



Telehealth: The Perfect Expression of Consumerism. Now What?

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This article is a summary of a presentation from The Governance Institute's 2022 System Forum.

Made up of over 400 healthcare delivery systems, academic institutions, technology solution providers, and payers, the American Telemedicine Association (ATA) is the only association focused on telehealth. The ATA remains committed to the vision that people should be able to access safe, effective, and appropriate care when and where they need it, thus enabling clinicians to do good for more people.

The Potential for Telemedicine to Address Key Challenges Facing the Industry

Telemedicine has the potential to help in addressing many of the key challenges facing the healthcare industry:

- **Geographic variations in cost and quality:** As data from the *Dartmouth Atlas* has shown for decades, geography can become one's destiny in healthcare, with wide variations in cost and quality across regions of the country. Evidence-based medicine is routinely practiced in some areas, yet not available in others.
- **Primary care shortages:** An estimated 65 million Americans live in a "primary care desert," where the total number of primary care physicians (PCPs) meets 50 percent or less of population needs. The Association of American Medical Colleges projects that PCP shortages will increase significantly by 2025.
- **Long wait times:** A pre-pandemic Harris survey found that 23 percent of consumers delayed seeing a doctor because it took too long to get an appointment. A study published in 2015 in the *American Journal of Managed Care* found that the average 20-minute visit takes over two hours of a patient's time—37 minutes of travel and 64 minutes of waiting in addition to the time spent with the doctor.

- **Large and growing cost burden for governments and individuals:** Total healthcare spending is projected to grow by 5.8 percent per year between 2018 and 2025, by which time it will account for roughly a fifth (19.9 percent) of gross domestic product. Yet healthcare outcomes in the U.S. continue to lag those of other developed nations. High costs not only imperil the nation's finances, but also create financial anxieties for individuals.

One constraint that has historically limited use of telehealth, particularly in rural areas, has been lack of access to high-speed broadband connections. This problem has become less acute over the last few years due to significant investments in Internet and broadband as part of the pandemic relief packages. Without such investments, the nation would have faced even greater challenges in pivoting to online education, commerce, and healthcare in response to COVID-19.

Dispelling Many Myths about Telemedicine

Many myths exist about telehealth and telemedicine that do not stand up to reality:

- **Myth 1. Telehealth is for rural residents only:** The early adopters of telehealth tend to be young, high-income, insured individuals living in urban areas. For these individuals, use of telemedicine is the consummate expression of consumerism. Unfortunately, however, most of the laws and regulations that govern telehealth date to 1997, before smartphones even existed. While the COVID-19 public health emergency temporarily lifted many of these constraints, they are set to go back in place once it is lifted.
- **Myth 2. Telehealth is more expensive than in-person care:** In reality, telehealth can be an effective tool to triage patients and direct them to more appropriate, less costly venues. Studies show that less follow-up care is typically needed after a virtual visit than after an in-person physician or ED visit.
- **Myth 3. Telehealth is not high-quality care:** Telehealth makes patients feel more involved in their care. It meets people where they are and gets them the services they need when and where they need them. A pre-pandemic Deloitte survey found that most physicians believe telemedicine enhances access to care (66 percent) and improves patient satisfaction (52 percent), while a sizable minority (45 percent) believe it helps them stay connected with patients and their caregivers. Overall, 90 percent of physicians see benefits in virtual care technologies.
- **Myth 4. Telehealth is impersonal:** Data shows that patient perceptions of telehealth change once they can compare it explicitly to in-person care.

The overwhelming majority of patients (92 percent) who had experienced a prior in-person visit expressed satisfaction with their video visit, compared to just 53 percent who had not had a prior in-person visit (and hence had no basis for comparison). Telehealth may be particularly valuable for mental health and other chronic conditions, since it gives providers a glimpse into a patient’s in-home surroundings (e.g., hoarding behaviors, dietary habits) that would not be available with in-person care.

