

# Telehealth's post-pandemic future: Where do we go from here?

SEP 7, 2020

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Concerned about exposing patients and their families to COVID-19, doctors and other health professionals are expanding telehealth services, using a variety of audio and video technology to make connections.

Meg Barron, the AMA's vice president of digital innovation, reported that even prior to the pandemic's onset, telehealth visits and remote patient monitoring had doubled since a 2016 survey, increasing from 14% to 28% of physician respondents. The "AMA Digital Health Study" surveyed 1,300 physicians in 2016 and again in February 2019.

Since the beginning of the COVID-19 pandemic, Barron said use rose dramatically. She estimated that 60% to 90% of physicians are using some sort of telehealth services. About half, she estimates, are using the approaches for the first time.

"More physicians than ever have recognized digital health tools as an advantage for driving efficiency and safety in health care," she said. But despite the growth, many physicians still have needs to be met.

"Physicians' key requirements remained: Does it work? Will I receive proper payment? Will I be liable? Will it work in my practice or workflow?" Barron said.

Discover the five huge ways the pandemic has changed telemedicine.

## Optimizing telehealth to meet future needs

Looking to the future, Barron said the key challenge may be optimizing use of telehealth. "All signs point to more health at home" and determining how to optimize in person and virtual care, she said.

Barron presented in an AMA webinar, “Where does telehealth go from here?” Other panelists included Karen S. Rheuban MD, director and co-founder of the University of Virginia Center for Telehealth; Kimberly Horvath, senior legislative attorney, AMA Advocacy Resource Center; and Sandy Marks, AMA senior assistant director of federal affairs.

Dr. Rheuban said the University of Virginia Center for Telehealth has been a longstanding leader in the field, focusing on remote patient monitoring and intensive care. Most of the applications have been facility-based, she said, until the arrival of COVID-19.

Now, she said, the center is “moving from a Blockbuster model to a Netflix model,” using telehealth services to increase access to primary care and urgent care but also improve collaboration and efficiency of care with long-term care facilities, dialysis centers, clinics and other provider locations.

The center is also using telehealth service to expand access to long-term care patients and facilities and has adapted remote patient monitoring developed for in-patient use to out-patient management of individuals with chronic conditions.

## Improving long-term care

“Residents of long-term care facilities are among the most vulnerable to poor outcomes from COVID-19,” she noted. They often suffer from chronic underlying conditions, multiple comorbidities and reside in congregate settings such as nursing homes.

The center is developing a special program to improve access to 24/7 care in those settings and create an infrastructure to deploy rapid access to care and telemedicine consulting to partner long-term care facilities, she noted.

The center has also developed new telehealth goals for inpatient and outpatient use, and they are not limited to physician consultations, she noted. Goals include improving access, triage and patient care management, reducing patient and provider exposure to conserve personal protective equipment, providing better access for primary care and specialty visits, and improving internal and external training.

In an effort to keep our health care workers and patients safe amid the COVID-19 pandemic, the AMA has designed a telehealth quick guide to support physicians and practices in expediting the implementation of telemedicine, so care can continue to be provided to those who need it most.

## Changes in state and federal regulation

State and federal regulation has also been evolving since the beginning of the COVID-19 pandemic. While many state legislatures adjourned or postponed their session in March, almost every state took action to advance telehealth through gubernatorial executive orders, insurance regulation and directives, and Medicaid bulletins.

The AMA's Horvath said most states took action to facilitate expansion of telehealth, including expanding Medicaid and state-regulated health-plan requirements to provide coverage parity with in-person service and eliminating any geographic or originating site limitations, and temporarily allowing audio only as well as audio visual services. States also have established payment parity with in-person services and in some cases temporarily suspended deductibles, copayments and other cost sharing for telehealth.

The AMA is diving deeper on state legislative and regulatory solutions and working closely with state medical associations across the country as well as influential state policy organizations such as the National Governors Association and National Association of Insurance Commissioners.

Learn more about the AMA's COVID-19 state policy guidance on telemedicine.

## Expanding access with Medicare

Telehealth policies are also evolving at the federal level and Medicare restrictions have been lifted on a wide range of services and delivery technologies, according to AMA's Marks. Telehealth services are now covered for new and existing patients and approved two-way real-time audio-video technology has been expanded to include smartphones as well as audio-only communication.

"During the public health emergency, physicians can also provide telehealth to Medicare patients nationwide, not just rural patients," she said. Medicare patients can receive telehealth services in their homes, not just at medical facilities, and physicians are being compensated at the in-person payment rate.

Many services have also been added to Medicare's telehealth list during the public health emergency, including ventilation assistance, ophthalmological services and group psychotherapy.

Marks cautioned that telehealth services have been a critical tool during COVID-19 but, unless Congress acts, they will return to only being available to Medicare patients in rural areas and will not be available in the home after the public health emergency.

The AMA is supporting legislative proposals in Congress calling for the permanent lifting of geographic and site-of-service restrictions that would allow telehealth services to continue to be delivered nationwide and in patients' homes, she said.

Find out why telehealth progress could be erased if Congress fails to act.