



ELOISE SCHWARZ

I am no stranger to televisits since I have been a part of them since 2000. When I was an employee at a large insurance company, I used them with their Disease Management Programs. They were a huge success with our two programs. They soon spread to the ICU's nation-wide.

Now that the shoe is on the other foot, as I am a patient visiting with my physicians and because COVID got in the way of visiting my doctors in Tampa at a large medical center.

Although some of the clinics tried out various platforms with the surrounding communities, with the hospital/clinics filled with COVID patients, they were reluctant to see their regular patients. Last year, most of my scheduled clinic visits were cancelled and not rescheduled. (I had to keep track of when I was supposed to have my regularly scheduled visits that included receiving medications that cannot be delayed due to breakout symptoms and poor outcomes. I made sure to stay in touch with the offices so that I could at least have appointments near to the date that was cancelled.)

For appointments that did not require in-person meetings, televisits were scheduled. Providers had platforms that didn't mesh with Google Chrome or with Firefox that I had on my PC. We tried my iPhone and that worked, except for the fact that I had difficulty using any type of captioning, and I could not see them very well. Sometimes, the sound was distorted, and sometimes I waited a long time to just have a few minutes to talk because providers didn't know what to do or ask or they only had a minute with me. Not what I would term good customer service or patient care.

You could tell that the providers were unfamiliar with this type of meeting. After a year of this fumbling and trial/error, the hospital system finally produced a better format that worked for both sides, one that allowed better communication but no captioning yet. The picture is well focused for reading lips and takes up the whole screen. I am in a waiting room before the MA, the Intern and the Doctor finally sees me. The process to enter into the virtual meeting goes very well, given that I have 10+ doctors and half of them use this format (which saves me gas, time, and money.)

I always must remind the doctors that I am deaf/hard of hearing since they cannot determine that when they see me. Often, they have masks on when they are in these virtual meetings. I tell them I cannot read their lips or understand them. They often have to think about that as I tell them a number of times that I cannot understand them/read their lips. Then it dawns on them...and we take it from there. My charts have that I am HOH, but they don't read that.

I am a micromanager of my care. When I come into the office, I hand them two pieces of papers that include my medication list and my up-to-date listing of what has happened in the last 6-12 months. This tells them about me and what my expectations are of them and what I need. Any developments that

have occurred are listed there. If I have a televisit, I need to read this to them, so they know what is expected, what meds to refill and what referrals or tests are needed in the future.

I rely on my internet communications through EPIC/MyCharts with my physicians to get what I need and to involve them with my care, even when it takes place outside of the system as it has in the past year.

Some in-person appointments are still necessary for me, and I am sure for many other patients, including for my audiologist who sees me once a year for my hearing test. We have come a long way but there is still room for improvement. As a retired nurse, case management, I will always be evaluating how a system offers their services and I will be working to improve those that are interfacing their services with me.

Eloise Schwarz has been a member of HLAA since 2004. Certified as a Hearing Loss Support Specialist, she utilizes the mission of HLAA to promote ways of enhancing hearing health across local and state environments. Eloise is an ambassador to her local Chamber of Commerce and an active member of her church where they have installed an induction loop.