COVID-19 makes telemedicine mainstream. Will it stay that way?

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Telehealth had been gaining momentum in recent years, but the COVID-19 pandemic is propelling physician practices to quickly figure out how they can best use the technology to provide patients with care while practicing physical distancing.

And the change is expected to have a lasting impact on medicine.

AMA experts shared details about resources they have created to help physician practices quickly launch telehealth—including the continuously updated AMA quick guide to telemedicine in practice—during an American Medical Informatics Association (AMIA) webinar on telehealth during COVID-19. They also discussed how the Trump administration has been a willing and engaged partner with the AMA in greatly expanding Medicare coverage for services provided through telehealth and improving its payment policies so that physicians can offer the services to more patients and get paid for practicing medicine this way.

The Drug Enforcement Administration and the Substance Abuse and Mental Health Services Administration have also implemented new policies to help patients who need controlled substances for pain relief or treatment for opioid-use disorder. During the COVID-19 public health emergency, controlled substance prescriptions may be based on telehealth visits, including audio-only telephone visits, and physicians who prescribe buprenorphine for opioid-use disorder can initiate or continue this treatment with telehealth or phone visits.

While no one can predict exactly how much telemedicine will be used once the pandemic is over, experts at the AMA and physicians on the front lines agree that this experience will result in it being more widely used than it was before the pandemic.

“There are going to be changes in the practice of medicine going forward based on all this use of telehealth. We are quite certain of that,” said Sandy Marks, the AMA’s senior assistant director for
federal affairs. “We are definitely going to be pushing for some of these new policy flexibilities to remain in place.”

Stay up to speed on the AMA’s COVID-19 advocacy efforts and track the fast-moving pandemic with the AMA's COVID-19 resource center, which offers a library of the most up-to-date resources from JAMA Network™, the Centers for Disease Control and Prevention, and the World Health Organization.

**Connecting doctors with resources**

In addition to paying for audio-only telephone calls, the Centers for Medicare & Medicaid Services (CMS), among other things, implemented temporary policy changes that pay for telehealth services at the same rate as in-person visits, expanded what services are covered, and stopped enforcing rules that require a physician to have a previous relationship with a patient.

Physicians can find up-to-date information on payment and policies at the AMA’s resource on CMS payment policies and regulatory flexibilities during the COVID-19 emergency.

These changes have “been integral in helping to allow for the acceleration and use of telehealth across the industry,” AMA Digital Health Strategy Manager Stacy L. Lloyd, MPH, explained. In response, the AMA has developed telehealth resources for physicians.

Among these is the Telehealth Implementation Playbook, which walks physicians through a 12-step process to implement real-time audio and visual visits between a clinician and a patient. Lloyd said it will be a powerful resource for practices as they continue to implement telehealth beyond the pandemic.

**Telehealth in action**

Three physicians joined the webinar to discuss the innovative ways their institutions are using telehealth during the pandemic.

Indiana University Health quickly coordinated ambulatory visits across the state using an existing telehealth platform. There were more than 32,000 virtual clinic visits statewide as of April 20 and centralized clinical algorithms in a virtual COVID-19 hub screened thousands of patients across Indiana.
At New York’s Mount Sinai’s virtual urgent care practice, telehealth went from a system that some physicians used to one that onboarded many new health care professionals from a number of specialties to provide COVID-19 guidance to patients with different severities of the illness.

Boston Children’s Hospital began using telehealth to treat patients in the hospital and connect families to their children, promoting physical distancing and preserving hard to get personal protective gear.

Physicians agreed there are issues that will need to be addressed going forward, including equity for patients who don’t speak English and for those who don’t have access to smartphones or the internet. But, they predicted, telemedicine will play a more prominent role in medicine going forward.

“The genie is out of the bottle in terms of the things that are just a home run [when it comes to telemedicine] … things that can be done truly very well virtually,” said Emily C. Webber, MD, a pediatric hospitalist and chief medical information officer at Riley Hospital for Children in Indianapolis.

Learn more with the AMA about how to apply to take part in the Federal Communications Commission’s $200 million COVID-19 Telehealth Program.


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