

# Physicians can make most of telehealth—even after COVID's gone

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A couple years ago, just about every physician in the U.S. knew that telehealth would one day be a cornerstone of their practice, but few could have foreseen that it would so quickly become mission-critical because of a pandemic. And while COVID-19 will one day ebb, a new clinical reality has set in: Most practices will never go back solely to in-person visits.

In a recent episode of the "AMA COVID-19 Update," physicians whose practices have been on the front lines of this revolution discussed an initiative that has helped them implement telehealth services and also stay on top of issues surrounding them long-term, including payment and compliance.

## A guide in unfamiliar territory

The Telehealth Initiative—a collaboration between the AMA, the Florida Medical Association, the Massachusetts Medical Society, the Physicians Foundation and the Texas Medical Association—launched in the opening days of the pandemic to help reduce patients' and physicians' exposure to the disease and minimize surges in health care facilities by helping physicians redesign their practices.

"I had a platform before and I failed miserably," said Corey Howard, MD, founder and CEO/president of Howard Health & Wellness, a solo practice in Naples, Florida, adding that what helped him most was the AMA Telehealth Implementation Playbook.

"What I was able to learn is [how to] understand the workflow, how to design it, how to select some specific vendors," he said, also noting that he found the lectures helpful. "I was able to hear from some others and understand what they were doing right, what they were doing wrong, what I may have been doing wrong," including coding.

## Expect more (and less)

About a year into this seismic shift in the delivery of care, most physicians appreciate that telehealth can close the geographic gap between them and their patients. But many also think telehealth puts limitations on what they can accomplish—say, because of a perceived lack of biometrics—even though the opposite might be true.

Late last year, Compass Medical, in southeastern Massachusetts, created a hypertension remote patient monitoring program for more than 300 patients. In the first 90 days, average systolic blood pressure dropped between 11–12 mm Hg and diastolic blood pressure between 8–9 mm Hg.

The reason the program has been so effective, according to the company's chief medical information officer, Dhrumil Shah, MD, is that it has enabled care teams to gather information they never had before, including what exactly patients are eating.

"They are actually taking a picture of their meal and sending it to us," Dr. Shah said, adding that reducing cardiovascular risk and cerebrovascular risk should eventually translate into reduced total medical expense.

## There's no going back

The lesson to take from the last year is not just that telehealth is indispensable in a pandemic, but that it is now a permanent feature of the health care landscape, Dr. Shah noted.

"This genie is out of the bottle," he said. "If you are not doing telehealth, I don't think you are practicing medicine to the full extent."

He added that the best way to think of it is as a natural next step in the care model.

"Of course," Dr. Shah added, "you need the resources and help from the experts around you, because someone somewhere else has figured this out. You are not alone in this."

Learn more with the AMA about lessons from the pandemic on telehealth. Find out more about how the AMA is advancing telemedicine during the COVID-19 pandemic and check out the AMA telehealth quick guide.