

5 Questions with Dr. Gary Jones

1. What motivated you to implement a Remote Patient Monitoring service for your practice?

Dr. Jones: The patient is always the number one interest, or should be the number one interest, in a doctor's practice. Like any other business, you try to provide good customer service as well as good care.

We like to think that we combine high touch with high technology. By providing remote patient monitoring, we're providing high technology to our patients whereby they can take care of themselves at home and stay home.

We also live in a part of the state where we get patients coming to us from remote places, having to drive two or three hours to get here, so I think anything like this that can make it easier on the patient is something we want to incorporate into our practice.



2. What have been the clinical benefits for patients?

Dr. Jones: Number one, we have been able to keep patients out of the hospital and emergency room. I think we have had a pretty good success rate with that.

We have been able to help patients keep their blood pressure in a better range than in the past. Blood pressure is not something that stays straight, it is up and down. But we do not see it going way up and then way down, which is good.

Also, with this program, we have been able to help patients develop some type of exercise program. We are not looking for Olympians, but we like them to start with a walking program that they can add to their regimen on a daily basis.

3. How have patients responded to this new service offering?

Dr. Jones: It has been well received by a majority of patients. Patients like being in contact with the office, with our nurses, and with me on certain occasions. My patients sit in the office with me for a regular office visit and we go over a plan of care. That is all well and good, and everybody is in agreement. But once they leave the office and go home, they have no contact with me for another six months and that plan sometimes goes by the wayside.

I think having constant contact with the patient, who knows that we're watching – watching their blood pressure, heart rate and oxygen saturation – makes them a little bit more diligent about sticking with the care plan. When we have contact with the patient, it provides a little more efficacy in adherence.

Patients say, "I want to be good, doctor. Make me healthy." But it's up to them – I don't have anything to do with it. However, to make it easier for patients, we have incorporated some tracking devices to make reporting information to us less burdensome.

You also need that human touch. Fortunately, we have a good corps of people working in this program. It takes some time and dedication. Without that, even with the watches and all the other devices, it is not going to work.

4. How has providing Remote Patient Monitoring benefited your practice?

Dr. Jones: With the COVID situation, patients do not want to come into the office and be in contact with other patients. Remote care management has provided us with a way to continue our revenue stream, albeit maybe not on the same level as if patients were in the office. But we are able to continue billing with the patient.

But that is not my major concern with this program. My major concern is being able to take care of the patient.

We are in a climate where the patients are happier when they are at home, not sitting out in my reception area, waiting to see me. We call them and they are available, and we have a nice conversation and go over medical issues. So, it has been very good.

5. Do you feel like the pandemic has heightened awareness of remote patient monitoring?

Dr. Jones: Oh, most definitely, we are not going back to the way it was before. It is like the cell phone. I remember saying, "I'll never have a cell phone, that's just too encumbering." But now you cannot live without it.

And that is what is going to happen with this, too. Doctors are not going to be able to live without it. The convenience and the actual contact on a regular basis to make sure they are being compliant is going to be the big key.

I would tell other doctors:

This is something you need to get involved with as soon as possible. It is not going away. You must engage the patient and keep them engaged.

Gary P. Jones, MD, FACS

Dr. Gary Jones runs the Louisiana Cardiovascular & Thoracic Institute (LaCVT) in Alexandria, Louisiana.

Board Certified

- American Board of Thoracic Surgery
- American Board of Surgery

Fellowship

- American College of Surgeons
- American College of Cardiology
- American College of Chest Physicians

Residency

- General Surgery, Dwight D. Eisenhower Army Medical Center, Fort Gordon, GA
- Thoracic Surgery, Walter Reed Army Medical Center, Washington, DC MD
- Tulane University School of Medicine, New Orleans, LA

Member

- American Heart Association
- Society of Thoracic Surgeons
- Southern Thoracic Surgical Association
- International Society of Cardiothoracic Surgeons
- Rapides Parish Medical Society
- Louisiana State Medical Society

Selected Appointments

- Major, United States Army Medical Corps
- Served as Assistant Chief, Cardiothoracic Surgery Service, Tripler Army Medical Center, Tripler AMC, Hawaii
- Cardiovascular/Thoracic Surgeon assigned to President Reagan during his 1986 trip to Guam
- Cardiovascular/Thoracic Surgeon assigned to former South African president Nelson Mandela during his 2000 trip to Baton Rouge, LA

Academic Appointments

- Clinical Assistant Professor of Surgery, University Services of Health Sciences, Bethesda, MD
- Clinical Assistant Professor of Surgery, John A. Burns Medical School, University of Hawaii, Manoa