

Telehealth up 53%, growing faster than any other place of care

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A striking indicator of telehealth's building momentum suggests that now is the time for physicians to understand how care delivered at a distance can fit it into a wide variety of practices.

A national study of insurance claims filed for alternative settings of care found telehealth rocketed up 53% from 2016 to 2017. That growth greatly outpaced other places studied—14% at urgent care centers, 7% at retail clinics, and 6% at ambulatory surgical centers (ASCs). In a telling sign of the shift in the delivery of care, emergency departments were the one setting reported on that experienced a decline—it was 2%.

The data—drawn from claim lines, the separate procedures listed within a claim—and analysis comes from a white paper, “FH Healthcare Indicators and FH Medical Price Index 2019: An Annual View of Place of Service Trends and Medical Pricing.” The paper was issued by Fair Health, a New York nonprofit that operates a vast database of commercial and Medicare claims.

The AMA is committed to making technology an asset in the delivery of health care, not a burden. Efforts in this area include creation of the Digital Health Implementation Playbook to speed the adoption and scaling of innovative solutions.

Learn more about the AMA's transformative digital health efforts.

Telehealth is rapidly growing in terms of claims, and advancing its signature combination of health information and telecommunications. It can encompass consultations such as video-conferencing with patients and fellow physicians—though generally not simply phone calls, emails or texts—as well the collection of health data and images that can be shared in real time or stored and transmitted.

The No. 1 diagnostic category for telehealth was mental health in 2016, but that dropped to No. 5 in this most recent Fair Health report, accounting for 7% of the claim lines in 2017 compared with 31% in 2016. Other categories of telehealth grew in 2017, with 13% of telehealth diagnoses being related to injuries or digestive system issues.

Increasingly, the focus is on mobile devices—referred to as mHealth—allowing for ease and continuity of tracking patient data, and to facilitate communication with the health care team as well as researchers. For example, blood-pressure data can be collected at home, sent to a patient’s mobile phone and then be transmitted through an app.

Even with all those developments, telehealth is still a tiny share of care provided. It accounts for 0.11% of the Fair Health claims lines data for 2017. That compares with 2.6% at emergency departments, 1.2% at urgent care centers, 0.91% at ASCs and 0.033% percent at retail clinics.

Payment catches up with telehealth

The AMA advocated for—and the Centers for Medicare & Medicaid Services has accepted—five new Current Procedural Terminology (CPT®) codes for 2019 that will allow physicians to be paid for their delivery of health care services using virtual technologies including remote patient monitoring (RPM) and e-consults. These include three CPT codes for RPM and two for e-consults with another health care professional.

In the Fair Health white paper, telehealth claims were identified by CPT codes such as CPT 99441—telephone evaluation and management service provided by a physician to an established patient—or telehealth modifiers such as GQ.

Follow the AMA Playbook for digital success

The objective of the AMA’s 100-page Playbook is to provide “key steps, best practices and resources” for physicians who want to start and move forward in a quick and informed manner.

The authoritative guide discusses implementation, evaluating vendors and scaling up telehealth as a practice’s competencies and confidence grow. Also included are up-to-date CPT coding information, checklists and worksheets and other resources.

Another resource is part of the AMA’s STEPS Forward™ collection of practice-innovation tools available at the AMA Ed Hub™. The CME module, “Adopting Telemedicine in Practice,” is enduring material and designated by the AMA for a maximum of 0.5 *AMA PRA Category 1 Credit*™ (CME information and disclosures).