Exposure among outpatients and staff.

The technology has been used for years. Emergency Department physicians and staff frequently consult via videoconference with stroke care or behavioral health specialists. Princeton Health’s employee assistance program (EAP) offers remote counseling, and employees covered by Princeton Health’s medical plans can access telemedicine visits for urgent care. Yet for a variety of reasons, telemedicine was not used routinely by Princeton Health or healthcare systems in general.

Then March 2020 arrived. The Coronavirus Disease 2019 (COVID-19) pandemic hit New Jersey and telemedicine’s crucial role went from eventually to immediately. Perhaps the most dramatic shift was at Princeton House Behavioral Health. Before COVID-19, Princeton House provided partial hospital and intensive outpatient programs at five locations in central and southern New Jersey (Princeton, North Brunswick, Eatontown, Hamilton, and Moorestown).

The outpatient centers ran about 1,200 group therapy sessions and another 1,000 individual, family, or medication management sessions every week, said Peter Thomas, PhD, vice president for outpatient services. Then on March 17, Princeton House shut down the outpatient centers entirely to help prevent COVID-19 exposure among outpatients and staff.

Nine days later, virtual versions of Princeton House’s intensive outpatient programs were up and running, providing virtual treatment for three to four hours each day with services that might include psychiatric evaluation, medication management, and group, individual, and family therapy.

“This required 250 staff and 600 patients to adapt to a new way of doing things,” Thomas said. “We learned that large, rapid systemic changes are possible in a crisis.”

The programs employ a secure, HIPAA-compliant videoconferencing platform that, according to surveys of staff and patients, is relatively easy to use. Another potential barrier to care was lifted when public and private insurers — traditionally hesitant to cover telemedicine services — agreed to do so during the pandemic.

Princeton House’s outpatient services are back to pre-pandemic levels, Thomas said, with 1,300 total admissions since the in-person shutdown and about 600 active patients. Feedback has been largely positive. In a recent survey, 63 percent of patients say they would consider virtual care even after in-person programming resumes.

“The transition to telehealth raised two key questions,” Thomas said. “Will patients like it? And will they achieve positive clinical outcomes? With hundreds of patients having completed the program, the answer to both questions is yes. Convenience is a major driver of satisfaction, and patients who received virtual versus in-person treatment saw comparable improvement on depression scores.”

As a result, Princeton House plans to make telemedicine a permanent option for patients, Thomas said.

Telemedicine also appears to have a bright future at Princeton Medicine Physicians, Princeton Health’s employed provider group. Princeton Medicine providers broadened their use of telemedicine in March, as non-emergency tests, treatments, and procedures were put on hold by Penn Medicine policy and executive orders from New Jersey Gov. Phil Murphy. Routine doctor visits, particularly to Princeton Medicine’s offices on the Princeton Medical Center (PMC) campus, were restricted. Virtual visits offered primary care providers the best method to stay in contact with patients managing chronic conditions such as diabetes.

“If there is one silver lining to the pandemic, it is how quickly we were able to adopt telemedicine,” said Tobe Fisch, MD, PhD, a board-certified internist with Princeton Medicine and chief medical information officer (CMIO) at Princeton Health.

The number of patients with COVID-19 at PMC and central New Jersey declined significantly since the peak in late April. In-person visits to Princeton House have increased, but they are staggered to promote social distancing and avoid having large crowds in waiting areas.

One-third to one-half of the practice’s patients continue to be seen virtually, Fisch said.

Patients who need a blood test or a vaccine, for example, must be seen in person, and some aspects of physical exams can only be handled in person as well. Fisch noted.

But a wide range of visits work very well remotely, and patients need only a smartphone or a computer to join a secure videoconference with their providers.

Telehealth has worked very well. Patients remained engaged, motivated, and compliant throughout the process.

“We fully expect video visits to continue,” she said. Yearly preventive visits, which may require a vaccination, test, or procedure, will be handled in-person, but some portion of routine, follow-up visits for patients with diabetes, high blood pressure, and high cholesterol will likely remain virtual.

