

## **RadioMD Interview with Dmitriy Petrov, MD**

**Melanie Cole:** Welcome to the podcast series from the specialists at Penn Medicine, I'm Melanie Cole, and today we're discussing remote second opinions at Penn Medicine neurosurgery. Joining me is Dr. Dimitri Petrov. He's an Assistant Professor of Neurosurgery at Penn Medicine. Dr. Petrov, it's a pleasure to have you join us today. You're associated with a new program at Penn Medicine that's offering remote second opinions to people who've received brain and spine diagnosis. Tell us a little bit about the program and why you saw a need for this type of program at this time?

**Dr. Petrov:** Our program focuses on providing second opinions to patients that have seen a neurosurgeon for any of the spine vascular brain peripheral nerve disease processes that are seen by neurosurgeons. This really arose out of our shift to telemedicine after the COVID epidemic, brought our clinics to a halt, and we saw this as an opportunity to really improve access to Penn Specialists in neurosurgery, and to make it more convenient for patients to get an expert consultation.

**Host:** Well, then tell us first, this is a question that referring physicians and patients have as well, are doctors insulted when a second opinion is requested?

**Dr. Petrov:** I feel like that's a common opinion and nothing could be further from the truth. I think if a doctor ever tells you that you should not get a second opinion, you should run for the Hills, you should be an informed patient. And our job as physicians is to really lay out what we think is happening and what we recommend. And then the really decision is made between the doctor and the patient, and the patient should be as informed as possible. All of my complex patients, I always say, if you'd like to get a second opinion or a third opinion, that is your prerogative, and I encourage you to, because it's always good to have as much information as possible and to go into something as serious as neurosurgery with a confidence that you're choosing the right path.

**Host:** Well, it certainly does and Dr. Petrov, as you have all gotten so creative in this pandemic in these unprecedented times, is not being with the patient in the same room, an issue, given the gravity of what you may have to tell the patient about their situation?

**Dr. Petrov:** It is so much of our interaction happens in person and before scheduling something for a procedure like a neurosurgery, it's still our policy that we need to see the patient in person prior to surgery to really decide, and to really make sure that we're all on the same page, but it does take away something from the interaction, that's for certain, especially the neurological exam. A lot of it is so physical that sometimes we still need to bring patients in for in-person visits to really give a full on assessment. But on the other hand, I really do think that this providing tele opinions really improves access and improves healthcare overall, because for the most part, you can give a patient a really good insight in what you think the pathology is and what you think the next step should be just based on their imaging and their story they're telling you. That's oftentimes 90% of the picture anyway.

**Dr. Petrov:** So COVID forced us to innovate and move us to telemedicine. But now looking back on it, it seems as though we should have been doing this for a long time prior because the capabilities were there, we were just so stuck in our old paradigm that this wouldn't be effective, that we really didn't consider it as a medical field. I would think now patients are very satisfied and it also helps our patients that aren't able to take days off of work to come travel and see a Penn physician, or they live further away, but still want the expertise of a coronary center like we have, it really expands access and makes things much more fair.

**Host:** Well, then tell us about your experience team of neurosurgeons that offer these remote second opinions. And how has the program all working with your team?

**Dr. Petrov:** Our team at Penn Medicine is top notch. I feel very privileged to be part of a talented group of neurosurgeons that work in our department. We have subject matter experts, essentially, in any subspecialty of neurosurgery that you can think of that are world-leading experts and can offer the best of care as far as how the process works.

When we were first discussing how to implement this best, we wanted to make the impediments to seeking the second opinion as small as possible. And so if your patient calls in or fills in the online prompt to get a second opinion, immediately within 24 hours, you're contacted by a coordinator that asks you a certain set of questions that are very basic. Have you had a consultation before? Have you been offered surgery? Have you not been offered surgery, sends you a link to upload your imaging and then within 48 hours, you're scheduled to see one of our specialists via telemedicine, or actually if you choose, if you are in the area, you can come in and see them in person. We leave that up to the patient. So the ease of getting a consultation was our primary goal.

**Host:** Dr. Petrov, tell us what conditions are considered for this program. And what are you typically seeing?

**Dr. Petrov:** Any conditions that are treated by neurosurgeon are eligible for this. We've seen a number of patients with spine problems. We've seen a number of patients with brain tumors. We've seen patients with aneurysms. Any, and all of those can tell a second opinion patient through our program, essentially the full gamut of neurosurgical care.

**Host:** It's such a needed program at this time. And Dr. Petrov you've recently written about blindness, but this time in the context of George Saramago's *Blindness* a novel about a contagious disease that causes blindness. Tell us a little bit about this as eventually the disease fades away and people are restored to vision. Is it your apprehension that people will forget about the COVID epidemic?

