

Sports medicine in a time of crisis

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I sit here writing and reflecting on what has been a remarkable few weeks for us all. The word 'unprecedented' has been used widely; however, it is hard for me to find a better adjective. Like many of you, my practicing life has been changed overnight. Working in a world where there is no organised sport and where we are unable to see our patients face to face has been a massive challenge.

At our clinic we have moved to a 100% telehealth solution. The speed at which this has happened would probably not surprise you, as I suspect that most of you will have experienced something similar. On Sunday, we decided that a change was urgently needed. We called our Monday patients and advised them that we would either not be available to see them in person or that we would conduct phone consultations. Our clinical and administrative teams collected everything they needed to work from home. We finalised systems that we felt would allow us to do this reliably and safely, and provided education for our staff on our new platform and processes. The following day, our entire clinical team conducted all of their consultations via our new telehealth platform. In a more normal world, the transition to an entirely new method of consulting would have no doubt involved dozens of meetings, extensive research into available technologies and lengthy discussions about how best to proceed. In reality, our change involved a relatively short internet search to identify available telehealth solutions, followed by a unilateral decision to implement what appeared to be the best available option. Despite this lack of 'process' and a ridiculously short timeframe, I believe that we have a

solution that largely suits the needs of both our clinicians and patients.

It would be wrong to suggest that moving to a new method of consulting has been seamless. This has involved lots of hard work from both our clinical and administration team as well as a steep learning curve for all of us. Frequent reflection and adjustment of our processes have been necessary. I also think that it is important to acknowledge our patients as well. In general terms they have also shown great flexibility by adapting to a new way of seeing their clinician and have almost universally embraced the new technology. The overwhelming feedback that I have received from patients is that this telehealth is a medium that they enjoy and in many cases that they prefer over a face to face meeting.

One of the things that I have been reflecting on this week, now that the dust has settled somewhat, has been what the long-term impact of COVID-19 might be on our day to day working life in the future. As we have seen, innovation has been extremely rapid. It has been interesting to see how various different industries, not just sports medicine, have adapted to a new working environment. Those of us who continue to practice in the way that we did prior to COVID-19 will, I think, have missed an opportunity. I would challenge us all to think critically about what has gone well and what has not gone well during this difficult time. Where are the areas that we can look to improve the delivery of our services? I feel certain that there are going to be considerable changes to the way that we all practice sports medicine on a day-to-day basis. For example, it will now be hard for me to justify asking patients to take time

off work, to travel across the city and to wait in my waiting room for me just to review their MRI imaging. It will also be hard to justify asking patients to travel from out of Auckland for their first patient assessment when I have now performed dozens of new patient consultations via telehealth. At the very least, we should be offering them a choice when it comes to consultations. It will also be interesting to whether funders, like ACC, continue to offer clinicians the opportunity to provide funded consultations via telehealth after COVID-19.

Another area where my practice will certainly change more broadly relates to our use of technology and information systems. Our practice management software was designed in the year 2000 and functions and behaves as such. How many of us would accept a 20-year-old IT solution in our day-to-day life? Imagine using the computer that you had in the year 2000. While we have recently been actively considering changing to a new patient management software, I now think that this is the single most important change that our practice can make. Any solution needs to consider how we communicate with our patients, how we communicate with our referrers and how we incorporate basic functions like telehealth, secure digital communications and the delivery of treatment plans. They need to offer much more than a place to store clinical notes and to perform billing.

I have been surprised by how connected I can be from my home office (located in my garden shed). I have very much enjoyed connecting with colleagues from around the country, and in some cases around the world, via webinars, phone calls and online meetings. Our weekly clinical teaching has continued as normal and I have participated in my normal peer review meetings, all via online platforms. The value of these relationships, often fostered through

organisations like Sports Medicine New Zealand, the Australasian College of Sport and Exercise Physicians or Physiotherapy in New Zealand has been clear to see. I have also reflected on how important these organisations are. They do important work advocating on our behalf; they ensure that we remain educated; and they facilitate these connections with our peers. I feel that, over the past few years, many of us have perhaps taken these types of organization for granted. It will be interesting to see how we interact with these groups and when we are able to, and all feel comfortable with, travelling and attending conferences again.

One of the next things we need to be thinking about is when and how we will be able to see patients face to face. I think that this is something that we should all be thinking carefully about now. Many sports medicine consultations require physical contact and we will all need to consider whether this is appropriate and how the risks associated with these consultations can be minimised.

Finally I hope that you are all feeling safe and are coping with the various pressures that this times bring. Remember that the sport and exercise medicine community is there to support you and remember to reach out to your friends and colleagues. I look forward to seeing you all, either online or in person, soon.