Even care that is especially hands-on, such as physical therapy, can be delivered virtually. Princeton Rehabilitation offered telehealth visits at the height of the pandemic for lower back and neck pain, sprains and strains, and vestibular dysfunctions. Therapists also worked virtually with postoperative patients recovering from procedures such as total knee replacements and rotator cuff repairs, said Sunita Mani, PT, DPT, director of outpatient rehabilitation in Plainsboro and South Brunswick.

“Prior to the pandemic, it would have been hard to believe that postoperative patients would have successful outcomes with telehealth visits,” Mani said. “Surprisingly, telehealth has worked very well. Patients remained engaged, motivated, and compliant throughout the process. Although the manual therapy portion of treatment — an important part of in-office visits for postoperative patients — is impossible with telehealth, results were still very favorable.”

Mani noted there are instances where telemedicine is not the best fit for physical therapy. Yet, for the long term, telemedicine is a good option to have, especially during inclement weather or in cases when a patient has no reliable transportation to in-person appointments.

“Telemedicine Takes Hold”}

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**Telehealth Takes Hold**

Eight months ago, if you asked every doctor and senior leader at Penn Medicine Princeton Health, they likely would have agreed that telemedicine would be a vital tool for patient care… eventually.

Yet for a variety of reasons, telemedicine was not used routinely by Princeton Health or healthcare systems in general.

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Mandatory Vaccinations Begin This Month

The process will look a little different this year, with universal masking and social distancing in effect, yet the rule remains the same: Flu shots are mandatory. All employees, physicians, allied staff, volunteers, contractors, consultants, and students working at Princeton Health facilities must be vaccinated or document a needed medical or religious exemption.

Free flu shot events at Princeton Medical Center will be at least two, and possibly three, separate locations on the hospital campus to limit crowd sizes in an effort to ensure appropriate physical distancing. Individual departments will be assigned specific locations to receive their vaccinations. Keep a close eye on your email for details to come.

As in prior years, medical and religious exemptions are allowed. Individuals may also receive flu shots at their doctors’ offices, pharmacies, or other locations and submit a form documenting compliance with Princeton Health’s policy. For more information or forms, visit Employee Self Service.

Mandatory vaccination of health care workers helps protect patients, visitors, and co-workers from exposure to seasonal influenza. Some individuals, particularly older adults, pregnant women, very young children, and people with various medical conditions, are susceptible to serious health complications from the flu. The Centers for Disease Control and Prevention (CDC) recommends that individuals 6 months of age and older receive a vaccination every flu season.

COVID-19

MILESTONE

An evaluation tent outside the Emergency Department at Princeton Medical Center (PMC) was dismantled July 17, an encouraging development in the fight against Coronavirus Disease 2019 (COVID-19). The tent was erected in March as one of many precautions taken by Princeton Health to significantly reduce the risk that patients and staff would be exposed to COVID-19.

Patients visiting the Emergency Department who were suspected of having the virus were diverted to the tent for rapid evaluation and testing. Nurses continue to screen individuals before they enter the building. As a result, PMC was able to take down the tent and implement plans to safely evaluate patients inside the building.

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The Centers for Disease Control and Prevention (CDC) has been authorized to issue guidelines for the administration of flu vaccinations. The CDC recommends that all adults receive a flu vaccination this season. Mandatory vaccination of health care workers helps protect patients, visitors, and co-workers from exposure to seasonal influenza.

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For several weeks in a row, the Emergency Department experienced a sustained, dramatic decline in the number of patients who were confirmed or suspected of having COVID-19. As a result, PMC was able to take down the tent and implement plans to safely evaluate patients inside the building.

Nurses continue to screen individuals before they enter the Emergency Department for a fever and other indications of COVID-19. Anyone with a confirmed or potential COVID-19 infection is moved immediately to a private, designated area within the hospital for further evaluation.

FLU SEASON

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