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Adaptive Transformation

Telemedicine Comes of Age

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Published April 15, 2020

TELEMEDICINE COMES OF AGE

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MUCH-NEEDED NOW

"I've seen a 50% decrease in new patients, and I see all existing patients by telemed"

As hospitals and private practices struggle to cope with the COVD-19 pandemic, access to non-emergency care has dramatically declined. The government has stepped in to improve the supply of care: Medicare now allows physicians to see new patients remotely, and regulations on HIPAA compliance have relaxed to enable covered providers to make use of popular video conferencing applications, e.g. FaceTime, Zoom, Skype.[1,2]

ADOPTING ON THE FLY

"The first few days were rough. A lot was on the patient's end. They're not millennials"

Even with the electronic health / medical record systems already implemented, the US healthcare system was not prepared to shift rapidly to telemedicine. Many practices and hospitals had limited or no experience using new technologies with patients and have had to adopt a new approach. Patient access to reliable Internet service and an Internet-ready device is not a given. Furthermore, some patients, particularly the elderly, may lack experience using communication software. Providers and office staff serve as tech support and spend substantial time to help patients prepare for their video conference.

Public and many private insurers are providing reimbursement for telehealth visits with video conferencing at rates equal to in-office visits. CMS has created new time-based codes for online evaluation and treatment. However, the rules for reimbursement differ by state and plan among private insurers. Providers still are not certain if or how they will be reimbursed for virtual check-ins and e-visits.

Patients remotely connect with providers through these avenues:

Visit type	Platform	Pre-visit	Visit	Post-visit
Virtual check-in	Real-time or store-and-forward (phone, text, email, etc.)	• Must obtain patient consent • May need to educate patient on connecting (not billable)	Brief, 5-10 min check-in Provider evaluates recorded images or videos, need for other services	• Sets follow-up • Writes prescriptions • Orders labs • Submits billing codes
E-visit	Online patient portal		Communication between patient and provider	
Telehealth visit	Real-time, interactive A/V system		Equivalent to an in-office visit	

ACCELERATING EXPANSION OF USE

"If COVID-19 goes away tomorrow, my practice will still be different. I love telemedicine and want to do it more"

The ideal healthcare system should enable providers to deliver efficient and meaningful patient care in the appropriate setting, in-person or remotely, without additional financial or bureaucratic burdens.

Technology for effective patient care. The integration of new technologies, e.g. wearables, implantable, live-updates on blood sugar, blood pressure, oxygen monitoring, and data sharing via EMR will enable physicians to safely take care of their patients remotely. Artificial intelligence – for routine and novel diagnostic of biomarkers, automated imaging evaluation – can facilitate quicker interventions.

Increased capacity for healthcare providers. Calculated use of remote management for certain populations will free up physicians' time for necessary, face-to-face interactions.

Established policies on reimbursement. When telemedicine demonstrates significant cost savings and positive effects on care quality and patient outcomes, private payers will be motivated to expand their reimbursement policies.

On April 2, 2020, the FCC unveiled a new $200M program to help fund telehealth programs for qualifying providers during the COVID-19 pandemic. Eligible organizations will receive full funding for approved "telecommunications services, information services and devices necessary to provide critical connected care" until funds are exhausted or until the pandemic has subsided.[3]

RESEARCH METHODOLOGY: Direct telephone interviews with physicians across the US: California, Connecticut, Florida, New York, Minnesota, Ohio

DISCLAIMER: Please check with city and state public health departments to coordinate local response; call your doctor if symptoms appear.

[1]Providers are asked to enable all available encryption and privacy modes when using 3rd-party video conferencing applications, and inform patients regarding the risks. Public-facing applications, e.g. Facebook Live, should not be used for telehealth.
[2]Department of Health and Human Services. Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency. Last updated March 30, 2020. https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html.
[3]Federal Communications Commission. Promoting Telehealth for Low-Income Consumers; COVID-19 Telehealth Program. April 2, 2020. https://www.fcc.gov/document/fcc-fights-covid-19-200m-adopts-long-term-connected-care-study.