



**MEDLAW**

**PART 1**

## Avoiding Liability in Telemedicine: Licensure & Coverage

Telemedicine has exploded in scope with the COVID-19 pandemic and will leave a lasting imprint on how medicine is practiced, so it is essential for physicians to understand its basic principles and the specific rules that govern it during the pandemic.

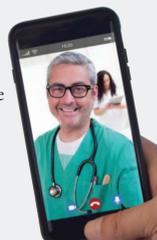
Normally, a patient's residence does not matter, because you see them in the state where you are licensed. However, when you, for example, a doctor in Manhattan have a video visit with your patient at home just across the river in New Jersey, you are reaching into another state to practice and so your licensure status becomes of interest to that state. As a result of the COVID-19 crisis, states have extended licensure waivers. If you will be practicing telehealth with patients from states where you do not have a license, search [fsmb.org](http://fsmb.org) for "states waiving licensure requirements" to make sure that is permissible.

Bear in mind that these modifications are related to the current pandemic. Do not assume that a waiver will continue past the end of the crisis, and make sure you meet all requirements that may re-establish if you want to continue to offer remote visits to your out-of-state patients, or you could face charges of practicing without a license.

The advent of the pandemic originally provoked a retreat by insurers, many of whom wanted to exclude COVID-related issues, but that was essentially a brief reaction, and virtual care coverage is now an expanding and competitive market. However, again, beware that while these changes are significantly the result of carriers seeing an expanding opportunity even after the pandemic ends, they are currently backed up by laws that offer considerable immunity from suits for those involved in COVID-19 care. That rates may rise later when such immunization is lifted should be assumed.

If you are getting coverage to do telemedicine, remember that it is not just about malpractice. You will need adequate coverage for technical issues and for privacy breaches. If you have free coverage of some \$50,000 for cyber issues on your current policy, make sure to increase it to at least \$1 million, because any breach can be costly and telemedicine is inherently more risky being entirely in the vulnerable electronic realm.

This article was written by Dr. Medlaw, a physician and medical malpractice attorney.



## A Closer Look at Severe Asthma Over Time From Childhood



Written by Kristie Ross, MD, Chief, Division of Pediatric Pulmonology, Allergy, Immunology and Sleep Medicine, University Hospitals Rainbow Babies & Children's Hospital, Associate Professor of Pediatrics, Case Western Reserve University School of Medicine

**A study has found that about one-half of children diagnosed with severe asthma initially no longer had it after 3 years, and asthma severity decreased equally in both boys and girls over time.**

Severe asthma has been defined as having symptoms that remain uncontrolled despite having a specialist oversee treatment with high-dose inhaled corticosteroids plus a second controller and/or systemic corticosteroids. "While severe asthma affects only about 5% to 10% of children with asthma, these patients experience tremendous morbidity," explains Kristie Ross, MD. "Severe asthma care accounts for about 50% of asthma-related healthcare in children, with much of that driven by frequent and severe exacerbations."

Previous research has shown that mild to moderate asthma improves during adolescence, but longitudinal data on children with severe asthma are lacking. "Studies have shown that asthma is more severe and more prevalent in boys than girls, but the disease is more severe and more prevalent in women than in men," explains Dr. Ross. More information is needed on the natural history of severe asthma in children.

### Cohort Assessment

For an article published in the *Journal of Allergy and Clinical Immunology*, Dr. Ross and colleagues prospectively studied whether well-characterized children with severe asthma improve during adolescence during 3 years of study. Using data from the longitudinal Severe Asthma Research Program (SARP) III pediatric cohort, the authors examined asthma severity changes over time in both male and female adolescents and assessed the possibility of potential predictors of resolution.

According to Dr. Ross, the SARP III study enrolled a cohort of children with asthma enriched

for minorities and for children with severe asthma using international definitions. "We extensively phenotyped children at enrollment, which included assessing pubertal status and responsiveness to intramuscular steroids," she says. "Children were then followed prospectively for 3 years and assessed for symptoms, lung function, medication use, and exacerbation rates." In total, the analysis included 116 male and 71 female children, 111 (59%) of whom had severe asthma.

### Substantial Improvements

According to the study, from year to year, there was a decrease in the proportion of children who met the criteria for severe asthma. "We were surprised to find that fewer than one-half of children who had severe asthma at enrollment were still classified as severe at the end of the 3-year follow-up period," says Dr. Ross. After 3 years, only 30% of patients in the study met the criteria for severe asthma. "We saw improvements in almost all com-

ponents of asthma severity, including symptom burden, exacerbation rates, and use of controller medications," adds Dr. Ross. "Lung function was the only component that did not change."

The study also found that boys and girls were equally likely to have resolved asthma (33% vs 29%) during longitudinal follow-up in adolescence. "Improvements were seen equally in boys and girls despite our predetermined hypothesis at the outset of the study that boys would improve more than girls," says Dr. Ross. More longitudinal studies will be required to investigate why there was essentially no difference in the probability of severe asthma resolution between male and female participants.

Dr. Ross notes that children with higher eosinophil counts at enrollment were more likely to have their asthma improve. Children with a peripheral eosinophil count of 436 cells/ $\mu$ L or higher were more likely to have their severe asthma resolve (Table). "This is consistent with other work showing that atopy is a more consistent finding in pediatric than adult severe asthma," Dr. Ross says.