**Dr. Petrov:** Well, Josie Saramago is a Noble Prize-winning author of *Blindness*. I think it was made into a movie recently, as well. As he described the novel, the novel talks about a contagion of blindness that spreads, and one woman, the wife of an ophthalmologist ironically enough, is left to see, when everybody else around her being blind and follows her husband through this journey of being blind. And she witnesses what happens in this environment. I thought that this really relates to sort of overseeing now with COVID that the consequences of this disease and the changes that it forces in society sometimes are ugly. And they're easy to look away from.

**Dr. Petrov:** And I definitely related to the wife of the ophthalmologist in the book, because as physicians, we are left to bear witness and to really be there with the patients and to see what happens to them, to see their suffering and to carry it with us. So just like she has to in the book, we have to in real life. And I do think that even now there's so much in the news, and the over a thousand people daily, the die from COVID in this country, don't make headlines. It's sort of starting to fade a bit, and this is background level of misery that doesn't get as much attention as it still should, because it's still a terrible, terrible problem. I think it definitely reflects a measure of how humanity handles crises like these.

**Host:** Well, thank you for telling us about that. And Dr. Petrov, you said for brain and spine conditions, people have gotten a diagnosis and maybe they're very concerned. So they ask their referring provider about the second opinion. What are some other reasons that they might be doing it? Is it to validate their diagnosis or to find out what you can do for them rather than what they've already found out from their provider? It doesn't necessarily have to be a particular diagnosis. Tell us a little bit about what you've seen as far as people using these services.

**Dr. Petrov:** Generally speaking, spine diagnoses and spine treatments are varied and can be provider dependent. And in my experience, when patients choose their doctor, they're really choose based on expertise, but they also choose on relationship and how well they understand exactly what's happening and how well they understand what the surgery would be. And sometimes I find that patients don't have a very good sense of exactly what's being offered and exactly what's wrong with them. And their style of communication may not necessarily mesh with the physician style of communication and they might seek out somebody else to sort of explain it to them. Sometimes they're looking for an answer that they would prefer. Sometimes patients are offered surgery because it's what's needed. And I don't particularly like that. And they're looking for somebody to tell them something different.

**Dr. Petrov:** Sometimes patients have a very complex disease. For example, brain tumors that are treated in centers that aren't large academic centers may not get the same opportunities to enroll in trials, to try experimental therapies. And so oftentimes patients will contact us to really get access to the Emerson Cancer Center and to our excellent oncology unit and then radiation oncology and surgery teams, and really get the full spectrum of what's out there for that specific disease.

**Host:** Dr. Petrov, as we wrap up, tell us your vision for this program and what you see happening in the future. Do you think that telemedicine is going to stick around after this pandemic and it's going to be something that's really adapted and adopted by other centers around the country and wrap it up for us and what you'd like referring providers to know about the remote second opinion program at Penn Medicine?

**Dr. Petrov:** Sure, of course, I think invariably telemedicine this year to stay, now that we've made this change. Now that would be seen what's available with telemedicine. We've seen how far our reach can expand how much more convenient that is for patients, how much they prefer it. I don't think there's any looking back. My vision for this program is to expand it, to make it the way that patients really access specialists, because it doesn't have to be the only visit that you have with a clinician, you could have in person visits, but the initial visit is much more convenient. Definitely get a sense of where things are going. What else is needed, what other diagnostics are needed. It's a better utilization of time practicing in the city. Patients often complain about the difficulty of getting in the city. Things like parking are a huge headache for a lot of patients, taking off of work, and managing their schedule around doctor visits, which may take longer than they would anticipate.

**Dr. Petrov:** All of these things are impediments to care. And I think overall decrease the level of healthcare that our population gets. And so I think this is a way to really level the playing field, to really meet the patients where they need us to be, to give them expert opinions and to provide them really top notch care and do it in a way that works with

their lives. Our vision for this program is to provide patients quick and easy access to our neurosurgeons moving forward.

**Host:** Thank you so much, Dr. Petrov for joining us today and telling us about the program at Penn Medicine that offers remote second opinions. To refer your patient for a remote second opinion at Penn Medicine neurosurgery, please visit our website at [pennmedicine.org/refer](http://pennmedicine.org/refer), or you can call 877-937-Penn. And that concludes this episode from the Specialists at Penn Medicine. Please remember to subscribe, rate, and review this podcast and all the other Penn Medicine podcasts. I'm Melanie Cole.