Short Communication

The Impact of Telemedicine in Rheumatology during the COVID-19 Pandemic: Current Guidelines and Practices

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Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) took nations, countries, and economies by surprise during the early part of 2020. Economies were quickly overwhelmed, intensive care units flooded with the critically ill, and hospitals in high-income countries like the United States of America were tested and cracked under the strain of the global pandemic. Medicine quickly responded and shifted to the world of virtual patient care (telemedicine) as a way to take the pressure off of local health systems. This was even more essential in at-risk populations like Oncology and Rheumatology patients, many of whom are on immunosuppressive medications. In cities devastated by the virus such as New York City and Lombardy (Italy), they were placed under strict lockdown by their respective governments. Telemedicine, while previously an option, quickly became the mainstay for patients to manage chronic conditions like diabetes, hypertension, in addition to their chronic rheumatologic disease. For physicians, the United States Centers for Medicare & Medicaid Services allowed access to services such as FaceTime/Skype for telehealth appointments, with no penalty in reimbursement. The 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act included a provision to waive telemedicine restrictions for Medicare beneficiaries. Under the waiver CMS will reimburse telehealth visits at the same fee for-service rate as regular, face-to-face evaluation and management (E/M) visits [1].

Currently the following providers are approved to furnish and receive payment for covered telehealth services [2]:

1. Physicians
2. Nurse practitioners
3. Physician assistants
4. Clinical nurse specialists
5. Clinical psychologists
6. Clinical social workers
7. Registered dietitians or nutrition professionals
8. Occupational therapists
9. Physical therapists

The fluid situation of the pandemic makes it so that changes are implemented at lightning speed so providers are encouraged to check the ACR website daily to ensure compliance.

One question that has frequently been brought up is whether or not immunosuppressive drugs should be discontinued in the face of the COVID pandemic. Multiple organizations have issued guidance that stopping immunosuppressant drugs could lead to a flare-up of rheumatic conditions. It is still too early for us to tell the effects of biologics and other medications on COVID-19.

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For new patient appointments, telemedicine allows for quick triage so that patients that need to be seen urgently can be seen safely in the most appropriate setting (e.g. in office, hospital, etc). At our office in particular we have seen that telemedicine has increased the length of visits. Most of our growing pains have been with medical staff learning a new work flow, systems, and various technologies. We think with time our efficiency will increase. Since it is impossible to tell how long the pandemic will rage, for patient care and satisfaction it will only be a matter of time before new solutions are developed and computer scientists and programmers develop even more elegant solutions so that we as medical providers can continue to provide state- of- the- art quality medical care.

CONFIDENTIALITY AND RECORDS

Any identifying information was removed, the Office of Human Research Protections for Mount Carmel Health System and the Institutional Review Board approved of this paper.

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REFERENCES

[1] https://www.coronavirus.gov/

[2] Mikuls TR, Johnson SR, Fraenkel L, Arasaratnam RJ, Baden LR, Bermas BL, *et al*. American College of Rheumatology Guidance for the Management of Adult Patients with Rheumatic Disease During the COVID-19 Pandemic. Arthritis Rheumatol. Accepted Author Manuscript 2020. https://doi.org/10.1002/art.41301

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