

July 27th “Telemedicine Potpourri: QI, Health Equity, IT & More” Webinar Questions

- 1. Last week you mentioned a hand gesture that may be used to indicate domestic violence. Is there a flyer or additional supporting information regarding this that we could make available to clinics? Also is there any recommended guidance/consideration if it is a telephone only visit?**

Do you recommend asking that routinely on the visits?

The Canadian Women’s Foundation [lists a video and a resources](#) to help spread the word about the hand signal. For telephone only visits, there is no specific guidance; however, we encourage our providers to use their best judgment as to whether there may be violence in the home. If so, you can probe by asking yes/no questions that would not raise the suspicion of the abuser, such as “Would you like me to check on you later?” and “Do you need me to contact the authorities on your behalf?” We do not ask these questions routinely, although if the patient has a history of domestic violence, then this would be good to check on.

- 2. What can we do with patients who don’t have technology for telemedicine? Not due to financial reasons, just don’t have the technology.**

Telemedicine often does not require special equipment. If a computer is not available, a tablet, smart phone or smart phone of a family member is sufficient. If there is no camera available at all, you may switch to a phone visit as a last resort. Consider checking out low cost hardware through local governments and even Medicaid (Washington State Medicaid provided over 500 smart phones to clients).

- 3. What about equity and bias issues from seeing patients in their environment?**

This is very little research on bias as it applies to telehealth. While we are still learning about the role bias plays in care delivered via Telemedicine, we encourage providers to not make any assumptions or adjust their diagnosis on the basis of environment alone. Experts have hypothesized that seeing patients in their home environment can trigger biased behavior and reinforce stereotypes.

- 4. Providers are mandated reporters, what do you do if you witness something going on, or are suspecting something going on? Do you recommend asking the patient what is going on?**

This is a judgment call on part of the clinician. On one hand, clarifying what you are seeing could be just a misunderstanding. On the other hand, bringing attention to the behavior may result in termination of the visit and further intensified abuse.