

A Great (Virtual) Debate: Be It Resolved that Telemedicine Allows Rheumatologists to Provide Excellent Care to Patients with Autoimmune Rheumatic Diseases

By Alexandra Saltman, MD, FRCPC, on behalf of Volodko Bakowsky, MD, FRCPC; Tommy Gerschman, MD, MSc, FRCPC; Jocelyne Murdoch, OT Reg. (Ont.), ACPAC; and Brent Ohata, MD, CM, FRCPC

This year's CRA meeting was one of many firsts, as rheumatologists from across the country embraced technology to participate in the annual meeting virtually, keeping everyone safe amidst a global pandemic.

The annual tradition of the Great Debate was no exception, wrapping up this year's meeting with a fact-and-fun filled hour of oral arguments and good old-fashioned jousting!

This year, the resolution was a timely one: "Be it Resolved that Telemedicine Allows Rheumatologists to Provide Excellent Care to Patients with Autoimmune Rheumatic Diseases."

Arguing in favour of the resolution were Drs. Tommy Gerschman and Alexandra Saltman, who proposed that, "Telemedicine is excellent patient care in brand new packaging...patient-centred packaging." They reminded the audience that telemedicine can encompass many domains, including virtual visits by video or telephone, the use of an online portal to share information, record measurements or coordinate care, and the use of email or text reminders.

They argued that tele-rheumatology is a means by which rheumatologists can provide care that is patient-centered and accessible, allowing patients to access care from remote or rural areas, as well as improving access to care for homebound patients. They presented data on patient satisfaction with virtual models of care, predating the pandemic and during its course, as well as early data suggesting that the quality is not diminished for patients with inflammatory arthritis who receive care virtually versus in person.

They also proposed that tele-rheumatology is cost-effective—saving patients, providers and the healthcare system the costs of travel, parking, lost time and income due to high no-show rates, and time off work for patients and family members to attend in-person appointments.

They further contended that tele-rheumatology afforded opportunities for collaborative and innovative models of care, working with other disciplines and within the patient's home environment to meet patients where they are at, and deliver high-value care.

Arguing against the resolution were Dr. Brent Ohata and Advanced Practice occupational therapist (OT) Jocelyne Murdoch, who maintained that rheumatologists are not ready to embrace 21st century technology, and that

tele-rheumatology has been fraught with gaffes and blunders by patients and providers alike. They claimed that providing virtual care properly requires training, specialized knowledge, specific equipment and preparation on the part of the patient as well as the rheumatologist—none of which is sufficiently available or accessible in today's environment, despite the pivot to many virtual visits during the COVID-19 pandemic.

They went on to cite data showing poor uptake of virtual care amongst rheumatology colleagues across the country, a preference for telephone (47%) over video (19%) visits, and a lack of technical support for those who do engage in this type of care.

Furthermore, they argued that tele-rheumatology exacerbates inequities in care between the technological haves and have-nots, and they raised the frightening spectre of missed or delayed diagnoses due to the limitations of a virtual physical examination.

The rebuttals and summaries were filled with strong counter-arguments, with each debate team using their opponents' personal and professional experiences against them (though all in good fun!).

The outcome was "virtually" a tie, however the pro side did end up squeaking out a slim victory (aided, perhaps, by the absence of technological glitches mid-debate!), with the audience voting 53% in favour and 47% against the resolution. Perhaps these results show that, while there is certainly enthusiasm for virtual care amongst our colleagues, we still have work to do in optimizing tele-rheumatology for patients and providers alike—and the time to do so is now, since virtual care is here to stay.

The Canadian Rheumatology Association has recently put out a position statement related to virtual care (tele-rheumatology). It recognizes that as a profession we are at a unique time when we can responsibly seek to expand and better understand the role that tele-rheumatology may play in the future care of our patients.

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