VIRTUAL CARE CONNECTIONS

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Increasing access to combat health inequity

Highlights from our interview with Shirisha Avadhanula, MD



Shirisha Avadhanula, MD

Enterprise Medical Director, Inpatient, Virtual Health Cleveland Clinic

Dr. Avadhanula focuses on the development and implementation of virtual inpatient programs across the Cleveland Clinic enterprise and is an associate staff endocrinologist at the Cleveland Clinic in Cleveland, Ohio. She is also a clinical assistant professor of medicine at the Cleveland Clinic Lerner College of Medicine, the co-founder and CEO of whitecoatremote.com and senior consultant for Dr.A1c.com. The current healthcare system is disproportionately serving well-connected urban areas when the statistics show there may be a larger, if not equal, need for healthcare in underserved communities. The need for innovative inpatient solutions that promote and deliver health equity is top of mind for many hospitals and health systems. Get the perspective of expert Dr. Shirisha Avadhanula from the Cleveland Clinic as she explores intentionally designing digital programs to help fill care gaps and improve health equity.

Q: How do we meet individuals where they are with telehealth? Is telehealth the right answer?

I do think it's part of the solution. I don't necessarily think that it is going to solve all of our healthcare issues, but I certainly think it has a positive impact on patients, for example, that are disproportionately affected by the burdens of chronic illness and reside in underserved areas.

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I think it's important when we think about digitally enabled care, that we think about it in terms of enhancing our current practice, not replacing it.

Q: What are some of the most innovative ways you've seen hospitals and health systems improve their community reach?

We had a great ER triage program where patients that wanted to go to the emergency room would instead call a triage line and be diverted, when appropriate, to non-emergent telehealth care providers. We also developed an asynchronous consult service for our specialty providers. Historically, it's very difficult to recruit providers in rural areas. The consult service allows rural providers and patients access to Cleveland Clinic specialty care.

Another area I see virtual care having tremendous value is in medical education and knowledge sharing. If we have residents that are currently training in areas where certain expertise is not available, we can connect them digitally to experts to train or to collaborate on patient care.



Q: What are some of the barriers organizations face when it comes to implementing a strong, foundational telehealth and digital health strategy?

If you're looking at an organizational shift to telehealth, you have to start with leadership and their priorities. The leaders of hospitals or health systems are typically looking for ways to expedite discharges and reduce readmission rates, and telehealth can absolutely help. At the Cleveland Clinic, our inpatient specialists can see patients within two hours with telehealth, instead of after a typical eight-hour clinical day, which can expedite discharges. And when we consider continuity of care and setting up patients for outpatient appointments with telehealth, it has the potential to reduce readmission rates.

Digital tools will enhance our resident education, our fellow education and our medical education, which will ultimately have huge positive impacts on the future of healthcare and future of medicine.

Listen to the entire discussion

with Dr. Avadhanula to hear more about how virtual care is helping patients and the medical community as a whole.

¹Jaret, Peter, "Attracting the next generation of physicians to rural medicine" Association of American Medical Colleges, February 3, 2020. https://www.aamc.org/news/attracting-next-generation-physicians-rural-medicine "Kaiser Family Foundation." Primary Care Health Professional Shortage Areas (HPSAs)." As of September 30, 2022. https://www.kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/.

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Less than 12% of providers practice in rural areas.¹

There are 97 million patients that reside in 8,160 designated primary care health professional shortage areas.²

