

# Mayo Clinic Q & A - Dr. Steve Ommen - YouTube Caption - 5 24...

Wed, 5/26 2:10PM 19:16

## SUMMARY KEYWORDS

patients, telehealth, mayo clinic, steve, providers, visits, pandemic, telemedicine, care, practice, physicians, benefit, healthcare, home, digital, monitor, lives, survey, data, organization

## SPEAKERS

Dr. Halena Gazelka, Narrator, Dr. Steve Ommen

- N** Narrator 00:00  
Coming up on Mayo Clinic Q&A,
- D** Dr. Steve Ommen 00:03  
I think it's going to be to the benefit of patients that they will get care without having to stop their lives. And that's got to pay off in the long run for our patients.
- N** Narrator 00:13  
Telehealth enables video or phone appointments between a patient and their health care provider from the comfort of the patient's home. Use of telehealth has increased dramatically during the COVID-19 pandemic, and the technology is providing benefits for the health and convenience of patients.
- D** Dr. Steve Ommen 00:29  
We're seeing an increasing demand from what we refer to as remote patient monitoring. So, this is the ability for us to have a patient have monitoring devices in their home, a thermometer, a pulse oximeter and a blood pressure cuff, maybe even a scale, and that

data can be automatically uploaded to the electronic health record and monitored by a team that can look for early signs of a patient deteriorating.

**D** Dr. Halena Gazelka 00:53

Welcome, everyone to Mayo Clinic Q&A. I'm Dr. Halena Gazelka. A recent study from the COVID-19 healthcare coalition shows that patients and providers are highly satisfied with digital health care as a way to deliver care. Nationally, providers and patients also reported that they plan to continue to use digital tools to assist patients after COVID-19. Here at Mayo Clinic, our use of telehealth rose dramatically during COVID-19. And even as the pandemic wanes, telehealth seems that it's here to stay. Joining us to discuss this today, is cardiologist Dr. Steve Ommen who serves as the medical director of experience products for the Mayo Clinic Center for Digital health. I had to look down and read that Steve, that's quite a title.

**D** Dr. Steve Ommen 01:37

It is quite a title. And it seems to change all the time as we continue to evolve in this new space.

**D** Dr. Halena Gazelka 01:43

That's right, we have to add more to your title as you get more jobs to do so.

**D** Dr. Steve Ommen 01:47

Exactly.

**D** Dr. Halena Gazelka 01:47

Thank you for being here today, Steve. This is a topic that I'm excited to talk to you about because it has been absolutely fascinating to me to see the burgeoning in telehealth and even particularly video visits during COVID-19, and I think it's just a silver lining.

**D** Dr. Steve Ommen 02:05

Yeah, if you're going to find a positive over what's happened, it has opened up healthcare industry and patients' eyes that we can maintain health, get care in ways that we didn't use to make a habit.

**D** Dr. Halena Gazelka 02:21  
Yeah, I love the fact that I can now see a patient in consultation often here in the clinic, but then when they go home, they can have continuity of care and check in with me too. I like that. I think they do too.

**D** Dr. Steve Ommen 02:33  
Yeah, absolutely. The access that provides patients in a much more convenient way for them to get their care during life and not having to pause their lives in order to get care is really one of the key features of this shift to telehealth and digital health.

**D** Dr. Halena Gazelka 02:47  
Well, I would love for you to tell our listeners, Steve, a little of the history of this at Mayo Clinic because it really was a large undertaking to go from almost no digital visits or telehealth visits to the number that we're doing now. Tell us a little about that transition.

**D** Dr. Steve Ommen 03:03  
Yeah, it's interesting. And it's something you have seen in the past. So, what we were able to do a year ago in March to shift from in-person visits to face-to-face visits didn't actually happen last March, it happened in the years leading up to that, as we knew that at some point, people were going to want to get their health care in a similar way they do travel planning, and banking, and grocery shopping, and everything that we can do online. We knew that there was going to be an appetite for telehealth. And so, Mayo Clinic had the vision years ago to set up what was at that time called the Center for Connected Care around delivering care to people when they were at their offices, or in their homes, or during their school, and not when they were in our buildings. And prior to the COVID pandemic, really what we had was a bunch of troughs full of waters, and the horses didn't know they were thirsty yet. And with COVID, all of a sudden everyone was thirsty. And because of all the work the team had done ahead of time, we were able to turn that switch and get most of the practice up and going with video visits, as you mentioned, within a few days or weeks with a bunch of self-help implementation programs, etc. So, it was really while all the all the drama and glory came last March and April, the work had been done over the preceding number of years to set up the organization to do that.

