

Telehealth - the perfect expression of consumerism - Now What?

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American Telemedicine Association
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About the ATA

As the only association focused on telehealth, we represent over 400 organizations - including leading healthcare delivery systems, academic institutions, technology solution providers and payers - all committed to the vision that people should access safe, effective and appropriate care where and when they need it, while enabling clinicians to do more good for more people.

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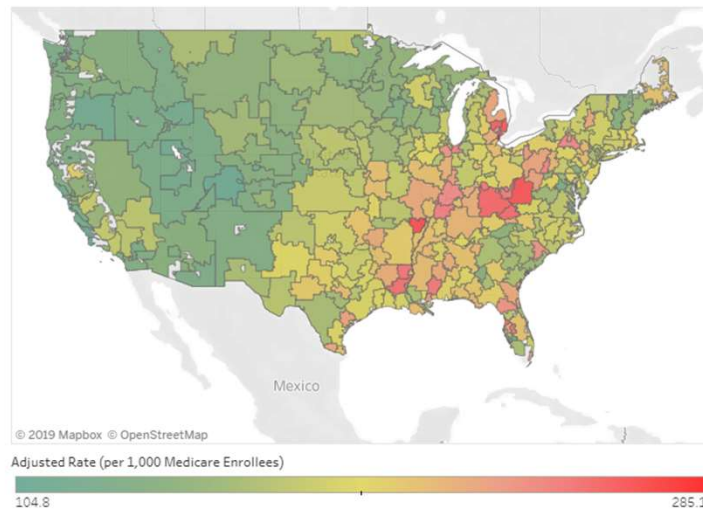
Before March 2020

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Variation in cost and treatment

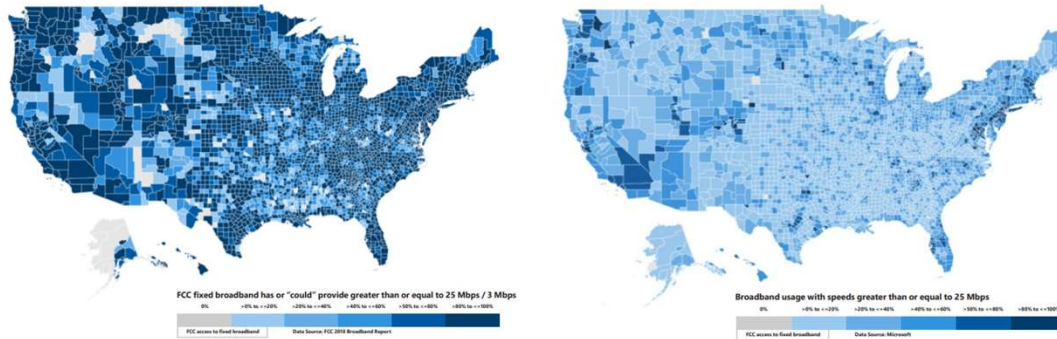


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Inadequate access to broadband



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Growing shortages of primary care physicians

An estimated 65 million Americans now live in “a primary care desert,” where the total number of Primary Care Doctors (PCP) can only meet 50% or less of the population’s needs. By 2025, the Association of American Medical Colleges projects U.S. shortages of PCP’s will increase significantly.

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Long wait times

A recent Harris Poll survey found that 23% of people have delayed seeing a doctor because it takes too long, while an additional 13% have delayed a doctor visit because they are too busy. A study published in 2015 in the American Journal of Managed Care, by researchers at Harvard Medical School, concluded that the average doctor visit took 121 minutes; 37 minutes of travel time, 64 minutes of waiting time, and just 20 minutes of face-to-face time with physicians.

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Healthcare spending continues to grow

The U.S. Center for Medicare and Medicaid Services (CMS) estimates that, with an aging population, total U.S. healthcare spending will increase by 5.8% per year between 2018 and 2025 and constitute 19.9% of U.S. GDP in 2025.

