Evidence-based recommendations

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Introduction

From the previous important opportunities and challenges of the Mayo Clinic, a few of the evidence-based strategies have also aligned. These evidence-based strategies have defined the way Mayo Clinic may use to improve the infrastructure of telemedicine. The US healthcare sector has incorporated several technologies to improve the healthcare industry and also make it convenient for patients to take quick healthcare services without taking their health at risk. The three important strategies that have been analyzed to employ have several evidence-based data that approve the significance and benefit of these strategies to obtain and improve telemedicine implementation at the Mayo Clinic. The present paper has recommended the use and success of evidence-based strategies and provided its scope in the US healthcare so that Mayo Clinic would not hesitate to get maximum benefits of this innovative technology.

Evidence-based strategies address challenges and opportunities

From the present US healthcare process of telemedicine, it has been analyzed that clinical guidelines have played an important role in applying telemedicine at clinics. These guidelines help in developing and educating users regarding the benefits and limitations of telemedicine. About 45% of healthcare research and training center use clinical guidelines to inform and educate healthcare providers regarding the use of telemedicine. After every three to six months, it helps in giving a more efficient, effective, and safe way to the healthcare providers about patient care by incorporating telemedicine. According to Fernández-Llatas et al (2013) surveys have been conducted to assess the benefits and use of clinical guidelines to accept telemedicine. These surveys have resulted that with the growth and acceptance of telemedicine, the need to adopt favorable ways to implement telemedicine in clinics has also grown. These guidelines help in developing individual sub-practitioners and specialists. This

is an effective way that device the need to help convince payers and legislators that telemedicine is an effective way to provide patient care. Ganjali et al (2022) describe that clinical guidelines help many clinics in the US to define present limitations to the practice of telemedicine and it has also been expected that many of these limitations will be faded shortly as it has a lot of scope in healthcare.

The other evidence-based strategy that has been proposed in the opportunities is the pattern recognition paradigm or also known as the interactive pattern recognition paradigm. This strategy has been used in US healthcare hospitals and clinics and has been analyzed that this strategy requires frequent study of the disease and then providing the best scientific treatment knowledge to the physicians. This knowledge helps physicians to diagnose and treat in the best possible manner. Wootton (2012) have researched that this paradigm strategy also helps in creating clinical guidelines. This means both strategies are intertwined. This strategy involves mathematical models that optimize a circle for the ongoing improvement of the strategy. This pattern helps in assessing the symptoms and signs of diseases by comparing it with the prior patterns and cases and then the disease has recognized when the main pattern firs. Especially, it has been evaluated that this pattern strategy is more useful for detecting and forecasting cancer treatments.

The third important strategy is the daily care protocol cycle. This daily care cycle is an everyday guide for the virtual care of patients. Krenitsky et al (2020) have identified through his research that 35% of the doctors are now getting information, diagnosing conditions, providing counseling on mental health, recommending treatments, and prescribing medication by using a daily care protocol cycle. This strategy provides equitable access to the patients to their doctors or physicians. Physicians create a proper daily care plan for the patients and provide them treatment and medicine accordingly by involving patients and making their treatment more convenient and easier.

Logical solutions of credible evidence

Though Mayo Clinic has implemented telemedicine, however, the use is quite limited and it has more room to improve the telemedicine use. This challenge of how improving telemedicine requires an important solution. Three important solutions have been provided below:

Before appointment

To make telemedicine treatment more successful and appropriate, it is important to send materials and assess the accessibility of the patients and their technology needs before giving them an appointment. By using different devices and gadgets, this communication can make it easier to approach patients, work around the technology, deal with its challenges, and feel comfortable when they both will be on the same platform. The visit time will be reduced when patients and doctors have already discussed many of their treatment concerns (Krenitsky et al., 2020).

Online tools

It is also important for Mayo Clinic to improve its website and online tools which are the main source of access for patients. It can use Section 508 which is a government law that requires federal agencies to create websites and technology for people, especially those who are disabled and want to connect to their physicians through telemedicine (Klain et al., 2020).

Patents' resources

Only Mayo Clinic does not have online resources, it is also important to assess that patients must have resources to communicate with doctors. These resources can be printed information. Recording devices, mobile apps, etc (Wootton, 2012).

Impact of Solutions on all stakeholders and Mayo Clinic

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The above solutions to improve telemedicine use in Mayo Clinic will help all stakeholders of the organization. When the stakeholders will get the benefit, the entire organization will have a positive impact. The stakeholders include patients, doctors, nurses, management, and donors. When doctors can cater to several patients with a quick telemedicine process, Mayo Clinic's operations will automatically boost (Klain et al., 2020). More patients mean more health insurance policies that benefit clinics and patients. After analyzing the effective results of telemedicine, donors or shareholders will also increase their investments and this will help in extending telemedicine use for more areas of treatment and diagnosing.

Conclusion

The above recommendations have suggested that Mayo Clinic can easily deal with its challenges while improving the use of telemedicine. A few of the important evidence-based strategies have been suggested by analyzing the scope of these strategies in the market. Moreover, three important solutions have also been recommended to enhance the use of telemedicine in the Mayo Clinic to increases its status in the market and to help the organization to better compete in the present US healthcare sector.

References

- Fernández-Llatas, C., Meneu, T., Traver, V., & Benedi, J.-M. (2013). Applying Evidence-Based Medicine in Telehealth: An Interactive Pattern Recognition Approximation. *International Journal of Environmental Research and Public Health*, 10(11), 5671– 5682. https://doi.org/10.3390/ijerph10115671
- Ganjali, R., Jajroudi, M., Kheirdoust, A., Darroudi, A., & Alnattah, A. (2022). Telemedicine solutions for clinical care delivery during COVID-19 pandemic: A scoping review.
 Frontiers in Public Health, 10(4). <u>https://doi.org/10.3389/fpubh.2022.937207</u>
- Klain, M., Nappi, C., Maurea, S., De Risi, M., Volpe, F., Caiazzo, E., Piscopo, L., Manganelli, M., Schlumberger, M., & Cuocolo, A. (2020). Management of differentiated thyroid cancer through nuclear medicine facilities during Covid-19 emergency: the telemedicine challenge. *European Journal of Nuclear Medicine and Molecular Imaging*, 48(3), 831–836. <u>https://doi.org/10.1007/s00259-020-05041-0</u>
- Krenitsky, N. M., Spiegelman, J., Sutton, D., Syeda, S., & Moroz, L. (2020). Primed for a Pandemic: Implementation of Telehealth Outpatient Monitoring for Women with Mild COVID-19. *Seminars in Perinatology*, *12*(5), 151285. https://doi.org/10.1016/j.semperi.2020.151285
- Krupinski, E., & Bernard, J. (2014). Standards and Guidelines in Telemedicine and Telehealth. *Healthcare*, 2(1), 74–93. https://doi.org/10.3390/healthcare2010074
- Wootton, R. (2012). Twenty years of telemedicine in chronic disease management an evidence synthesis. *Journal of Telemedicine and Telecare*, 18(4), 211–220. https://doi.org/10.1258/jtt.2012.120219