**D** Dr. Halena Gazelka 04:26  
Oh, I'm sure. And it was amazing to me how quickly they came through the clinic and

started putting these little cameras on the top of our computers. And when they first put it there, I personally as a pain provider, I didn't even know why it was there. I had never never done a video visit until COVID. And been it's been amazing.

**D** Dr. Steve Ommen 04:45

Yeah, it really is amazing. And each practice as you mentioned, has different ways that they want to use these tools. So, you know a pain doctor can use it one way, certain cardiologists can use it another way. Neurology has been doing virtual care for various aspects in their practice for a while, so there's different levels of maturity. And I think that what we have seen that across the country, the use of telemedicine for behavioral health issues has been a major benefit during the pandemic and beyond that now, because there's such a paucity of providers for that big need.

**D** Dr. Halena Gazelka 05:23

Right. I mean, that is what is amazing is that where people did not have services before they now can have access to services they might not have. And it seems to me that behavioral health might lend itself well to this because one of the limitations that we talked about is that I can't examine your back. You're having back pain, when I see you over the video we can do quite a bit over the video, but behavioral health works a little differently.

**D** Dr. Steve Ommen 05:47

Yeah, exactly. And as you mentioned, there's the flip side, there are things that just simply can't be done by remote care. So, if there's a mass or a lump that must be felt in order to get an idea of its characterization, that obviously we can't do remotely, yet, I suppose we should say as quickly as things are changing in this world. But right now, that's an office visit to make sure that we are keeping that patient safe.

**D** Dr. Halena Gazelka 06:11

Steve, in the intro, I mentioned the COVID-19 Healthcare Coalition. Could you tell us what that is?

**D** Dr. Steve Ommen 06:17

Yeah, so the COVID-19 Healthcare Coalition is an organization of several large parties that really wanted to understand the impact that telemedicine had, recognizing that the

COVID pandemic provided a great research opportunity to understand how we can utilize these tools. Where we were limping along for years and years trying to accumulate enough data to do research on, now all of a sudden, we were faced with a lot of it. So, the Healthcare Coalition brought together an organization called the Mitre Organization, which is a not for profit research organization. Mayo Clinic, Change Healthcare which is a claims warehouse for commercial payers, the American Heart Association, digital medicine organizations. And so, it was it was a multi-party collaboration that really wanted to study the impacts. And we kind of approached it with three broad approaches. One was simply analyzing the claims data, that change healthcare guide, and they process roughly half of the claims in the US. So, we can see a large number, large volume of data and that impact. The second was a physician survey. So, we sent a survey, utilizing the American Medical Associations databases, to a large number of providers who responded to ask them about their utilization, their perceptions, etc. And then lastly, we did the same thing with patients, and we did a patient survey. And we've combined all of those into kind of one research effort. You can find it on the C19HCC.org website, because there are great data visualizations there for you to look at. But we're also going to publish it in a broader public internal publication.



Dr. Halena Gazelka 08:11

What did you find out? And were you surprised by any of it?



Dr. Steve Ommen 08:15

You know, it was really a satisfying research project. First, from the collaboration of all these entities and that people were highly engaged and motivated do this research. But the claims data show that across almost every specialty, there was huge uptake. And it spans specialties, it spans acute care versus chronic care. So, just a tremendous upswing, and as expected, we saw peak last May-June in terms of activity, and there was a little bit of a tail off. Which mirrors kind of our experience at Mayo Clinic as well, although we had our tail off, and now we're starting to see an upswing kind of as we've settled back into having an in-person practice again, but balancing that. Because even though we are open doesn't mean all the patients need to come and sit in your office with you to get their first evaluation or subsequent evaluation with you. So, we're trying to, we're seeing that start to increase again. In terms of the physician survey, again, it was interesting that almost no one was doing telemedicine prior to January of 2020. And then nearly everyone was doing that. And there was the providers and their survey felt that they could deliver quality health care to their patients across the spectrum. It was most, they were most satisfied with the quality they could give for their long-term chronic management patients they were on. They felt like they could do a great job doing that. Maybe a little less so in

the acute care activities.

