

Mayo Clinic Q & A - Sanchez-Sotelo & O'Driscoll - Telemedici...

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SPEAKERS


Dr. Halena Gazelka, Narrator, Dr. Shawn O'Driscoll, Dr. Joaquin Sanchez-Sotelo


- N** Narrator 00:01
Coming up on Mayo Clinic Q&A,
- D** Dr. Joaquin Sanchez-Sotelo 00:04
I've been very impressed with the ability to assess patients properly, even new patients, through telemedicine.
- D** Dr. Shawn O'Driscoll 00:10
During the pandemic Mayo Clinic ramped up its telehealth and digital information and consumer technologies to better serve patients. Today, orthopedic surgeons are using telemedicine to give patients access to healthcare services remotely, and to help them manage their care. It's been a real blessing for our practice and for the patients is to really focus on the connection. The relationship between a patient and a doctor or their team is so critical to everything and certainly the success of their treatment.
- D** Dr. Halena Gazelka 00:40
Welcome everyone to Mayo Clinic Q&A. I'm Dr. Halena Gazelka. If you tune into the


podcast often, you know that I love to look for silver linings. In healthcare, one of the biggest changes we've seen during the COVID-19 pandemic is the expansion of telemedicine. And for many patients this represents a silver lining. It's an improvement in how we deliver care here at Mayo Clinic. Virtual visits have been used in many specialties including orthopedics and orthopedic surgery. Here with us to discuss are two Mayo Clinic orthopedic surgeons today, Dr. Joaquin Sanchez-Sotelo and Dr. Shawna O'Driscoll. Thanks for being here today. Gentlemen.


 Dr. Shawn O'Driscoll 01:21
You're welcome. It's a pleasure to be here.

 Dr. Joaquin Sanchez-Sotelo 01:23
Thank you for having us.

 Dr. Halena Gazelka 01:24
Well, I have to say that I think it will be interesting to our listeners and to me to hear how you can use virtual visits in a surgical practice. So, Shawn would you mind telling us a little bit about your practice?

 Dr. Shawn O'Driscoll 01:38
Sure, I would. And by the way, the silver lining, I couldn't agree more. I guess we'll get to that as we go on in the discussion. So, my practice is principally in the area of elbow surgery and shoulder surgery. A majority of my patients are what we call tertiary referral, meaning that they've been referred from another center from another orthopedic surgeon typically, for a much more complex matter. And so, typically they do travel some distance, sometimes quite a distance. And in that regard, this patient population has been, I think, particularly beneficially impacted by COVID induced changes in telemedicine.

 Dr. Halena Gazelka 02:23
Joaquin, tell us a little about your practice, please.

 Dr. Joaquin Sanchez-Sotelo 02:25
Thank you very much again. So, my practice is similar to Dr. O'Driscoll, I do mostly shoulder and elbow surgery. And like him, I do take care of patients that come from all

over the country or all over the world. And that's why I think telemedicine has been such a major beneficial impact in my practice currently. So, my practice includes anything from shoulder arthroplasty to rotator cuff repair, to elbow arthroscopy to elbow arthroplasty. And one of the hallmarks of Mayo Clinic, as we all know, is that we take care of complex patients that sometimes have been searching around in other places and don't get an answer. So, they come to us because of the complexity level of their problem.

D Dr. Halena Gazelka 03:05

I think it might fascinate some of our listeners just to hear that there are two surgeons who specialize just in elbows and shoulders. That's pretty amazing, I think. That's a pretty specialized practice. There are that many elbows and shoulders to operate on?

D Dr. Shawn O'Driscoll 03:19

Well, actually I do the left elbow and he does the right elbow.

D Dr. Halena Gazelka 03:25

That's really specialized.

D Dr. Joaquin Sanchez-Sotelo 03:26

I think that the field of shoulder surgery and elbow surgery keeps expanding, you know, So, to your point, maybe two decades ago it was less common. But currently, there are a lot of patients that need help. We have procedures now that maybe were not offered in the past. And that's why the volume and the complexity of our practice has continued to increase over time.

D Dr. Halena Gazelka 03:46

That's really interesting, because in a lot of the areas where we discuss topics on Q&A, we talk about the fact that it really behooves patients to go to centers where many, many of these procedures or surgeries are done, because the people have such incredible, you know, our surgeons and our proceduralists have such expertise in the areas where they work. And I imagine that's true in orthopedics as well.

