Why telehealth will be part of post-pandemic health care ecosystem

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While the telehealth surge that COVID-19 generated has tapered off, Baptist Health Kentucky recognizes that—in light of patient enthusiasm for using the technology—it must continue to refine its offerings and ensure that the connecting tools patients use to communicate with their physicians reduce rather than worsen health inequities.

“Patients have had a taste of this and whether you’re in a small practice or an organization, it would be really easy to go, ‘Boy, glad that’s over,’ and move on,” Dr. Oliver said. “But I think that would be a mistake.”

Non-traditional players in the health care field are showing patients what’s possible with telehealth and other remote digital health tools, so if a physician or health system aren’t offering these options to their patients, many will find someone else who will.

“If patients are selecting that, you better learn to play the game,” Dr. Oliver explained.
Supporting telehealth is an essential component of the AMA Recovery Plan for America’s Physicians. You took care of the nation. It’s time for the nation to take care of you. It’s time to rebuild. And the AMA is ready.

Telehealth is critical to the future of health care, which is why the AMA continues to lead the charge to aggressively expand telehealth policy, research and resources to ensure physician practice sustainability and fair payment.

**Rapid physician, patient adoption**

Baptist Health’s telehealth trajectory matched that of many other health systems. Prior to the COVID-19 public health emergency, the percent of the system’s visits that were conducted virtually was less than 0.1% as Dr. Oliver and colleagues were slowly building their capabilities.

“Sure, we had some urgent care video visits available pre-COVID,” he said. “They were staffed—let’s just say less than optimally—and we literally had one designated (nonphysician) provider for that from nine to four, Monday through Friday. That was really the only availability.”

At the end of 2019, Baptist had a goal of rolling out video visits with primary care physicians who were willing to try them.

“Then, when COVID hit obviously, like probably everybody else, it just went through the roof,” Dr. Oliver said, with telehealth peaking at 58% of all visits at one point.

“We rolled out something over a weekend that literally we would’ve taken nine, 12, 15 months to test,” he said.

The pandemic forced the postponement of a newly launched pilot that sought to use remote patient-monitoring devices to reduce hospital readmissions for patients with congestive heart failure or chronic obstructive pulmonary disease. The pilot was halted so that devices could be used for COVID-19 patients.

Baptist Health’s telehealth capabilities were boosted by a $873,982 Federal Communication Commission grant that was part of the $200 million COVID-19 Telehealth Program, which was included in the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

The grant helped pay for equipment to remotely connect critical care physicians and caregivers with COVID-19 patients in one of the system’s eight hospitals or those being monitored at home. In addition, all Baptist Health Medical Group offices were equipped with a video camera and speaker to
Telehealth and health inequity

In moving forward with telehealth, Dr. Oliver said Baptist Health is well aware of the technology’s ability to both mitigate and exacerbate health inequities.

“We already have inequity in that—if you don't have access to broadband—there's a lot of things you don't have access to,” he explained.

“So that's a concern for us, as it undermines our plans for achieving equity,” Dr. Oliver said. “Some of your patients with fewer resources are going to have greater challenges—and that's where you want to pour your resources, but you can't get to them.”

Baptist Health efforts in this area include advocacy for continued payment for audio-only visits and working with vendors to try other technologies where high-speed broadband internet access is not available. This includes creating cellular “hotspots” to conduct remote patient monitoring with a cell connection or installing fiber optic internet “hubs” to create spaces where patients can connect with their physicians for a video visit.

Baptist Health also works to avoid creating a digital divide with older users for whom telehealth can mitigate inequities worsened by transportation challenges.

“We've got a bell curve where, yes, definitely 20- to 40-year-olds are going to use our digital services more frequently, but we have patients all the way up over a 100 years old utilizing video visits,” Dr. Oliver said.

Initial video visits can be challenging regardless of the age of the patient. So Baptist Health reaches out to new users the day before a scheduled visit and walks them through the process.

“Once they're set up, they’re some of the more prolific users,” Dr. Oliver said.

Baptist Health offers three types of virtual visits: Scheduled video visits, unscheduled urgent care video visit and e-visits where patients fill out a questionnaire that can help assess their status regarding 25 different conditions.

“We learned that 52% of our folks that did an e-visit in the last 90 days, had done one before—that blew me away,” Dr. Oliver said.
“That exceeded my expectations,” he added. “We’ve only been live with it for a little less than a year, so it would’ve been great to have 15% return users. So to have half the folks using it be return users, that means telehealth could be on the precipice of exploding once more.”

The AMA supports more funding for telehealth infrastructure, such as broadband internet and internet-connected devices, and continues to promote research on the telehealth impacts on health equity, care quality and cost, patient satisfaction, implementation science and clinical appropriateness.

The AMA Telehealth Immersion Program offers a comprehensive curriculum to help physicians navigate the world of telehealth alongside peers through a series of webinars, interactive peer-to-peer learning sessions and boot camps.