

Foreword

“Is This Legit?”



Joel J. Heidelbaugh, MD, FAAFP, FACP
Consulting Editor

One of the most exciting aspects of my career in academic family medicine is that it is always evolving, always driving innovation, and clinicians need to embrace change to stay at the top of our game and provide the best possible care for patients. Before the COVID-19 pandemic, I remember hearing about how our practices would be taking a quantum leap forward by seeing patients via a virtual platform. Admittedly, I was initially lost on this notion. A member of our institutional leadership had spoken to our department about this new idea of “video visits,” and how he had engaged with a patient for a postoperative visit when the patient was in a deer blind in the woods. The patient was able to show the surgeon his healing wounds; he answered some questions about his postoperative state, and the visit concluded. Hearing this story for the first time stirred many questions in my mind: “*is this legit?*,” “*wait a minute—how did he pull that off without doing a physical examination?*,” and “*can we really bill for this?*.”

The reality is that we have proven that we can provide excellent care of our patients via a virtual platform within a short period of time, borne out of necessity during the pandemic. Psychiatric health care and counseling have thrived in this arena, offering services at unconventional hours, and I suspect they will continue to do so. Many routine follow-up visits have been successfully conducted, and we have created another avenue through which patients can obtain health care. The virtual medium can also reduce barriers to care impacted by social determinants, improve satisfaction with patient care, decrease health care costs, and augment outcomes.

This issue of *Primary Care: Clinics in Office Practice* dedicated to telehealth is a landmark with respect to its scope and expert guidance on how to optimize telehealth services across the spectrum of health care. The article that highlights applications of remote patient monitoring provides a paradigm for chronic disease management through asynchronous care and dovetails well with the articles on the interface between telehealth and hypertension and diabetes management. Additional articles

detail provisions for telehealth and prenatal care, pediatrics and adolescent medicine, geriatrics, urgent care, and subspecialty care. Last, an article dedicated to how we can best integrate virtual care in medical education serves as an integral paradigm upon which to build a novel teaching model.

I would like to acknowledge the incredible dedication and contributions to this issue of *Primary Care: Clinics in Office Practice* from my coquest editors, Dr Katy Harmes and Dr Robert Heizelman. As mutual colleagues in the Department of Family Medicine at the University of Michigan, it is a privilege to watch their leadership in our department and institution drive telehealth innovations forward as we advance population health initiatives. I am indebted to our many expert authors, who have provided substantial contributions via their articles. I suspect that this will be the first of many collections of publications on various aspects of telehealth, and I hope that our readers will find this to be one of many elements upon which to build a foundation of new knowledge and skills in daily practice.

Joel J. Heidelbaugh, MD, FAAFP, FACG
Departments of Family Medicine and Urology
Department of Family Medicine
University of Michigan Medical School
Ann Arbor, MI, USA

Ypsilanti Health Center
200 Arnet Suite 200
Ypsilanti, MI 48198, USA

E-mail address:
jheidel@umich.edu