

## Q&A: TELEMEDICINE FOR MANAGEMENT OF PATIENTS WITH ALS



For the neuromuscular disease community, the expansion of telemedicine has been the rare positive effect of the COVID-19 pandemic. Telemedicine has allowed Shafeeq S. Ladha, MD, director of the Gregory W. Fulton ALS and Neuromuscular Disorders Center at Barrow Neurological Institute in Phoenix, Arizona, to continue to see patients to ensure that they are receiving the level of care needed, especially during the uncertainty caused by the pandemic.

“This is a complex disease, and these patients can’t really get the best care from their primary care provider or physicians who might be available to them locally,” he says.

We talked with Dr. Ladha about how he is using telemedicine and how it might continue to be used — with some adjustments — in a post-pandemic world.

**MDA:** How are you using telemedicine with your ALS patients?

**Dr. Ladha:** Currently, we’re using telemedicine to see patients who can’t make it to the clinic or are worried about the risk of contracting COVID-19. Most of these are follow-up visits. It’s very difficult to see a new patient with ALS and confirm or make the diagnosis without seeing them in person, so right now we’re mostly limiting telemedicine to follow-up visits.



Shafeeq S. Ladha, MD

**MDA:** How do you conduct telemedicine visits with patients?

**Dr. Ladha:** We've tried to formulate our telemedicine visits so that they very closely mimic what the patient would experience in the clinic itself. We have a multidisciplinary clinic for ALS, which means in one visit a patient sees the physician, the physical therapist, occupational therapist, and a variety of other team members, and each of those providers comes in one at a time to see the patient.

With telemedicine, it basically works the same way: The patient is put in a virtual room, and then different providers join the call, see the patient, and do a lot of the same things they would do in person.

**MDA:** What can you do in a telemedicine visit with an ALS patient?

**Dr. Ladha:** We can do a lot. I would say probably 75% to 80% of what we need we can get from telemedicine as opposed to in-person visits.

We're pretty creative with how we examine patients. A caregiver can hold up the phone or laptop so that we can see a patient walk or examine their general range of motion in their arms and legs.

The only thing we lose is the ability to lay hands on the patient. There are sometimes when, for example, if someone has shoulder pain or they say they're falling more, it's hard to really examine them in detail to troubleshoot some of those aspects.

**MDA:** What has surprised you about using telemedicine in your practice?

**Dr. Ladha:** We found that it's actually pretty efficient to do telemedicine visits. We can probably see more patients using telemedicine than we could in person.

We found that many patients are quite happy with telemedicine, and actually there's a good number of patients who prefer telemedicine over in-person visits. From a patient perspective, it's much easier for them to log on at home and be on their own computer or watch TV while they're waiting for us in between providers, as opposed to driving here, sitting in the waiting room — all of those time-consuming aspects that don't actually contribute to their care.

**MDA:** What are the disadvantages of relying on telemedicine?

**Dr. Ladha:** Insurance often has certain criteria requiring in-person visits. For example, if you're trying to put someone on a BiPAP machine or discussing a feeding tube, a lot of the documentation requires that the patient is in person. Because of the pandemic, the laws have allowed for that to be relaxed, but not all the insurers follow that, so we do find that there are times we have trouble getting equipment for patients because they're not here in person.

The other disadvantage is a little bit intangible: After two or three visits, I feel like I've lost the pulse of what's going on with a patient more than I would if I were seeing them in person. And in ALS, your relationship with the patient is a really important part of the care paradigm.

**MDA:** What role would you like to see telemedicine play in ALS care after the pandemic?

**Dr. Ladha:** I would say that using telehealth with a mixture of in-person visits is probably going to give you the best of both worlds. One way to do this might be to alternate between in-person and telehealth visits. I think this would help maintain the relationship you develop from in-person visits but also reduce the burden on patients of having to travel to visits.

One other difficult aspect of telemedicine, especially with ALS care, is that the older patient population is not as tech savvy. We have found that some of our patients have a difficult time getting on telehealth or don't have reliable internet. I think clinics should have a certain number of devices that they can loan out to patients so they can have access to telehealth. We're in the process of setting that up right now. This will allow some people who are technologically disadvantaged to still be able to get telehealth.

For patients who don't have access to internet, I think it's important to start looking at ways to have those patients go to a local facility that's close to their home, and then the telehealth could be done there — it would almost be like a satellite clinic. I think that's a viable way to do this, and it would be an opportunity for better care in rural communities going forward.

## A New Paradigm

Telemedicine has shifted the way a patient diagnosed with ALS can receive their care. Modern technology has enabled doctors to treat and consult patients while continuing to follow all privacy and security guidelines, and providers are interested in exploring new ways to continue to care for their patients even if they are not physically in the office. MDA is helping providers explore how to integrate communication technology in their practice with telemedicine resources. Find webinars, case studies, and more at [mda.org/meded](https://mda.org/meded).