### Important Implications

The study group noted that their findings may be important for planning therapeutic trials in this patient population. "Although further study is needed to determine whether our findings represent a 'honeymoon' period or permanent improvement that is sustained into adulthood, it is reassuring that many children with severe asthma will experience improvements in their disease during mid to late puberty," says Dr. Ross. "Our findings may also help clinicians feel more comfortable following asthma guidelines to wean controller therapies once control is obtained, even in children with a history of severe asthma." ■

**Table Predicting Loss of Severe Asthma Designation**

Variable	Threshold	Odds Ratio
Eosinophils	$\geq 436$ cells/ $\mu$ L	2.75
IgE	$\geq 145$ kU/L	1.49
BrY-creatinine ratio	$\geq 0.363$	1.55
Baseline FEV1	$\geq 93.4\%$	3.58
Baseline FVC	$\geq 89.2\%$	3.58
Body mass index	$\geq 15.6$ kg/m <sup>2</sup>	1.55

Notes: For every variable, the threshold was identified so that it has the greatest "informedness" on the receiver operating characteristic curve. Odds ratio and 95% confidence intervals (CIs) were computed accordingly; these were significant for eosinophil counts of greater than 436 cells/ $\mu$ L (95% CI, 1.017-7.434).

Abbreviations: FEV1, forced vital capacity; FVC, forced vital capacity.

Source: Adapted from: Ross KR, et al. *J Allergy Clin Immunol.* 2020;145(1):140-146.e9.

## Medical Economics

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### Coronavirus: Primary Care Physicians in Trouble, Survey Shows

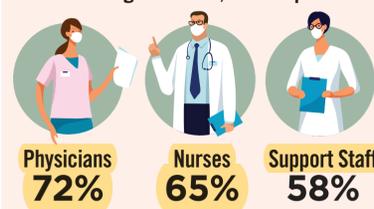
This article was originally published in *Medical Economics* and is written by Keith A. Reynolds.

Primary care physicians have been put into dire straits by the COVID-19 pandemic, according to a survey.

The survey, the ninth in a series of weekly surveys performed by The Larry A. Green Center and the Primary Care Collaborative (PCC), found that 84% of responding physicians said they were experiencing severe or close to severe stress due to the pandemic. A further 28% said burnout is at an all-time high.

"This survey shows that primary care has completely transformed in a matter of weeks, with high use of video and telephone-based care and extensive proactive outreach to patients to meet their needs," Rebecca Etz, PhD, co-director of The Larry A. Green Center and associate professor of Family Medicine and Population Health at Virginia Commonwealth University, said in a statement. "While primary care steps up, far too little has been done to support them, and they are on the verge of collapse. Over half of those surveyed said we aren't ready for the next wave of the pandemic, and 70% of them fear if primary care fails, so does the healthcare system."

### Staff Working Hours Cut, Per Respondents



A further 19% of respondents have temporarily closed their practice, while 18% reported their practice is permanently closed. An additional 42% have had to lay off staff or implement furloughs. Less than one-fifth of respondents said they have received prospective payments from private insurers, and only 36% have received the payments from CMS.

The survey shows that 79% of physician respondents are moving away from seeing patients in their offices and doing more outreach by video and phone. However, only 42% of respondents have received payment for most phone-based services, and 57% say payments are less than enough to cover the care delivered. Also, 80% have patients who struggle with virtual health due to Internet or technical limitations. ■

To read the unabridged version, visit [www.medicaleconomics.com](http://www.medicaleconomics.com).

## The Impact of Age at Atopic Dermatitis Onset



Contributor Joy Wan, MD, MSCE, Clinical Instructor, Department of Dermatology, University of Pennsylvania School of Medicine

Although it used to be thought that the majority of children with atopic dermatitis, or eczema, "outgrew" the condition, a growing body of evidence suggests otherwise and that, rather, many continue to experience symptoms into late adolescence and even adulthood. "Thus, longitudinal control and persistence is an important outcome to study," explains Joy Wan, MD, MSCE. "However, it is difficult to predict the future course of disease for any given child, so understanding the patient and disease characteristics that may be associated with more severe and persistent atopic dermatitis over time is informative."

For a study published in the *Journal of the American Academy of Dermatology*, Dr. Wan and colleagues examined whether the disease trajectories of children with atopic dermatitis might vary by the timing of onset of their atopic dermatitis. "If early-onset atopic dermatitis differed from late-onset disease with respect to disease activity over time, then the age of disease onset might be a helpful predictor of longitudinal disease control," Dr. Wan adds. The researchers examined how age at disease onset influenced the trajectory of disease among a national registry of more than 8,000 children with atopic dermatitis who completed surveys every 6 months on their disease control and medication use for up to 10 years.

"We found that older age at atopic dermatitis onset was associated with better disease control and less persistent disease over time, with a 7%-16% lower odds of poorer control and persistence for each additional year of age at disease onset," says Dr. Wan. "In other words, a child whose atopic dermatitis began at age 10 had 44% lower odds of worse disease control and 75% lower odds of persistent disease over time when compared with a child whose atopic dermatitis began at age 2. These results are adjusted for sociodemographic characteristics and comorbid asthma and seasonal allergies, indicating that the age of disease onset is an independent predictor of disease trajectory. The take-home point is that earlier onset atopic dermatitis is associated with more longstanding and poorly controlled disease over time. By considering this framework of early- or late-onset disease, we can identify patients who may be at greater risk for more longstanding or poorly controlled disease and whom may benefit from more intensive treatment or monitoring." ■



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