- **Myth 5. Telehealth is ripe for fraud, waste, and abuse:** Telemedicine channels are subject to the same regulations as in-person visits. Research shows that levels of fraud and waste are no different than for in-person care.
- **Myth 6. Telehealth is a threat to providers:** In reality, telemedicine adds value and supports the physician’s goal of greater patient-centricity and higher patient satisfaction. As the Blockbuster, Kodak, and American Airlines stories show, incumbents often feel threatened by new things and hence develop excuses as to why it will not work, even when adopting it might be beneficial to them.
- **Myth 7. Telehealth is only video visits:** Telehealth goes beyond video visits to include a variety of synchronous and asynchronous channels that facilitate both physician-to-patient and physician-to-physician interactions (see **Exhibit 1**).

Exhibit 1: Myth: Telehealth Is Only Video Visits

<p>Provider to Patient</p> <ul style="list-style-type: none"> Virtual visits Wearables Secure messaging 	<p>Telehealth Modalities</p> <ul style="list-style-type: none"> Real-time virtual visits Remote patient monitoring Asynchronous store-and-forward 	<p>Provider to Provider</p> <ul style="list-style-type: none"> eConsults Implantables Second opinion consults
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What the Pandemic Revealed About Telemedicine

Clinicians, consumers, health plans, and employers turned to telemedicine during the pandemic and generally found it to be a positive experience.

Dramatic Increases in Utilization

Patients, providers, and health plans have significantly increased their reliance on telemedicine since the pandemic began. Medicare fee-for-service telehealth visits increased 63-fold, from approximately 840,000 in 2019 to nearly 52.7 million in 2020. Chronic care and mental health accounted for most virtual visits, representing 30 percent and 28 percent of visits, respectively. While telehealth

utilization has fallen back since reaching its peak, it remains 38 times above pre-pandemic levels. After an initial spike to almost a third of all office and outpatient visits in April 2020, telemedicine now accounts for between 13 percent and 17 percent of visits depending on the specialty in question.

High Levels of Satisfaction Across the Board

Patients report high levels of satisfaction with enthusiasm for telehealth. Overall, 95 percent of Medicare beneficiaries were satisfied with their most recent telehealth visit, with 80 percent indicating their primary health issue was resolved. About 40 percent of patients interact more with their providers because of telehealth. Overall, 80 percent of patients report being likely to use it in the future.

Providers also appear enthusiastic about telemedicine, with 80 percent reporting that the overall level of care is better than or equal to in-person care. Over 70 percent of providers believe telehealth makes patient continuity of care better or much better, and, as with patients, over 80 percent plan to use it going forward.

Self-insured employers are happy with telemedicine and appear to be a driving force behind its use. Nearly 96 percent of these employers began offering pre-deductible coverage for telehealth under the CARES Act and three quarters would like to make such coverage permanent. Going forward, more than 60 percent plan to use a hybrid model that combines telehealth and in-person visits.

