability barrier, and then most importantly listen to your patient consumers. Make it patient-centric, make it easy for patients to access and communicate. We don't want the telemedicine technology to be the barrier, we want it to be the uniter. Implement workflows that keep consistency in both your physical and virtual systems.

This is now a hybrid system. Push educational materials to your patients to add value to their overall telemedicine experience. This has been an area that's been exciting to me and unanticipated, but has been very organic. Hold your patients accountable. Don't be afraid to make the ask and have them come back and have that conversation with them.

Maura: Well, this was excellent. These insights were so relevant to today's landscape, and I'd really like to thank, Dr Ali, so much for your time today. I hope you'll join us again with future updates in this exciting area of telemedicine.

Maura: Now, for our listeners, if you're hoping for more podcast episodes on nutrition and immunity, rest assured we're developing a series of additional episodes to help support you—in fact, we have a host of Covid-19 related episodes already on our website, and we'll create more each week until this virus begins to subside. You can find these recordings on anhi.org by clicking "RESOURCES" then "PODCASTS & VIDEOS." Don't miss an episode: Become an anhi.org member today by clicking "REGISTER" at the top of our homepage to receive regular nutrition science news updates from our team. Or, follow the Abbott Nutrition Health Institute on LinkedIn.

Maura: Finally, our website, anhi.org, has a series of printable resources related to this topic—for instance, infographics on nutrition and immunity, dehydration, and why maintaining muscle matters. You can find these resources on anhi.org by clicking "RESOURCES" and "PRINTABLE MATERIALS."

Maura: Thanks everyone. Stay healthy and safe.