

The phoenix VA healthcare system's direct care tele diabetes practice: An innovation report

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ABSTRACT

In order to offer multidisciplinary care to rural Veterans with type 2 diabetes, the Phoenix Veterans Affairs Healthcare System launched the TeleDiabetes programme in 2018. We introduce the TeleDiabetes programme in this article as a cutting-edge telemedicine paradigm with an integrated remote physical exam, and we share findings demonstrating Veteran satisfaction with the programme.

KeyWords: Medical-Care, Healthcare system, Phoenix VA, Diabetes

INTRODUCTION

The COVID-19 pandemic has highlighted the value of communication in the provision of healthcare. The limited capacity of telemedicine to conduct a thorough physical examination is a hurdle. A physical examination can be performed using telemedicine carts in some telemedicine models; however palpation-based exams are still uncommon.

Type 2 diabetes affects more US Veterans than the general population. Access to care is improved with telemedicine without material resource expansion. Veterans with diabetes who participated in a telemedicine trial in the southeast of the US saved over an hour in travel time, showed an 88% show rate, and showed a trend toward lower hemoglobin A1C levels. Regular blood glucose, blood pressure, and weight checks for diabetic patients can be done remotely and are linked to better outcomes and lower costs for VA hospitals.

Under the supervision of a remote provider, tele-presenters conduct physical exams at satellite clinics as part of the ground-breaking Phoenix VA TeleDiabetes program. Here, we introduce the Phoenix VA TeleDiabetes programme and assess how well veterans with type 2 diabetes are perceived to be receiving telemedicine care.

A worldwide pandemic appears roughly once every generation and decimates a population in a vulnerable part of the earth. Because of

this, the majority of us have little firsthand knowledge of these situations. The current outbreak of coronavirus disease 19 COVID-19, a coronavirus-associated acute respiratory disease, is the third known human-to-animal coronavirus spillover that has resulted in a significant epidemic in the previous 20 years. 1 Recent epidemics like Middle East respiratory syndrome in 2012 and severe acute respiratory syndrome in 2003 were successfully contained to a small geographic area. Since we and our patients were not exposed to them, they were just a minor worry for allergists working in the United States. Concerns about this unique emerging pathogen have, shall we say, "gone viral" now that COVID-19 is directly harming us and our patients. It was only a matter of time before a pandemic struck the entire world, and now is no longer the time.

Our initial response to COVID-19 is to slow its spread in order to prevent taxing the capacity of our healthcare system to treat ill patients, now that disagreements over its reality and who is to blame for it are settled. When compared to severe acute respiratory syndrome, COVID-19 causes 10 times as many cases in only 25% of the time. Hospital-related transmission accounted for a sizable portion of cases in China, and skilled nursing facilities in Washington State have followed suit. The concern is that hospitals will become overrun with COVID-19 cases if proper containment

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measures are not taken. This could prevent uninfected people suffering from less serious but still life-threatening conditions, like myocardial infarction and stroke, from receiving timely treatment that they would ordinarily receive in normal times. This limits our ability to treat seriously ill patients who are infected with the virus.

Because COVID-19 is a respiratory virus, individuals with asthma, chronic obstructive pulmonary disease, and immunodeficiency are particularly at risk for morbidity. Many individuals with allergic rhinitis can misinterpret their symptoms for COVID-19 because it's allergy season in the spring. Our patients need to be made aware of this truth by us. As health care providers, it is our responsibility to take the necessary precautions to prevent people with low-risk diseases and the "worried well" from using up our already scarce health care resources while ensuring that people who are seriously ill receive the proper triage and treatment.

METHOD

The TeleDiabetes programme in Phoenix, VA

In response to lengthy wait times for rural Veterans to get specialty care, the Phoenix VA TeleDiabetes programme was put into place. Patients who receive a recommendation from TeleDiabetes go to the nearest Phoenix VA Community Based Outpatient Clinic for their telemedicine appointment. A telepresenter, often referred to as a Telehealth Clinical Technician, gathers vital signs and downloads results from the continuous glucose monitor, the insulin pump, and the glucometer. A five-question survey focused on patient satisfaction, ease with telemedicine technology, and preference for telehealth over in-person consultation was used to evaluate the Phoenix VA TeleDiabetes pilot programme between April and June 2019. The VA prepared and conducted a broader telehealth survey with about 100 items, from which this one was modified. Survey results were collected for analysis after being de-identified.

RESULTS

Phase of clinical problem identification

Veterans who participated in the poll had overwhelmingly good opinions of the tele-medical services. 24 of the Veterans who responded to the poll or 96% of them said they strongly agreed or agreed that they felt at ease using the telehealth technology, could see and hear the clinician clearly, and preferred to use telehealth over going in person. This makes it easy for me to plan my appointments, said one testimonial. & I didn't have to miss all of work 25 of the people surveyed.

CONCLUSION

As they extend their programme nationally across their area Veterans Integrated Service Network VISN and to other VA Healthcare systems in need of Tele-Diabetes services, the Phoenix VA Telemedicine programme keeps innovating. Since then, the Tele-Diabetes programme has incorporated health psychology into their endocrinology, nursing, nutrition, and optometry services. Depression, diabetes distress, and food insecurity are all evaluated for in patients. Positive screening results are observed in them.