Telehealth is here to stay, but payment is key to future use

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There is no question that telehealth is here to stay. The question is—at what level?

It’s a query that Joseph C. Kvedar, MD, the American Telemedicine Association’s board chair, tackled in a recent Health2047 podcast, “Lessons Learned from 2020 Give Us a Lens into Telehealth Adoption.” Health2047 is the Silicon Valley-based innovation subsidiary of the AMA created to transform U.S. health care at the system level.

Patients and physicians are enthusiastic about telehealth, but two wild cards that will impact what it looks like as a part of care going forward are:

- How much are payers willing to reimburse on a fee-for-service basis?
- How much will the industry adopt value-based payment?

The latter is important because in a value-based world, telehealth is king. It is generally more efficient and there are numerous ways to extend access to care, Dr. Kvedar, also co-chair of the AMA Digital Medicine Payment Advisory Group, said in the podcast. But it’s crucial that payers continue to pay for the care delivered via telehealth.

“I keep emphasizing that, but it is a really important thing. There’s no quicker way to put a chill on the whole concept than to, say, have Medicare stop paying for it or pay for only a very small amount,” said Dr. Kvedar, a professor of dermatology at Harvard Medical School.

The podcast is part of a monthly series from Health2047 called “So You Want to Transform Healthcare.” It is hosted by Health2047 Managing Director of Medical Affairs, M. Christine Stock, MD, and features candid conversations with leaders who are working to bring technology-enabled innovation into health care. Find more podcast episodes here.
A promising future

Aside from payment, another barrier to virtual care use was that physicians had to go to a third app or a third screen to get anything done via telehealth, something doctors who prefer to stay in one software environment to get all their work done tended not to like, Dr. Kvedar explained.

“But we’ve crossed that threshold. It’s integrated in most electronic work flows now,” he said.

Also on the good news front: While privacy rules were relaxed during COVID-19 to allow platforms such as FaceTime, Zoom, Google Hangout and Microsoft Teams to be used because physicians had to switch so abruptly, some companies have spent the past year and a half integrating more privacy and security into many of the platforms that people have come to rely on for telemedicine.

“Most of those firms that want to be in this market have developed a HIPAA-compliant, secure solution. Some of them are incorporated directly into the electronic health records,” Dr. Kvedar said. For example, his office has Zoom integrated into Epic.

“There isn’t really any need any more to worry about people using an insecure solution because there are so many secure ones around. We just need to publicize that to our colleagues,” he said.

Also on a positive note, since 2017, a number of Current Procedural Terminology (CPT®) codes also have become available for physicians and other clinicians to bill for the digital health services they are providing.

Questions remain

Still, there is plenty of work ahead and even more questions, such as:

- How can practices plan for the future while uncertainty about payments remains?
- What will make the most financial sense for practices that were traditionally brick and mortar clinics competing against online-only telehealth services?
- What will be done to prevent fragmentation of care?

Podcast host Dr. Stock summed it up this way: “Even though telehealth was used widely and just about became a household word last year, we risk retreat to pre-pandemic use if we don’t continue to pave the way for adoption.”

The benefits of expanded telemedicine are clear. Join physicians who are advocating to permanently expand virtual care coverage