D Dr. Shawn O'Driscoll 04:10

Yeah, that's very true Halena. And we have a special blessing here because we're part of a

team who do these similar types of procedures. And so, we sit together there in the dictating area and where we see our patients and where we operate. We're constantly discussing the cases. There'll be something like this will be Hey, Joaquin come here, can you take a look at this? Or he'll call me over and say, can you take a quick look at this x-ray. And so, our learning ourselves is at a very high rate. We feel like we are constantly learning, and that that allows us to eventually understand more and diagnose more and deliver more care to patients that otherwise might not have been able to be treated.

D Dr. Halena Gazelka 04:51

Oh, that's wonderful. I love that description because it not only sort of encompasses the Mayo model of care that we call on each other, and I can call on either of you if I have a question. You can call on me if you have a pain question. But we do the same in the Pain Clinic, and we constantly challenge each other to take better care of our patients and to learn more. So, I love that. Tell me a little about how telemedicine has impacted your practice and how particularly it has impacted the patient's experience of their visits with you.

D Dr. Shawn O'Driscoll 05:25

Should I go first, if you like I can.

D Dr. Halena Gazelka 05:27

Sure, perfect.

D Dr. Shawn O'Driscoll 05:28

The timing of telemedicine with COVID was quite interesting, because we had been developing for quite some time and Joaquin and another partner of ours, Mark Morrey and I, we've been working on tools that we were developing and validating and publishing these validated tools for not what we call telemedicine at the time, but distant or remote medicine. And so, the timing was such that we were already in a mindset of trying to figure out how to do some of our work from a distance. Because with this tertiary practice that we have, we would operate on a patient and sometimes they'll end up taking a flight the next day or sometime thereafter, back across the country or possibly even to another country. And it's very difficult to have them come back for follow-up. So, two things end up slipping in that scenario. One is that we don't have quite the quality control data to know how we're doing that we would if the patient was right close by. And secondly, they don't have quite the sense of connection with their treating team of doctors and

therapists and so on that they would if they're right nearby. So, what we've been able to do with telemedicine, it's been a real blessing, for our practice and for the patients, is to really focus on the connection. So, as we all know, as you know we know, the relationship between a patient and a doctor or their team is so, so critical to everything, and certainly the success of their treatment. So, this allows us to really build on that connection, that feeling of being connected. So, now patients, I think feel much more connected to us. We're able to get the information and keep getting the follow-up information. So, our quality control level has gone up as a result of this, which is really, really good. And I think we'll be able to advance this not just in the pre-operative and post-operative level, but with assessing patients who are completely new to us. And that's where we're moving into now where we're doing consultations on patients from anywhere in the world who might be thinking of perhaps coming to Mayo Clinic for their care, and we can now offer them something more than just a vague email response to their inquiry.

D

Dr. Halena Gazelka 07:44

So Joaquin, my husband is about to have a shoulder surgery with you in July. And so, I've been in the office when you examined him. Can you actually see a patient on a virtual visit and decide whether they might be a surgical candidate or not? Surely that physical exam must be compromised?

D

Dr. Joaquin Sanchez-Sotelo 08:03

Yeah, for the most part, yes, you know, orthopedic surgery, I think is a perfect specialty for evaluation of new patients like Shawn was just mentioning, because typically, on screen patients can show you many things that are of huge value for examination, for example, I can ask a patient show me where you have the most severe pain and with a fingertip show me if it's more here, or here or here. So, you as an examiner are showing the patients what to do, and they can easily replicate it. Then for range of motion of the shoulder, which is very important for as you can tell him, okay, show me you can get your hand all the way up in there. Or can you get it all the way out to the side, all the way behind your back. You can actually have some tests that the patient can do on himself. So, there's one called the O'Brien's test, for example, for the labrum where you can have the patient actually raise their hand in front of them and turn it, and they can push their self down and see if they have been on the top of the shoulder. Or Dr. O'Driscoll designed these are called hook test for the bicep. You can instruct the patient easily on a screen and show how to do it. Obviously, there are some things that cannot be done on our self-assessment of a patient, but many can. And the other thing with telemedicine is that with a screen sharing, you know, you can then very quickly pull up the x-rays, you can annotate on the x-rays. You can pull the CT scans; you can show them where the problem is. You can show

the MRI, where the tenderness is, and then you can flip maybe to some page on information where you can show a picture of the surgery, the immobilizer they are going to use. And so, the other thing Halena is that our patients do need to come for surgery, right. So, we still have the chance to see them at least once before the operation and confirm everything that we gathered on the screen. But I've been very impressed with the ability to assess patients properly, even new patients, through telemedicine.

