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Telehealth and Beyond: What Modern Healthcare Looks Like Now

With its growth accelerated by the COVID-19 pandemic, the adoption of telemedicine represents a new era of modern healthcare. The demand for virtual health services skyrocketed as a means to minimize the spread of the virus. Meanwhile, rapid changes to regulations, legislation, and reimbursement models have made it possible to usher in this innovative age of healthcare at a rapid pace.

As patients and providers alike embrace the expansion of telehealth, much remains to be seen regarding the long-term sustainability, benefits, and costs. Practices will need support from the federal and state governments to maintain its widespread adoption. Yet, it is certain that virtual care will remain a core aspect of the United States healthcare system in the future.

Lessons Learned from Socially-Distanced Healthcare

We learned that telehealth is critical to treating patients from afar in a safe and efficient manner. Once predicted by experts to reach 36 million in 2020, telehealth visits for general medicine are now closing in on 200 million. The initial outbreak of COVID-19 in March increased adoption by 50% in just a few weeks, allowing care to continue despite quarantine guidelines. Next, we've learned that extending telehealthcare to a broader range of patients requires regulatory support. Without the changes made to regulations for telehealth visits and increased insurance coverage from Medicare, Medicaid, and private insurance policies, the rapid, widespread adoption would not have been possible.

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We've also learned that to adapt quickly in time of crisis, we must reduce the administrative burden of healthcare. We can look to the Centers for Medicare and Medicaid Services (CMS) 2021 Evaluation and Management Level of Service guidelines for telehealth services as an example. The guidelines are not only focused on allowing providers to take in information quickly, but they were also made available for early use.

The patient experience is changing as well, and not just in terms of telehealth visits. The days of filling out reams of paperwork on a clipboard, passing over physical insurance cards and forms of identification to the front office staff, and waiting in a packed waiting room are fading out. Ambulatory care practices are now pre-checking in patients through texts, phone calls, and portal messages. Patients are taking a proactive role in this process. They can easily upload new insurance information ahead of time, fill out forms online, and wait in their car before being called for their appointment. Post-pandemic, we'll likely see some patients return to traditional waiting rooms pre-appointment; however, the time they spend there will be shorter. Patients will continue to respond favorably to options that deliver convenience and accessibility throughout their experience.

What About the Physical Footprint of Healthcare?

Prior to the pandemic, landlords had the advantage over commercial tenants. Today the economy and real estate market look very different. The Physicians Foundation surveyed 3,500 doctors in July and found that 8% reported closing their offices in recent months (estimated to be around 16,000 medical practices). Four percent said they planned to close in the next year. As more practices close, property owners and firms will be focused on finding and retaining high-quality tenants. This shift in the market may allow for a greater percentage of owned real estate by medical practices and more favorable leases for rented real estate.

3,500

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4%

of the doctor surveyed said that they planned to close their offices in the next year

What To Expect from Telehealth in the Future?

Post-pandemic, it makes the most sense to examine how patients feel about the quality of telehealthcare. Doximity researched changing attitudes around virtual care by surveying overly 2,000 adults in July 2020. According to its research, 28% of Americans reported that they find telemedicine to be the same or better quality care than traditional in-office care. Fifty-three percent of surveyed patients with chronic illnesses agreed with this statement. The survey also uncovered other interesting results including:

- **Before COVID-19, 86% of Americans had never used telemedicine, but since the pandemic, this number has decreased by half.**

- **Twenty-eight percent of respondents plan to use telehealthcare options more often.**

- **Doctors in their 40s and 50s reported using telemedicine more often than their younger colleagues in their 30s.**

Penn Medicine found similar results in its research of nearly 800 gastroenterology and hepatology patients from March 16 to April, 2020. Sixty-seven percent of participating patients viewed virtual care appointments as "positive and acceptable substitutes to in-person appointments." However, the research did show differing results by age and race. Patients aged 60 or older and patients of color viewed the appointments slightly less positively on average. Eighty-eight percent of participating clinicians rated the virtual care visits as good or better than in-person visits, and over 80% reported being somewhat to very satisfied with the level of care they were able to provide patients.