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Financial anxiety tied to personal cash flow and healthcare

Political Makeup of Different Financial Worry Types

	Immediate cashflow concerns (49%)	Healthcare only (14%)	Long range concerns only (10%)	No concerns (27%)
	%	%	%	%
Trump approval				
Approve	30	52	49	67
Disapprove	66	44	49	30
No opinion	5	4	2	3
Party ID				
Republican/Lean Republican	33	50	44	63
Independent-no lean	13	6	7	6
Democrat/Lean Democratic	55	45	48	31

GALLUP, APRIL 1-9, 2019

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Myths

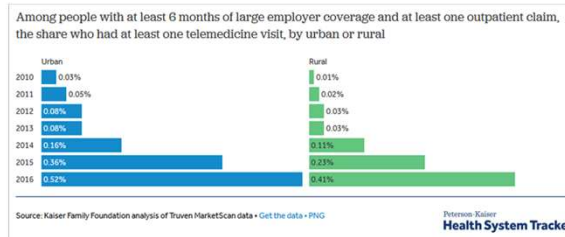
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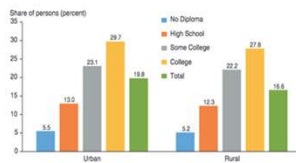
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MYTH: Telehealth is for rural areas only

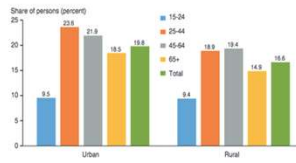
Early adopters are young, urban, higher income, and privately insured



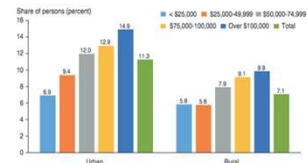
Use of online health research, by educational attainment, 2015



Use of online health research, by age, 2015



Use of online health maintenance, by income, 2015



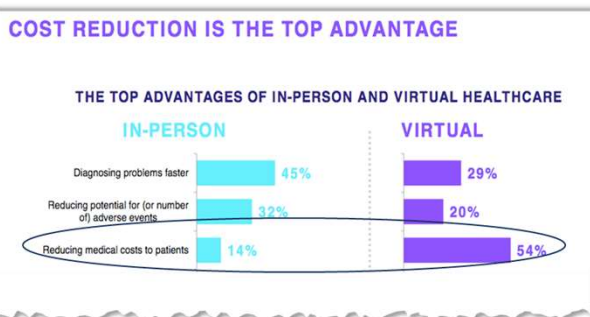
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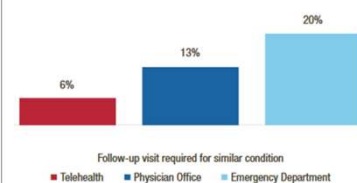
MYTH: Telehealth is more expensive

Telemedicine can be an effective tool to triage patients and redirect to more appropriate, less costly venues for care



Fewer follow-up visits are required after telehealth visits, in comparison to physician offices and EDs.

Chart 1: Percentage of telehealth, physician office and emergency department visits where follow-up is required for similar condition, April 2012 - February 2013



Source: Ucher-Pines, Lori, et al. Analysis of TeleDoc Use Seems to Indicate Access to Care for Patients without Prior Connection to a Provider. Health Affairs. 33:12 (2014).

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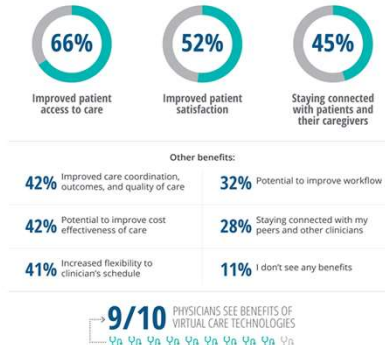
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MYTH: Telehealth is not high quality

Telehealth increases patient feelings of personal involvement in their own care

FIGURE 1
Top three benefits of virtual care relate to patient experience
Survey question: What are some of the benefits of virtual care technologies?