D

Dr. Halena Gazelka 09:45

Are there limitations that you're finding to the assessment other than what you described, needing to see them ultimately in the office?

D

Dr. Joaquin Sanchez-Sotelo 09:54

I think the main limitations are a few specialty tests that can only be done if you have the patient face to face. And also, like Dr. O'Driscoll mentioned, there is something special about the patient/doctor relationship that I think benefits from our human face-to-face interaction, but we're very lucky. Because since we need to do surgery hands on at least so far, we don't have remote surgery yet, maybe one day, then we get the chance to confirm everything we suspected or not through physical examination and then get to meet the patient. But once you have that relationship, it is very easy to maintain through follow-up appointments with telemedicine as time goes by.

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Dr. Halena Gazelka 10:31

Shawn, one of the advantages that I have often thought about when I've thought about the telemedicine visits is our ability to reach patients who we otherwise might not. In other words, someone might not consider coming to Mayo Clinic because they'd have to get on a plane, come halfway around the world or come across the United States or drive a great distance. And so, they can have an initial consultant and see whether there's something to offer them here. Are there other significant advantages to patients using an initial like telemedicine visit?

D

Dr. Shawn O'Driscoll 11:06

Yes, Halena. I was thinking that same scenario. So, I think that the advantages to patients are really going to be the driving forces behind this. And I think that the key advantages, which you've really just summarized there being those that relate to access, to convenience, and to cost. And they might sound like they're all the same. But any one of those might be a key limiting factor for a patient. So, access, there are some patients who

just would not be able to travel. It wouldn't matter if they had the money or the time, they would not be able to travel to Mayo Clinic. And now they would be able to have a consultation. So, that's a really, I think, a big, big advantage for those patients. They might learn that it becomes worthwhile to make that travel in some sort of way that is made possible if they were assured of being able to be treated, where they might be able to now be diagnosed and then referred to somebody nearby, who then can treat the patient adequately. And the other is, as I mentioned, is a convenience. There are convenience factors, such as kids needing to get out of school or missing school, people missing work, missing sometimes a couple of days of work, just to travel to Mayo Clinic, have your studies, have your consultation, and get back home. And all of these convenience factors are typically associated with cost as well. So, the cost of care whether it's a plane, or gasoline, or parking, or hotel bills, or food bills, the cost of care is ultimately going to be reduced with telemedicine as well I see. So, when we put all those together, I really do see this as being a real advantage to patients. And ultimately, I think one of the advantages, like you mentioned, or asked about, you know, in comparison to just coming here, one of the advantages is that we get a real sense for the patient before they get here. So, as Joaquin was mentioning, you know, we do this exam on the patient. And we feel like we're face-to-face like I feel I'm, you know, talking with you right now, even though we're in different rooms, well, we get a sense that we've connected with the patient, and we get a sense of what's going on with the patient. When they arrive it's not completely new and fresh. Sometimes a patient arrives, and we think to ourselves, oh, this is a little different than we thought. And now there's this big change of plans, were scrambling to get consultations with other specialists, maybe change surgical plans, get a new study that normally you might need a week to book, now we're trying to get it today or tomorrow. And that's a burden to the system and perhaps to the patient too. So, now when they come there, we're very prepared, we know exactly what we're going to be doing. And we get to meet eye to eye and carry on with the plan. Rarely do we have these completely unexpected changes of plans now. So, I see it as a silver lining, as you said at the beginning.

D

Dr. Halena Gazelka 14:00

I think those are wonderful points. Shawn, one of the things that I have often thought about, you know, our primary value here at Mayo Clinic is that the needs of the patient come first. And I've always been struck by the burden that people must bear in needing to pay for a hotel, needing to get out of work, and bring someone else with them who also has to be out of work in many situations, but just the cost and the burden of that. Joaquin, when someone comes here for surgery, is there a typical amount of time if they're having a shoulder surgery, or an elbow surgery that they're typically committing to coming to the clinic for once they arrive?