**D** Dr. Halena Gazelka 09:44  
Sure.

**D** Dr. Steve Ommen 09:45  
But that's, but you know, again, there was lots of positivity in what providers could do, and they all said that even almost no one was doing it in January. They know their organizations are expecting them to increase their activities going forward. So, the industry, the provider industry, is seeing the importance of transforming the way we practice.

**D** Dr. Halena Gazelka 10:08  
That's interesting. I think that kind of makes sense to me what you said about the physicians, because if someone has an acute issue, I think of those many times those might be something that you want to actually look at.

**D** Dr. Steve Ommen 10:19  
Right.

**D** Dr. Halena Gazelka 10:19  
Whereas, your chronic patients, you've known them. You've seen them before; you might be adjusting medications.

**D** Dr. Steve Ommen 10:24  
Yeah, I think there's a lot of intuitive things that make sense now that we've experienced that it confirms those types of things. The one thing I think that was surprising was the providers. One of the question sets they were asked had to do with barriers to further expansion of telehealth. And I think that physicians actually had more fears than translated into reality on the patient side of the surveys. So, physicians highlighted that they thought that both age, and or being rural would decrease utilization of telehealth. But on the patient side of things, we actually see that there is no drop off across age decades, or across rural versus suburban versus urban. And again, there might be some intuition there, because who has the least ability to get to a medical facility? Well, it might

be an elderly person who lives in the country. And so, they actually have a higher need to do that. And so, they are utilizing it just as much as their younger urban dwellers might be. Certainly, there are broadband issues and gaps out there in the country. But thankfully, most of the telehealth companies are making sure that we don't need the highest end broadband in order to deliver good visual and audio connections or data streams. And we maybe want to talk about other things besides video telemedicine on this podcast. But the surprising thing was patients did not display the same reticence about those demographics being a barrier to using this new technology.

**D** Dr. Halena Gazelka 12:03

I have to say that that surprises me too, Steve. I would have said the same things. Maybe I was one of those physicians who said that to you on that survey.

**D** Dr. Steve Ommen 12:10

Could be. Could be. I think the other thing I was going to go to was, and Dr. Halamka is the one who pointed it out, when you look at the patient survey data, patients would have either deferred care or risk going in to see their providers if it wasn't for video telemedicine being available to them. So, we were able to not defer care for patients and keep them safer during the height of the public health emergency, which again, is a positive benefit to this change.

**D** Dr. Halena Gazelka 12:43

Steve, you talked about other ways to deliver digital medicine, other than using video visits, what else is there?

**D** Dr. Steve Ommen 12:52

Well, so we're seeing an increasing demand from what we refer to as remote patient monitoring. So, this is the ability for us to have a patient have monitoring devices in their home, a thermometer, a pulse oximeter, a blood pressure cuff, maybe even a scale. And that data can be automatically uploaded to the electronic health record and monitored by a team that can look for early signs of a patient deteriorating. We had a program like that prior to COVID for some of the chronic complex diseases like heart failure and COPD, diabetes, but then when COVID came, we also developed a program like that for the COVID positive patients. So, some of these patients might have had to go to the hospital except now that we could give them the monitors in their home, we can monitor them more safely there, keep our hospitals less full, and preserve all the PPE we needed to do.

And then even lower touch one for positive patients who might not have been hospitalized let us keep an eye on them. And in our cancer practice, the preliminary data have shown that the patients who were issued monitors were sicker at baseline but had fewer downstream hospitalizations and complications. So, the ability for us to be watching a patient while they try to be at home and live their lives, is showing positive benefits. And that's going to extend access and confidence in patients that their healthcare organization is watching over them. And that we're looking for signs of deterioration before you have to do high cost, high invasive interventions for patients to help them out. So, I think that's going to be the next wave of activity we see is in more of this collecting data about our patients in their homes, or in their offices, or in their life in general.