Source: Deloitte 2018 Survey of US Physicians

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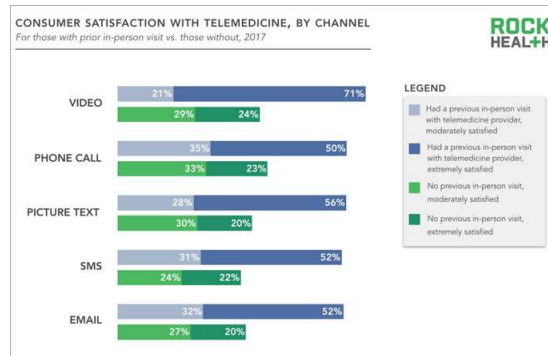
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MYTH: Telehealth is impersonal

Data shows that the patients' perception changes once they have experienced the technology

92% of patients with a prior in-person visit were satisfied with their video visit, as compared to 53% satisfaction among those without a prior in-person visit



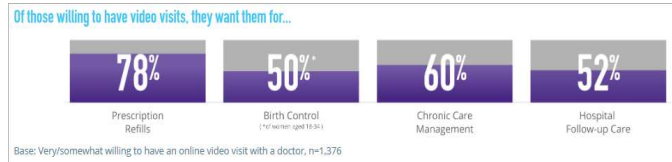
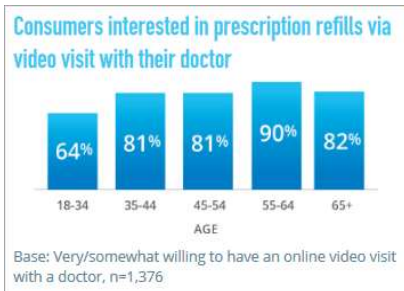
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MYTH: There's more fraud, waste and abuse with telehealth

Telemedicine channels are bound by the same regulations and checks as when patients are seen in-person



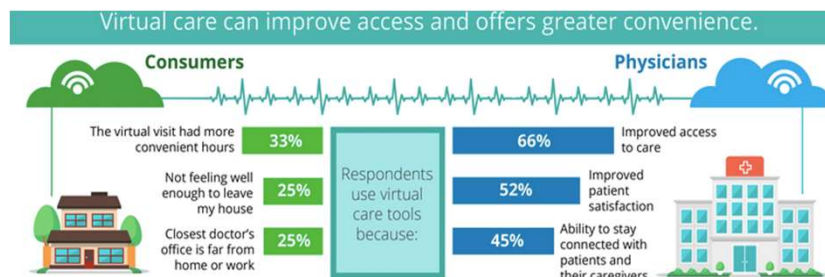
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MYTH: Telehealth is a threat to providers

Telemedicine can add value as virtual care supports the goals of patient-centricity and higher patient satisfaction scores



Source: Deloitte 2018 Surveys of US Health Care Consumers and Physicians

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MYTH: Telehealth is only video visits

Provider to Patient

Virtual Visits
Wearables
Secure Messaging

Telehealth Modalities

Real-time virtual visits
Remote Patient Monitoring
Asynchronous store-and-
forward

Provider to Provider

eConsults
Implantables
Second Opinion Consults

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What we've learned about telehealth

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Patients, providers and plans increase utilization of telehealth

Utilization

- Medicare fee-for-service (FFS) beneficiary telehealth visits increased 63-fold in 2020, from approximately 840,000 in 2019 to nearly 52.7 million in 2020.¹
- Despite the increase in telehealth visits during the pandemic, total utilization of all Medicare FFS Part B clinician visits declined about 11% in 2020 compared to levels in 2019.¹
- During 2020, chronic care and mental healthcare were the most common virtual services, accounting for 30% and 28% of all telehealth appointments.²
- Telehealth utilization has stabilized at levels 38X higher than before the pandemic.³
- After an initial spike to more than 32% of office and outpatient visits occurring via telehealth in April 2020, utilization levels have largely stabilized, ranging from 13% to 17% across all specialties.³

¹<https://protect-us.mimecast.com/s/0MjrC82ArzuL36pjUnlujO?domain=cms.gov>

²Telehealth Use Among Medical Groups Peaked in First Half of 2020 (mhealthintelligence.com)

³Telehealth: A post-COVID-19 reality? | McKinsey

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Patients, providers and plans report high satisfaction

Patient Satisfaction & Enthusiasm

- 95% of Medicare beneficiaries were satisfied with their most recent telehealth visit.⁴
- 8 in 10 patients said their primary health issue was resolved with a telehealth visit.⁴
- About 40% of patients interact with providers more because of telehealth.⁵
- 83% of patients had a good quality telehealth visit.⁶

Provider Satisfaction & Enthusiasm

- 80% of providers reported that the overall level of care provided via telehealth was better or equal to in-person care.⁵
- Over 70% of providers reported that telehealth had made patient continuity of care better or much better.⁵