The Potential to Reimagine Mental Health and Substance Abuse Care

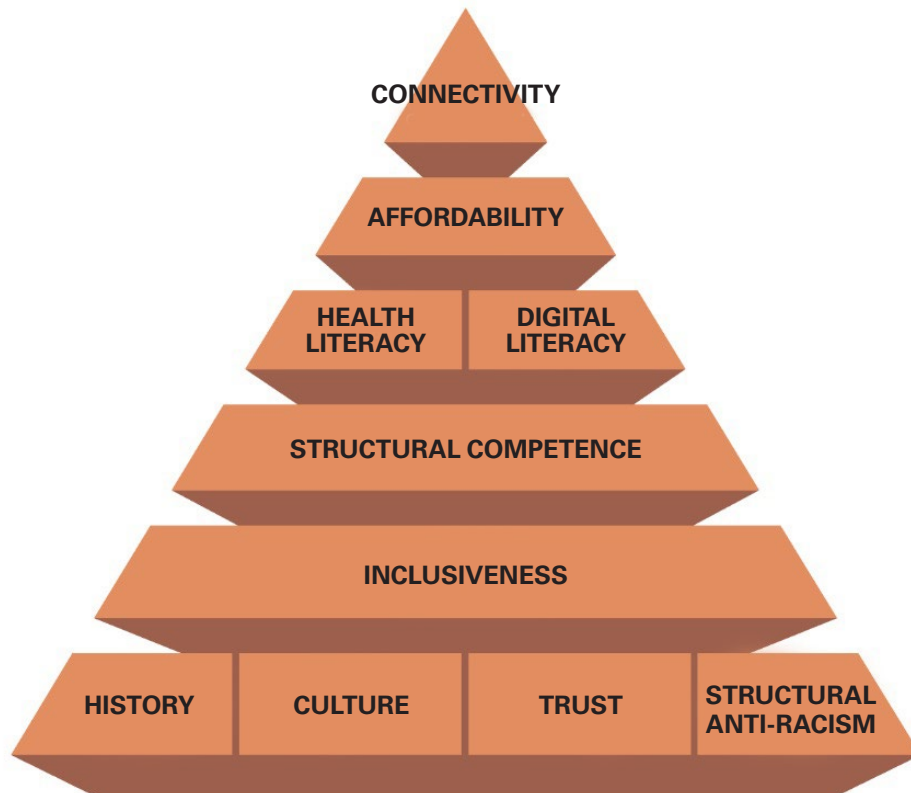
Telemedicine has tremendous potential with respect to mental health and substance abuse care. Prior to the pandemic, half the U.S. population had no access to mental health services. Yet one in five Americans suffers from a mental health condition. For many, virtual mental health services have literally been a lifesaver. During the pandemic, clinicians and researchers learned that telehealth-based treatment for opioid use disorder (OUD) is just as effective as in-person care, with no need for an initial in-person visit to set the stage for virtual visits down the road. Clinicians establish the necessary relationship and rapport with patients via telehealth, and any concerns about misuse appear misplaced. Allowing telehealth-based OUD treatment during the pandemic helped patients initiate and remain on medication treatment, and patients stayed in treatment and abstained from illicit opioid use at rates comparable to those getting care in person. Beyond OUD care, telemedicine has been found

to be as effective as in-person care in the diagnosis and assessment of other mental health disorders in a variety of populations across different settings.

The Potential to Reduce Disparities

For telehealth to bring care to underserved areas, devices need to connect to the Internet at broadband speeds. While most of the country now has access to broadband, adoption of this level of connectivity remains sporadic. For example, almost all skilled nursing facilities have access to broadband. Yet many do not use it to access the Internet. In some cases, affordability of data plans creates a barrier. In many areas, low levels of health and digital literacy also impede use of telemedicine. Finally, in many cases there may be a lack of structural competence among clinicians in how to relate to diverse groups of patients remotely. **Exhibit 2** lays out an ambitious framework for dealing with these issues and hence allowing telehealth to play a bigger role in reducing health disparities.

Exhibit 2: A Framework for Eliminating Health Disparities Using Telehealth



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The Need for Regulatory and Legislative Reform

As shown in **Exhibit 3**, federal and state laws and regulations determine both how telemedicine can be practiced and whether and how it is reimbursed.

Exhibit 3: 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)

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States have a particularly important role. Each state determines its own practice standards, definitions, permissible technologies, licensing standards, Medicaid coverage and reimbursement, and standards related to patient–provider relationships. As the pandemic ends, the fear is that threatened providers who have not embraced telemedicine will use their lobbying power to convince legislators and regulators of the need to restrict its use. For its part, ATA leadership strongly believes that there is no need for different standards for telemedicine than for face-to-face visits. Health system leaders should proactively monitor what is happening in their states and push for uniform standards. In the first quarter of 2022 alone, more than 200 pieces of state legislation have been introduced related to telehealth licensure, practice standards, and Medicaid reimbursement and coverage. Unfortunately, entrenched interests in some states, such as Alabama and Ohio, are pushing for unnecessary restrictions that will reduce access and quality while raising costs.

“Just because we’ve always done something a certain way doesn’t mean it’s the right way to do it. We need to understand what we’re trying to accomplish and what job we’re trying to do.”

—Ann Mond Johnson

ATA Tools to Assist CEOs and Boards

The ATA has developed tools to assist CEOs and boards in promoting the adoption of telehealth within their organizations.

- **Educational tools:** Both providers and consumers need to understand when they will be well served by telehealth and when in-person care is necessary. To assist with this task, ATA has updated its practice guidelines on when and how to use virtual care.
- **Engagement tools:** Providers remain at different stages of readiness when it comes to adopting telehealth. ATA has developed a toolkit that assesses their readiness and provides health system leaders with resources to work with providers at each stage. Proven strategies exist to increase engagement, but it takes time to move providers through the various levels.