D

Dr. Halena Gazelka 14:37

That really is fascinating, Steve. Because we do put a lot of onus and responsibility on patients and to interpreting how they feel in deciding whether it's time to pursue intervention. And if you can monitor them and intervene potentially earlier, maybe they don't become as sick before they come in.

D

Dr. Steve Ommen 14:57

Exactly. Yes, that's exactly right, and I suspect we'll start to see as cognitive computing, or machine learning, or artificial intelligence for several more terms you want to put around that, as that gets more robust, that's going to help our care teams identify those patients who might need a quick call or something sooner rather than later. So, that's going to be a very evolving practice going forward for Mayo Clinic and for others.

D

Dr. Halena Gazelka 15:24

That's fascinating. So, speaking of which, Steve, what do you see in the future for telehealth? What does this look like?

D

Dr. Steve Ommen 15:32

Well, it's here to stay for sure. I think that we will look back at 2020 as a fork in the road, where healthcare realized the benefit of doing things remotely and not practicing the traditional way. There's a few wild cards out there in terms of what the long-term adoption rate is going to be. And the main thing is, is that during the public health emergency, the government and the payers relaxed the kind of prohibitory regulatory and reimbursement environment, to make it available to patients to get their care this way. Once the public



health emergency is over, then it depends on whether those prior regulations are put back in effect. And if they are put back in effect where they were ahead of time, then our adoption will slow. I don't think it will go to zero, but it won't grow as much as it had. But we're working with other healthcare organizations, with state legislators, and at the federal government level to try to advocate for let's not roll the clock back, let's make sure that we learn from what happened over the past year, year and a half, and put appropriate measures in place to keep patients safe, but also to allow them to get this kind of excellent access to health care. So, that's a big wildcard.

D

Dr. Halena Gazelka 16:50

Yeah, that's exciting. Steve can our patients when they are requesting visits, request that they have a telehealth visit, instead of an in-person visit? How does that work?

D

Dr. Steve Ommen 17:01

Yes, they can definitely do that. And many of our clinical teams, appointment coordinators will actually ask the patients that, but patients can certainly volunteer it themselves. There might be cases where a patient asks for a telehealth visit, and it's not appropriate for that particular case, as we talked about, but certainly patients, if they want to do it that way should be asking for it, because we want to make it available for them.

D

Dr. Halena Gazelka 17:24

Yeah, that's wonderful. Anything else you'd like to share with us today?

D

Dr. Steve Ommen 17:28

Oh, goodness, I think that again, this has been an incredible year, in many ways negative, but there are a few things coming out of it that we will see the way you and I deliver care to our patients will be different. And I think it's going to be to the benefit of patients that they will get care without having to stop their lives. You think about patients that are in school, or they are a single parent household, or they're a single person living in a house who has to stop their lives in the traditional way to get medication, to go in for testing, to go in for the doctor's visit. And now they're going to be able to get that care without having to stop their life for so long. And that's got payoff in the long run for our patients.

D

Dr. Halena Gazelka 18:15

Yes, and often stopping the life of someone else too who may be serves as the driver or

coming to help with the kids.

**D** Dr. Steve Ommen 18:20  
Exactly.

**D** Dr. Halena Gazelka 18:22  
Yeah, that's really amazing. Well, how wonderful. Thanks for being here. Steve.

**D** Dr. Steve Ommen 18:26  
Thank you so much.

**D** Dr. Halena Gazelka 18:27  
Our thanks to Dr. Steve Ommen, from the Mayo Clinic, for being here to discuss telehealth options with us today. I hope that you learned something. I know that I did. We wish each of you a very wonderful day.

**N** Narrator 18:40  
Mayo Clinic Q&A is a production of the Mayo Clinic News Network and is available wherever you get and subscribe to your favorite podcasts. To see a list of all the Mayo Clinic podcasts, visit [newsnetwork.mayoclinic.org](https://newsnetwork.mayoclinic.org). Then click on podcasts. Thanks for listening and be well. We hope you'll offer a review of this and other episodes when the option is available. Comments and questions can also be sent to [Mayoclinicnewsnetwork@mayo.edu](mailto:Mayoclinicnewsnetwork@mayo.edu).