⁴New Survey: Virtual Care Could Keep Low-Acuity Cases Out of Emergency Department | Bipartisan Policy Center

⁵<https://www.goodrx.com/healthcare-access/telehealth/state-of-telehealth-survey-2021?source=email>

⁶Telehealth Impact - Patient Survey Analysis (c19hcc.org)

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Telemental health and SUD

Telebehavioral Health / Substance Use Disorder

- During the pandemic, clinicians and researchers learned that telehealth-based OUD treatment is just as effective as in-person care.⁷
- Emerging research shows that allowing telehealth-based OUD treatment during the pandemic helped patients initiate and remain on medication treatment, and that these patients stayed in treatment and abstained from illicit opioids at rates comparable to individuals who received care in person.⁷
- Telemedicine has been demonstrated to be as effective in the diagnosis and assessment of mental health disorders in a variety of populations across different settings.⁸
- There is no clear evidence shows that telemedicine increases diversion risk.⁹

7<https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/12/state-policy-changes-could-increase-access-to-opioid-treatment-via-telehealth>

8<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7861202/>

9Use of Telemedicine for Buprenorphine Inductions in Patients With Commercial Insurance or Medicare Advantage | Addiction Medicine | JAMA Network Open | JAMA Network

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Large self-insured employers help drive telehealth

High deductible health plans

- Nearly all (96%) employers adopted pre-deductible coverage for telehealth services under the CARES Act and three-quarters (76%) prefer to make the provision permanent.¹⁰
- Among employers that did not add pre-deductible coverage, most either plan to do so later (32%) or are exploring whether to do so (61%).¹⁰

Looking into the future

- Going forward, more than 60% of respondents planned on using a hybrid model of care that combines telehealth with in-person visits.⁵
- 8 in 10 patients are likely to use telehealth in the future.⁴
- Over 80% of providers said that they plan to continue using telehealth in the future.⁵

4New Survey: Virtual Care Could Keep Low-Acuity Cases Out of Emergency Department | Bipartisan Policy Center

5<https://www.goodrx.com/healthcare-access/telehealth/state-of-telehealth-survey-2021?source=email>

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Using telehealth to eliminate disparities

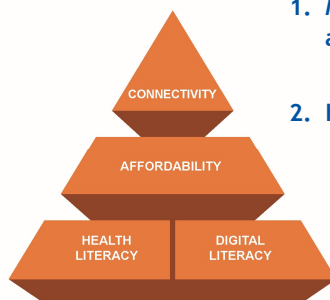
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Connectivity is just the tip of the iceberg

For telehealth to be most effective, devices should be able to connect to the internet at *broadband speeds*
To what extent do nursing homes have a digital infrastructure which supports telehealth?



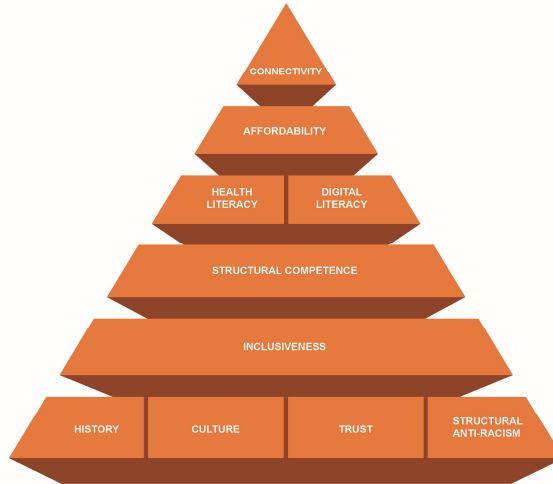
1. **Most Skilled Nursing Facilities (SNFs) have access to broadband. Thus, access is not a barrier to telehealth adoption**
 - 99.7% operate in a zip code reported to have broadband access
2. **However, many SNFs are not using broadband**
 - 40.0% operate in a market with broadband access *but for reasons yet to be discovered, are not using broadband speeds to access the internet*
 - Only 47.0% of SNFs in Central states (IA, KS, MO, NE) and 51.8% of SNFs in Southern states (AR, LA, NM, OK, TX) access the internet at broadband speeds

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A Framework for Eliminating Health Disparities Using Telehealth