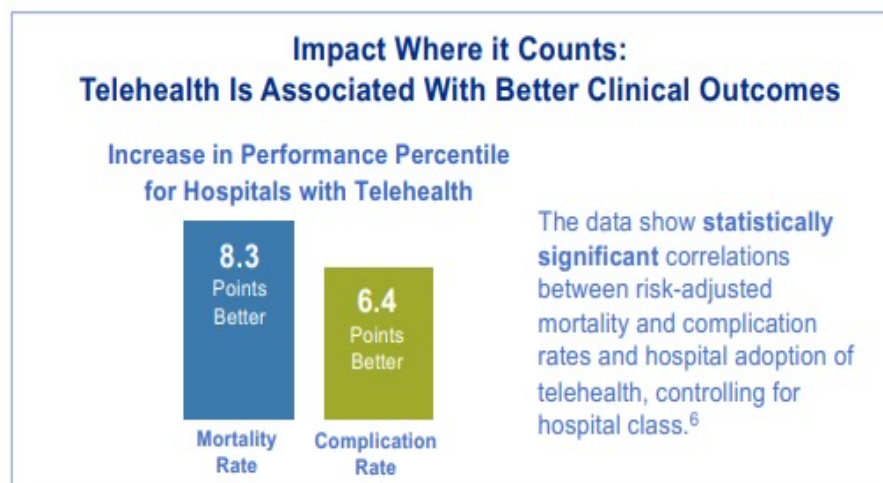
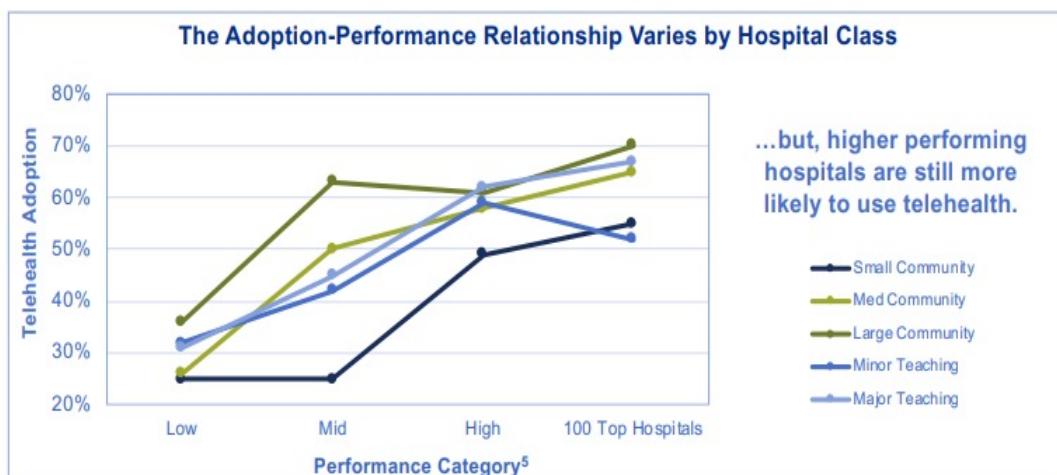
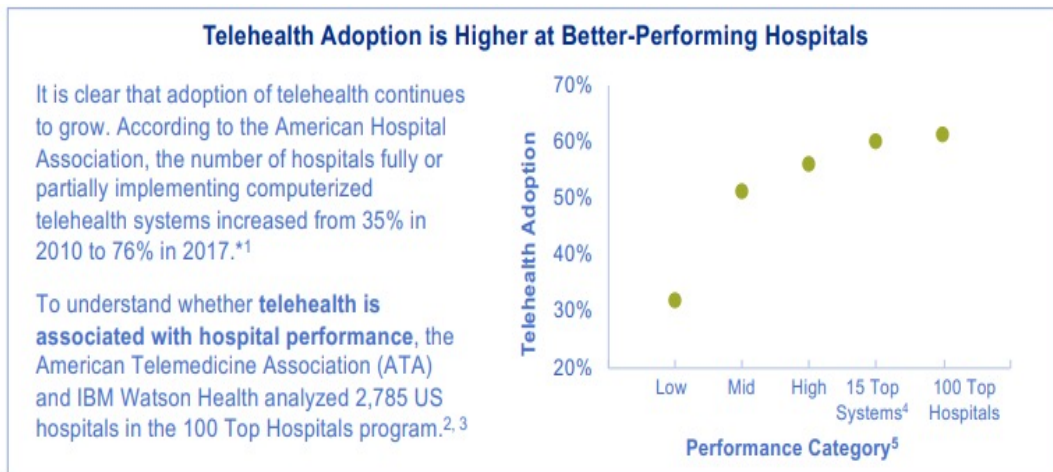
The Future of Telehealth