Dr. Joaquin Sanchez-Sotelo 14:39

So, like Shawn just mentioned if we have already seen the patient through telemedicine, we can anticipate all the needs. For example, there may be a patient that in order to perform the surgery properly, you need two or three imaging studies, or they are you know sicker, they have a heart disease or a liver condition, or need to see a specialist in other areas. So, if we can plan in advance, oftentimes three days is enough, like a person can come on a Tuesday. And if everything is on the schedule, between eight and five is incredible how many services Mayo Clinic can offer. The following day they go to the hospital have the operation. Many times, we will do the surgery as outpatient or same day discharge. Maybe they stay one extra day in Rochester for safety reasons or comfort, and then can go out the following day. Going back to the cost question, if someone has to come first, for an appointment, that's one expense. Then for the surgery, that's another time of airfare, hotel meals, parking, and so on. And then for follow-up two or three times, in order to end up paying the same expense once, maybe five times. Whereas now people are willing to spend their money because they come in just for the surgery. And when they come everything is perfectly organized, no surprises. And then the follow-ups can be done through telemedicine, especially since we have partners in other parts of the country.



Dr. Halena Gazelka 15:59

That's wonderful. Well, silver linings. This certainly sounds like one. Tell me, each of you, maybe we'll start with you, Shawn. But what do you see as the future for telemedicine? Where do we go from here?



Dr. Shawn O'Driscoll 16:12

Wow, yeah, it's hard to predict the future isn't it. I think we're gonna see, as has happened with technology in other areas, I think we're gonna see a kind of a softening or a blending or a melting away of boundaries or limitations that used to exist. I think back to when I was young, there was no such imagination as talking to somebody and seeing their face at the same time. That was something that was imagined though.



Dr. Halena Gazelka 16:37

Like the Jetsons.



Dr. Shawn O'Driscoll 16:39

But I do see that the delivery of care elsewhere will start to come into this as well. So, for

example, currently, you know, we'll do teaching here. Joaquin, and Mark and I, and our partners will do teaching. We'll do live surgery, and it'll be being watched by people around the world, 40 countries, we actually have delved into teaching whereby we will have one person teaching, for example, just last month, well earlier this month, teaching from England, doing a cadaveric dissection, while somebody right here in our lab is being instructed and following and executing. And the people around the world are watching this person learn. So, it will really impact how we teach these things as well.

D Dr. Halena Gazelka 17:24
Isn't that something.

D Dr. Shawn O'Driscoll 17:24
But ultimately what I'm excited about is that we'll be able to be in the operating rooms, and guiding surgeons in Ethiopia and Kenya and Guinea, and so on. Right now, we do that kind of by email, and by, you know, less immediate, less direct means. But I do see that in the future we'll be doing it a lot more, like we'll be looking, you'll have your patient right there and we say okay, make an incision, now I would go just two centimeters lateral. Okay, right there. Now go for five centimeters proximal to that. Okay, right there, that's where you're going to find the median nerve. And they say, oh, yeah, it's right here. Good. And that's just gonna be another level that I see naturally developing.

D Dr. Halena Gazelka 18:03
That's incredible. Joaquin, anything to add?

D Dr. Joaquin Sanchez-Sotelo 18:11
Yeah, I think it is very clear to me, at least that telemedicine is here to stay for the reasons that we discussed in this conversation amongst the three of us. And then if you power it even further with maybe wearable technology, where you can have a smartwatch or something that can monitor their vitals, or like a smarter thing that can kind remind patients how to do range of motion exercises. Technology has been growing so fast in everything that we do. You think about your car, your cell phone, your house, so many things are internet enabled, or the smart appliances that's going to transpire into the future, amazing for sure. And I think we will make healthcare more affordable for many patients, but they will still get the best care when they need it. So, I think it's here to stay. And I'm actually really excited about it.

D Dr. Halena Gazelka 18:56
I think this is absolutely fascinating, another silver lining. I think the pandemic, the sharing of information back and forth across the world as far as the development of vaccines and then knowledge that increased. And now seeing that applied into other specialties of medicine, as we're increasing our ability to rapidly share information, and that's just amazing. Good news for our patients. That's for sure. Well, thank you both for being here today.

D Dr. Shawn O'Driscoll 19:26
Thank you.

D Dr. Joaquin Sanchez-Sotelo 19:27
Thank you very much, and what a pleasure.

D Dr. Halena Gazelka 19:29
I so enjoyed this conversation. And our thanks to Mayo Clinic orthopedic surgeons, Dr. Joaquin Sanchez-Sotelo, and Dr. Shawn O'Driscoll for being here today to talk to us about telemedicine and how that's been applied not only in orthopedics and orthopedic surgery, but in many areas of medicine. I hope that you learned something. I know that I did. And we wish each of you a very wonderful day.

D Dr. Shawn O'Driscoll 19:52
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