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Legislative and regulatory matters

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How telehealth is regulated

	The Practice	The Payment
Federal	<p>Telehealth, like other types of healthcare services, is largely regulated at the state not federal level.</p> <p>Federal government focuses on certain areas including: DEA/Remote Prescribing, HIPPA, FDA regulation, and FTC/antitrust</p>	<p>Federal public insurance coverage for telehealth services is regulated extensively specifically in:</p> <ul style="list-style-type: none"> • Federal law on public payers like Medicare, Medicaid, Veterans Health Administration, Indian Health Service, and Tricare • Policies and Rules originating from the Centers for Medicare & Medicaid Services (CMS)
State	<p>Telehealth is regulated extensively at the state level and differs significantly between the states.</p> <p>States' telehealth policies may differ in their regulation of:</p> <ul style="list-style-type: none"> • Acceptable telehealth modalities (synchronous, asynchronous, and remote patient monitoring technologies) • Which practitioners are permitted to provide telehealth services • Establishment of a valid patient/provider relationship • Out-of-state practitioners treating patients in the state remotely without a license 	<p>Public and private coverage and reimbursement for telehealth services are also extensively regulated at the state level.</p> <p>States differ in their approaches to the following issues:</p> <ul style="list-style-type: none"> • Telehealth coverage requirements for public and private health plans • Reimbursement for services provided via telehealth • Eligibility of providers to deliver reimbursable services

Source and more information: [How Telehealth is Regulated - ATA \(americantelemed.org\)](https://www.americantelemed.org/telehealth-regulation)

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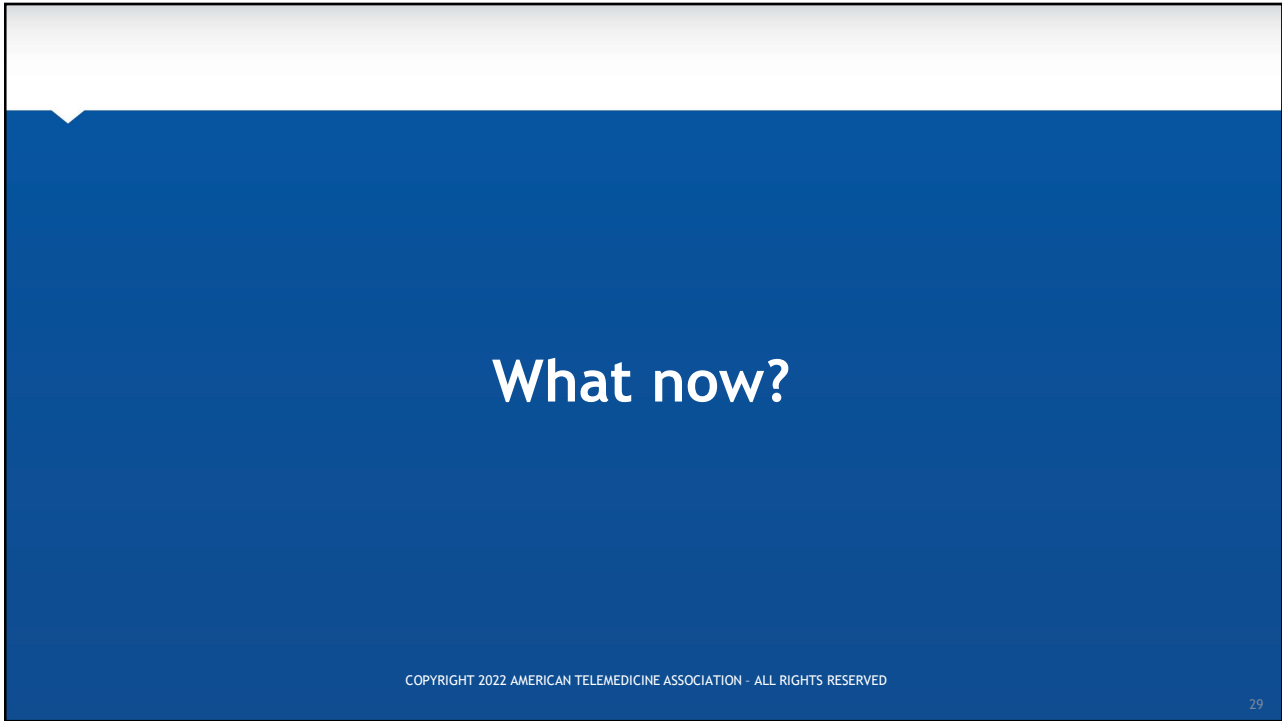
States matter

