

Telehealth: A new paradigm for healthcare provision?

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About me...

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CURRENT APPOINTMENTS

Assistant Professor of Linguistics, Università Cattolica del Sacro Cuore, Milan Adjunct Professor of Linguistics, Université de la Vallée d'Aoste Co-Chair of pEACH Head of the Healthy Reasoning Lab

Sarah Bigi

RESEARCH TOPICS

- Argumentation in medical consultations
- Medical consultation as dialogical activity type
- Therapeutic persuasion
- Analysis of dialogues in institutional settings
- Scientific knowledge dissemination

BACKGROUND

2007: PhD in Linguistics, Catholic University of Milan 2001: MA in Linguistics, Catholic University of Milan





Aims of my presentation

Discuss the use of telehealth from a policy angle:

- what has changed in the use of telehealth after the COVID pandemic?
- what are the benefits of telehealth?
- what are the risks or challenges?
- can healthcare communication scholars contribute to a better use of telehealth? how?
- is telehealth leading us towards a new paradigm of healthcare provision?





Telehealth...?

Telehealth devices:

- includes all devices that allow delivering health care services or information at a distance; allows patients to manage their health through remote monitoring and feedback from providers
- includes video, web-based, telephone-based and telemetry/remote monitoring: telephone, the Internet, social media, wearables...





Telehealth BC and AC

Before COVID (BC)

mostly used for data transmission; generally not encouraged by healthcare management

> mostly encouraged by healthcare management to avoid bringing people to hospitals; used in place of usual visits

> > After COVID (AC)





Benefits of technology applied to healthcare...

- easily reach underserved communities and populations with limited access to care (achieve social justice and equitable access to care)
- sometimes reduce the perceived distance between doctors and patients (e.g. on social media)
- e-health platforms allow e-prescriptions, counseling, and rapid diagnosis in the case of remote stroke consultations
- data mining provides useful information to 'precision medicine'
- provide support to clinical decision making (e.g., image interpretation; diagnostics)
- enable patients to process their own data to promote health (e.g., use of wearables)



...and a few downsides

- underserved communities and populations with limited access to care are not always equipped with the necessary technological devices
- connection between doctors and patients on social media can also negatively affect the relationship
- e-health platforms need to be carefully designed in order to avoid embedding biases, prejudices and assumptions that will affect already vulnerable populations
- the AI used for data mining is not able to assess the kind of information it collects (biased data will negatively influence decision making)
- clinicians basing their decisions on data provided by algorithms should be aware of potential distorsions embedded in the data
- patients often lack appropriate criteria to make decisions based on selfprocessed data / issues with privacy and transmission of data from wearables



Need for a multidisciplinary approach

For technological tools to be effectively employed in healthcare, they have to be designed, offered and used according to the principles of medical ethics. From this point of view, issues include problems with:

- data security
- transparency of data processing
- biased data or algorithm design
- unpredictable use of technology by users
- in some cases, progressive erosion of clinicians' role (e.g., psychotherapy encounters conducted with chatbots)

Great opportunity for cross-fertilization between different disciplines: medical sciences, bioethics, machine learning, data mining, artificial intelligence, robotics, legal sciences, platform design γ_{FACF}



What about communication?

During the COVID pandemic the communication of uncertainty, risk, bad news, and showing empathy had to be performed remotely, mostly over the telephone.

On the other hand, normal consultations were canceled and many others had to be done remotely (e.g., Shak's Facetime example).

What can healthcare communication scholars say about the specific communication skills that are needed to provide effective telemedicine?





A new agenda for healthcare

The increased use of technology in healthcare is likely here to stay, but requires rethinking our models of care:

- appropriate reimbursement / remuneration schemes for healthcare professionals
- appropriate training for healthcare professionals, patients and caregivers
- providing underserved and vulnerable populations with the technological means to access telemedicine
- rethinking the technological platforms healthcare facilities are using to allow for sharing data and allow clinical continuity
- imposing the respect of ethical principles to developers and technology designers for healthcare
- moving the development of technology for health away from a business-oriented model
- introducing obligatory clinicians training in effective communication skills for telehealth
- allocate funds for empirical research aimed at understanding what kind of telemedicine is appropriate for what kind of patients, under which circumstances



A call to action

The 'after COVID' reality is a great oppportunity to do better than we have done in the past:

as healthcare communication scholars, we should take the opportunity **to promote the inclusion of effective communication skills for telemedicine** in the new model of care all countries will certainly need to design for the future.

In **pEACH** (the subcommittee in EACH created to support the translation of scientific evidence on communication in healthcare to policy and practice) **we are eager to start working** on this.

Anybody interested to join the effort, please contact us at: peach@each.eu



Useful references

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