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Development of Telemedicine Under the Fundamental Principles of Family Medicine

Cheng Anthony

Department of Family Medicine, School of Medicine, Oregon Health & Science University, Portland, Oregon, USA.

Corresponding Author:
Cheng Anthony,
Department of Family Medicine, School of Medicine, Oregon Health & Science University, Portland, Oregon, USA.

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1. Abstract

The COVID-19 epidemic has sped up the adoption of telemedicine, which has been slow to begin with. We should stop and think about how this affects family medicine. How can we remain grounded while utilizing technology to improve family medicine practices and upholding core principles? The interactions between telemedicine and the five tenets of family medicine—contextual care, continuity of treatment, access to care, comprehensive care, and care coordination—are examined in this article. We can preserve core family medicine ideals while adjusting to swift technology change by keeping this framework in mind and viewing the world through a health equity lens.

2. Introduction

The COVID-19 pandemic has expedited the adoption of telemedicine to encourage physical isolation while maintaining access to healthcare services.Despite the fact that telemedicine has been around for many years, the changes appeared to happen overnight.[2] Many obstacles have caused telemedicine to be adopted gradually. Assessments have documented difficulties such as insufficient exposure to or understanding of telemedicine, insufficient equipment, organizational preparedness, drive, rewards, inappropriate services, and compatibility with workflows and systems.[3-5] Although telemedicine adoption has to happen quickly due to recent occurrences, there are still issues. How will telemedicine affect family medicine as a field remains a vital concern. Because they allow our discipline to adapt technology to our values rather than enabling technology to affect our beliefs, we consider our core principles.

3. Contextual Care

If significant individuals who would typically accompany a patient are excluded from videoconferencing visits, it may be more difficult for doctors to provide contextual care. Important information can also be gleaned from the patient-staff relationship that might not surface during a virtual encounter. We can encourage patients to bring along other significant individuals in their lives who might find it challenging to visit the clinic when using telemedicine. Additionally, we may enhance the contextual care that the entire medical team provides by being aware of visual cues that convey social and environmental context.

4. Continuity Of Care

The provision of virtual visits frequently takes place outside of the medical home, which throws off the continuity of care. Offering telemedicine services inside the medical home is essential for family practice. Offering a combination of telemedicine and in-person choices will probably improve continuity.

5. Access to Care

The use of telemedicine in primary care rose among white patients as it became more widely adopted, while it decreased among patients who were black/African, Latinx, Asian/Pacific Islander, and Latinx[7]. Patients with physical limitations or those under a lot of social stress from caring for elderly parents, raising children, or changing jobs might also benefit from virtual visits. Patients with low incomes, for whom the expense of transportation and time lost from work can be substantial, may be particularly affected by this. On the other hand, we guarantee access to interpreting services, raise awareness of telemedicine services, and offer telemedicine outside of regular business hours.

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7. Comprehensive Care

The present medical home model depends on workflows intended for face-to-face team-based care interactions for a number of critical tasks, such as integrated mental health and nurse care management. Additionally, patients require certain treatments that are just not possible to provide online (such as medical examinations, lab work, vaccines, and surgeries). It will be necessary to adjust these clinic operations and implement asynchronous population health solutions.

8. Care Coordination

Options for telemedicine, including video, phone, and e-visits, may enhance care coordination by enabling more efficient, closed-loop communication between patients and clinicians. However, one-on-one telemedicine contacts between a patient and a clinician may have less of an impact on team-based care. Additionally, as more employees work from home, teamwork may be hampered. As telemedicine decreases the amount of time team members spend colocated, we must create and maintain strong, cohesive, and high-functioning teams. This will exacerbate the problems associated with the epidemic of clinical burnout in the "tail" of the pandemic.[8]

9. Conclusions

While telemedicine can help us deliver more egalitarian treatment, initiatives need to be designed with family medicine's key ideals in mind. When new treatment modalities are introduced, health inequities are frequently made worse. Programs for telemedicine must be designed to minimize harm and optimize potential equity advantages. In this regard, family medicine is in a good position to influence telemedicine. Adoption of telemedicine is still influenced by factors such as cost-effectiveness, quality, safety, and convenience of healthcare[9]. By concentrating on the 5 C's framework, we may create systems that uphold our principles, yield favorable clinical results, and enhance health equity.

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