- Each state determines their own:
 - Practice standards, definitions, permissible technologies
 - Licensure flexibilities
 - Medicaid reimbursement and coverage
 - Provider/patient relationship standards via telehealth

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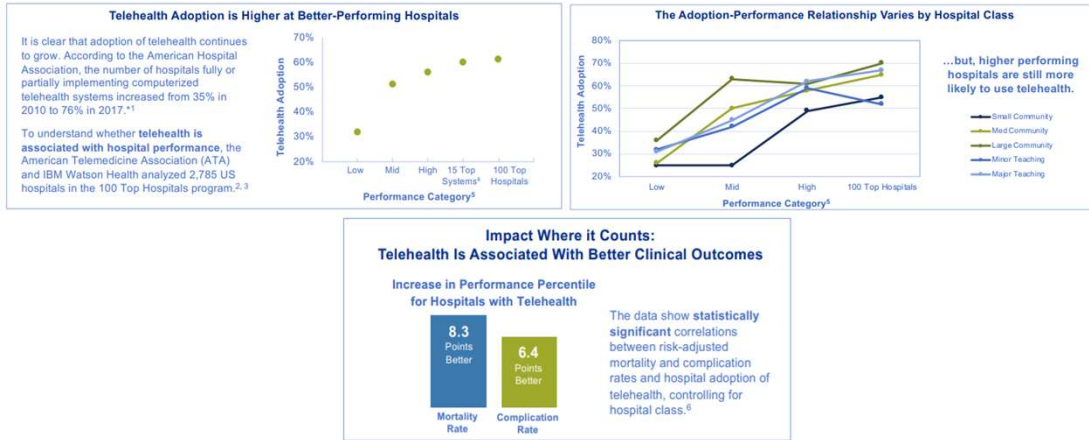


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Telehealth adoption tied to hospital performance

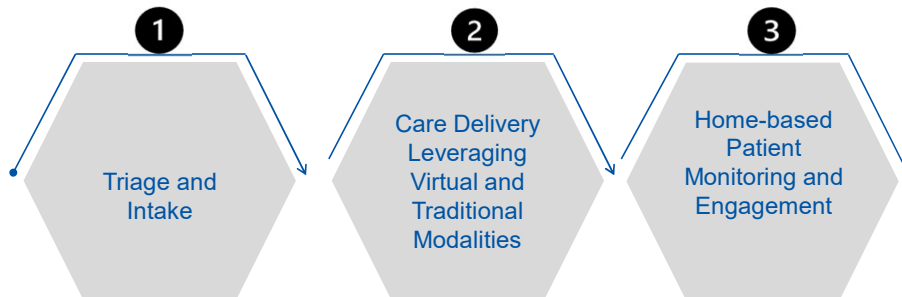


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The future of care delivery

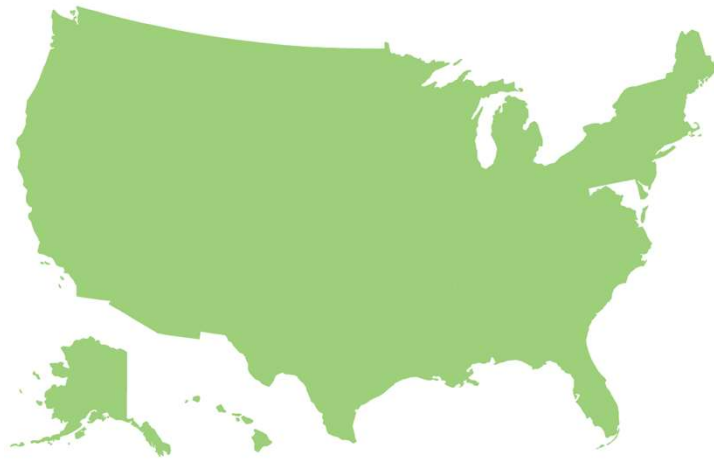


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This is success



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