Telehealth has tremendous potential to enhance access, improve quality, and reduce costs. Healthcare has historically been tied to its brick-and-mortar approach, with huge amounts of physical infrastructure in place in most parts of the country. The idea of meeting consumers where they are and making services available to them when and where they need it via telehealth requires new thinking. Without question, however, consumers want services in their home, especially those suffering from chronic illnesses and chronic pain and those recovering from surgery and other procedures.

Hospitals and health systems should invest in telehealth and make it widely accessible. Research shows that those that do will reap benefits. As shown in **Exhibit 4**, better-performing hospitals tend to have higher telehealth adoption and better clinical outcomes. When used appropriately, telemedicine prevents medical errors and reduces malpractice claims, as fewer things “fall through the cracks.” Stressed clinicians report that telemedicine lessens feelings of burnout and enhances their sense of control. Finally, telemedicine has promoted innovation

and collaboration during the pandemic, with COVID protocols developed in one part of the world making their way to other parts in a matter of minutes.

Exhibit 4: Telehealth Adoption Tied to Hospital Performance



To download the infographic and view the footnotes go to www.americantelemed.org/resources/telehealth-adoption-and-hospital-performance.

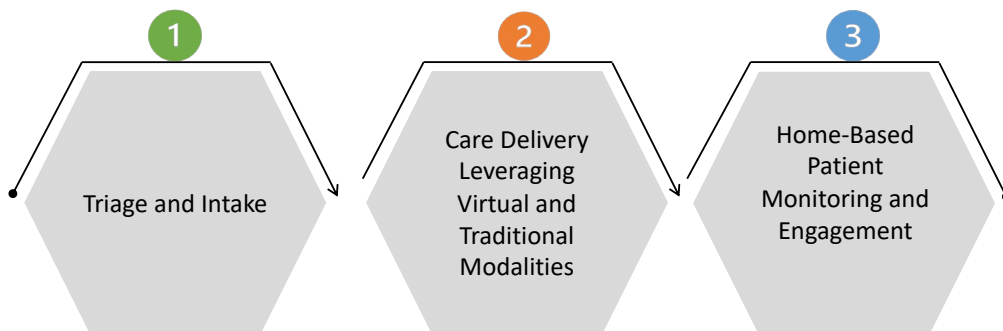
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If providers use telehealth only to replace in-person visits, they are selling the technology short. Rather, it should be used to reimagine care delivery. For example, during the height of the pandemic, Intermountain Healthcare in Utah ran out of inpatient capacity. To address this issue, they used remote monitoring for less severe COVID patients who could be stabilized with in-home oxygen therapy. They tracked these patients at the same level of intensity as those in the hospital, quickly bringing them in for in-person care if their condition deteriorated. Intermountain and others also employed app-based tools that allowed patients to enter symptoms and determine if they likely had COVID, and, if so, whether it was safe to remain at home.

Telemedicine also has the potential to transform post-procedure care. Rather than making recovering patients travel for follow-up visits, telehealth allows providers to assess how well they are healing and recovering at home, with no need for an uncomfortable, painful trip outside the home. Advances in AI and imaging will soon allow front-office staff to assess patients without making them come in for unnecessary follow-up care.

As **Exhibit 5** shows, the future of care delivery involves widespread adoption of telehealth to facilitate digital triage and intake, care delivery that leverages virtual and traditional modalities, and home-based patient monitoring and engagement.

Exhibit 5: The Future of Care Delivery



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See [Consumerism 3.0: Healthcare in a World of Post-COVID Expectations: Insights from the 2022 System Forum](#) to read all the presentation summaries from *The Governance Institute's 2022 System Forum*.

