

**Article:**

Anna E Merrill, Sarah A Hackenmueller, Colin Derdeyn, Jonathan Genzen, Damien Gruson, Melissa Ludgate, Surabhi Mulchandani, M Laura Parnas, Erik Ranheim. *Beyond the Screen: Navigating Remote Work within Medicine*. Clin Chem 2024; 70(8): 1009–16. <https://doi.org/10.1093/clinchem/hvae078>

Guests: Dr. Sarah Hackenmueller from Providence Health & Services in Oregon and Dr. Laura Parnas from Roche Diagnostics, supporting the Core Lab portfolio.

Bob Barrett:

This is a podcast from *Clinical Chemistry*, a production of the Association for Diagnostics & Laboratory Medicine. I'm Bob Barrett.

Anyone involved in healthcare delivery prior to 2020 is well acquainted with the disruptions caused by the COVID-19 global pandemic. While health systems have largely recovered from supply chain shortages and other COVID-19 associated challenges, some lingering effects are still being felt years later. One example is the widespread adoption of remote work.

In the early days of the pandemic, many health systems encouraged employees to work from home if their presence on site was not required to complete their core job responsibilities. At the time, remote work was adopted out of necessity, but with a limited understanding of its downstream impact.

Now that the immediate shock of the pandemic is largely behind us, some healthcare organizations are reconsidering their policies regarding remote work. What have we learned about remote work in healthcare? And, perhaps more importantly, how can we apply these lessons to healthcare delivery now and in the future? A new Q&A article appearing in the August 2024 issue of *Clinical Chemistry* describes the evolution of remote work in healthcare, summarizes its impact on care delivery, and discusses the unique challenges that come with this new staffing model.

In this podcast, we are joined by a moderator and a contributor to that Q&A article. Dr. Sarah Hackenmueller works at Providence Health & Services as the Technical Director for the rapid response laboratories in Oregon. Dr. Laura Parnas is the Director of Medical and Scientific Affairs at Roche Diagnostics supporting the Core Lab portfolio. She leads a fully remote team of eight, including strategic scientific partners and field scientific liaisons. And Dr. Hackenmueller, we'll start with you. Why is it so important to talk about hybrid and remote work options in healthcare at this time?

Sarah

Hackenmueller:

When the global pandemic began over four years ago, there was a rapid shift in how people lived and worked in order to accommodate social distancing and minimize face-to-face interactions. While healthcare necessitated some roles to remain in person to effectively treat patients, other positions that could shift to a remote work model did so. At that time, remote work in healthcare was not new or novel, and in fact one of the experts in this Q&A, Dr. Laura Parnas, worked in a remote role for several years before the start of the pandemic.

The pandemic did result in a rapid expansion of the quantity and type of remote healthcare workers. As the COVID-19 pandemic has receded, many organizations are now facing the prospect of either reintegrating remote workers back on site, or more fully and permanently embracing remote work as a long-term option. Due to the necessary and rapid adoption of remote work that initially took place, the ongoing or long term impacts of this work model at this magnitude within healthcare is still relatively untested.

Since remote work and hybrid work appear to be with us for the foreseeable future, the goal of this Q&A was to gain some insights on how to continue to adapt with this working model, from experts covering a range of disciplines from pathology and laboratory medicine and radiology to internal medicine and psychiatry.

Bob Barrett:

Okay, now Dr. Parnas, it was pointed out that this type of work isn't necessarily new, but seemingly more prevalent than it was before the pandemic. How has remote work changed as it's been more widely adopted by a variety of organizations?

Laura Parnas:

Yes, Bob. Obviously before the COVID-19 pandemic, fully remote work was not very common. Some industries and institutions had started to move some functions off site, and in some instances remote work was granted as an exception to attract or retain talented, especially in large cosmopolitan areas that require long commutes.

But for some clinical specialties such as radiology, remote reading of medical imaging studies was rare and routine patient management by telemedicine was also perceived as a practice from the future. However, in March of 2020, all of this changed drastically as most of us were faced with a mandate to stay home to allow only those essential and critical functions to continue working in person. Fortunately, we had this advanced technology tools that allowed us to communicate and collaborate virtually allowing a quick shift

to remote work. This quick adjustment that happened during the pandemic reveals several opportunities.

As mentioned by Dr. Melissa Ludgate in the Q&A, the use of telemedicine opened up opportunities to care for patients while they remained at home and also provided increased access to care to underserved populations that used to experience barriers to care in a variety of forms including transportation.

Another really positive outcome of the shift was the expansion of talent pools beyond geographic areas for support roles including IT, billing and coding, customer service, et cetera.

I think we all agree that increased flexibility with hybrid schedules have positively impacted job satisfaction and employee retention. Our employees are happy and many of the experts in the Q&A also agreed that productivity was not really affected, or the impact of remote work on productivity was really difficult to gauge. Having said that, all the experts agree that hybrid work and flexible schedules are here to stay.

Bob Barrett:

So, it sounds like remote work is and continues to be a success story. Dr. Hackenmueller, what are some of the new challenges that have arisen now that more and more employees are working remotely?

Sarah
Hackenmueller:

As everyone adjusts to a more permanent hybrid workforce, the experts in the Q&A did highlight some areas that will need to be addressed moving forward. For starters, multiple experts brought up the potential for inequality to arise in the workplace due to different opportunities being presented for professional development and advancement.

Dr. Jonathan Genzen discussed the issue of proximity bias and how that may negatively affect remote workers. Next, there was broad recognition that there needs to be modifications to existing training structures to better prepare the newest members of the workforce for the hybrid reality they are entering.

Dr. Erik Ranheim mentioned the need specifically in anatomic pathology for training in digital pathology sign out, while Dr. Damien Gruson discussed the importance of effective communication in a virtual environment. Finally, most experts in the Q&A recognize that remote and hybrid work impacts spontaneous interactions and overall collegiality since not all members of a team are physically on site together.

One such interaction that Dr. Colin Derdeyn highlighted is the ability to model certain behaviors to trainees when working together in person. This opportunity is lost in a remote environment. These are the types of issues that need to be addressed as hybrid work continues to be a mainstay in healthcare.

Bob Barrett: Well, finally, let's look ahead Dr. Parnas. What does the future hold for hybrid work in healthcare, and how should laboratory medicine professionals prepare?

Laura Parnas: Yes, all experts actually agreed that hybrid work is a reality in healthcare and that the current challenges in the workforce including staff shortages leave no other option to employers but to provide flexible schedules. However, as Surabhi Mulchandani stated in the Q&A, the nature of the work that we do in healthcare requires in-person work.

So, the importance of alternative scheduling models and maximizing the use of technology will help optimize workforce efficiency while maintaining high quality of care. The key will really be to recognize the importance of flexibility as well as the importance of in-person collaboration, and truly design working policies that are fit for purpose to maximize the employees' impact and engagement without really affecting continuity and/or quality of care.

Finally, as we've seen mentioned in the Q&A as well, with the rapid advances in digital tools, home testing, and AI, the laboratory medicine community is well positioned to positively adapt to this new reality while continuing to support and ensure optimal patient care and safety.

Bob Barrett: That was Dr. Laura Parnas from Roche Diagnostics and Dr. Sarah Hackenmueller from Providence Health. They wrote a Q&A article about remote work in healthcare in the August 2024 issue of *Clinical Chemistry*, and they have been our guests in this podcast on that topic. I'm Bob Barrett, thanks for listening.