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PATRICK MALONE & ASSOCIATES

Better Healthcare Newsletter from Patrick Malone

During the pandemic, millions of us — across Texas, Sterling Minnesota, and everywhere else — found ourselves in a new kind of relationship with our healthcare providers: we became telemedicine users.

We logged on to our doctors' offices, clinics, and hospitals for an emergency-feeling visit, attempting to carry a most dear and impending-doom-laden conversation.

But will the telemedicine experiment end when pandemic ends, or will it take the ride on our lives workplace and values of post-pandemic? Theorists report that it will, and that it will be a good thing for patients, providers, and healthcare systems. Here's why, and what it means for you.

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Telemedicine offers convenience and access, but it has big tradeoffs, too.

Cards and videos conferencing have limits, too.

Patients have more power than ever before.

Can't Look Into the Mirror Without Seeing Your Age? Blame Your Genes.

Hospital Is Left Holding the Bill for Medical Care Given to Illegal Immigrants

Telemedicine offers convenience and access, But it has big tradeoffs, too.

Could the consumer experience be any worse for so many patients visiting emergency rooms, doctors' offices, clinics, or hospitals?

There, that analysis huge transformation. Appointments aren't always hard to get, and they don't always take forever to arrange. Patients don't always need to spend a whole morning or afternoon at the doctor's office. Patients don't always need to sit in waiting rooms jammed with sick, hungry, and impatient people. Patients don't always need to wait, wait, and wait some more to see the doctor. Patients don't always need to drive to the doctor's office, clinic, or hospital. Patients don't always need to pay for parking, too.

Virtual care could address many of these concerns, advocates say.

It can offer more greater convenience, immediacy, and access to well patients "during" their doctors from their homes or even more, wherever they happen to be, including in their cars, on vacations, or transportation challenges, not anything else.

The optimist scenario

Telemedicine could become a permanent fixture in America or at least some extent. It will give patients access to specialists and primary care providers they don't have now, and it will save time and money for everyone in their communities.

The federal Centers for Disease Control and Prevention says doctors can use telemedicine to treat patients with non-life-threatening chronic conditions, including simple management and routine monitoring of diabetes, high blood pressure, and cardiovascular disease. It is useful for pregnancy and post-pregnancy care, and it is useful for behavioral health and substance abuse treatment.

It could be used for doctors to monitor patients' clinical signs of long-term illnesses, and it could be used to provide "virtual" physical therapy, occupational therapy, and speech therapy. It could be used for mental health counseling and end-of-life conversions with them. It might be a useful way to provide "virtual" support for caregivers, too, and it could be used for telehealth long-term care facilities.

The Trump Administration, which prepared a Republican agenda of deregulation, has proposed to make it easier for telemedicine companies, providing financial incentives for doctors, and allowing more telemedicine in Medicare.

Optimists envision a future in which patients, instead of the "all-in-one" doctor's office, clinic, or hospital, can choose from a menu of specialists and primary care providers, and they can choose the best one for their needs, wherever they happen to be, including in their cars, on vacations, or transportation challenges, not anything else.

Telemedicine could also increase patient access to those in crucial or rural areas. It might give patients access to specialists and primary care providers they don't have now, and it might save time and money for everyone in their communities.

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48 million

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38 times

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40.5%

Telemedicine offers convenience and access, But it has big tradeoffs, too.

~$800 million

Telemedicine offers convenience and access, But it has big tradeoffs, too.

30 million

Telemedicine offers convenience and access, But it has big tradeoffs, too.

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PAST ISSUES

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Translate

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Which brings us to the question, what is telemedicine, exactly, the approach needs much more study and proof than it improves patient outcomes.

Here's a sum of what Dr. Rosenthal wrote in a recent New York Times opinion piece:

Cards and video conferencing are the better. Now it's time to revise it. If we don't, there is a danger that it will backfire and hurt the quality of care. Telemedicine is not a substitute for a physical exam. Cards, videos, and even more outrageous charges in a system dominated by fee-for-service, it's not a substitute for a physical exam. Virtual medicine is good for many simple visits.

But there is a large class of ambulatory-being-presented for seen-in-person-care, including patients with chronic illness, who need to be seeing their clinicians. Hugs, pats, and a physical exam are important for building trust and rapport. Cards and video conferencing don't cut it. Cards and video conferencing additions, said Dr. Peter Rosenthal, a professor of pediatrics at the University of California, San Francisco. Rosenthal wrote the piece for the New York Times.

Rosenthal's piece focused on questionable virtual care on Instagram Reels, and it focused on the dangerous practice of prescribing medications without a physical exam. Rosenthal's piece focused on the dangerous practice of prescribing medications without a physical exam. Rosenthal's piece focused on the dangerous practice of prescribing medications without a physical exam. Rosenthal's piece focused on the dangerous practice of prescribing medications without a physical exam.

Why, by the way, can patients find so many unnecessary prescribed medications? Why, by the way, can patients find so many unnecessary prescribed medications? Why, by the way, can patients find so many unnecessary prescribed medications?