67%

of patients involved in the Penn Medicine study viewed virtual care appointments as "positive" and acceptable substitutes to in-person appointments

80%

of clinicians involved in the study reported being somewhat to very satisfied with the level of care that they were able to provide to patients via telehealth

"28% of Americans reported that they find telemedicine to be the same or better quality care than traditional in-office care."

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Mental and behavioral health has seen some of the most rapid growth in telehealth service usage.

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Major carriers are currently reimbursing many virtual and in-office services at the same level.

"The overall response to virtual care has been favorable, especially in light of the compressed timeline"

In general, the overall response to virtual care has been favorable, especially in light of the compressed timeline that clinics and hospitals alike had to implement large-scale programs. Mental and behavioral health has seen some of the most rapid growth in telehealth service usage. The pandemic has highlighted the need for accessible mental healthcare as nearly half of all Americans report that the pandemic is negatively affecting their mental wellbeing. We will likely continue to see an emphasis placed on virtual care in treating conditions such as anxiety and depression. The effectiveness of telemental healthcare programs was well-researched and confirmed effective prior to the pandemic.

Legislative Reaction To Telehealth

However, just how widespread telehealthcare will become post-pandemic relies largely on regulations and equitable infrastructure. Many regulatory changes that were implemented early in the pandemic are merely temporary, including the numerous telehealth codes added to Medicare coverage by CMS.

Under CMS's 2021 physician fee schedule, 9 new telehealth codes are permanent, and 13 are to be covered through the calendar year. The original proposal excluded services delivered by audio only; the final rule includes a new code for audio-only telephone services. It accounts for 11 to 20 minutes of medical discussion to determine whether an in-office visit is necessary for a patient. This is an important update, particularly for patients lacking access to high-speed Internet plans or smartphones with wireless data plans.

Concerns remain around reimbursement for telehealth services post-pandemic. Major carriers are currently reimbursing many virtual and in-office services at the same level. However, it remains to be seen whether this parity model will remain in the future due to concerns about costs in a fee-for-service environment.

The American Medical Association has advocated for greater support from Congress in expanding access to telehealthcare. In particular, the association's Senior Assistant Director of Federal Affairs, Sandy Marks, has called for legislative proposals that support "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."

Telehealthcare could also provide an additional revenue source for clinics and hospitals as the industry and the larger economy attempt to recover the pandemic. The American Hospital Association estimates the net financial impact of COVID-19 hospitalizations to be $36.6 billion between March and June 2020. The total financial impact of the pandemic on U.S. healthcare (which included cancelled surgeries, purchases of personal protective equipment, capital costs, and labor costs) is estimated to be $50.7 billion per month.

Some experts are calling for sustained accessibility to telehealthcare in order to treat preventable chronic diseases, which account for 75% of the country's healthcare spend. The convenience and cost-effective nature of telehealthcare may help to reduce the need for more costly, intensive treatments and services.

Ultimately, virtual visits are now a significant, legitimate arm of modern healthcare. We can expect to see telehealth remain a vital part of the industry, but continued expansion will require the support of legislators and regulators.

Practices that can leverage the convenience of telehealth to modernize patient experiences will likely fare best in a post-pandemic market.

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The estimated net financial impact (March–June 2020) of COVID-19 hospitalizations

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Advantages of Telemedicine for Patients and Providers

The geographic span of the United States, combined with inequities in the healthcare system, has created an uneven distribution of patient care services. Telehealth has long been touted as a means to reducing these inequities by helping to reach remote and/or underserved areas. The virtual nature of telehealthcare does provide advantages for reaching these communities when combined with reliable Internet access. What other advantages does it offer, and what disadvantages should providers and patients be aware of?

"Virtual visits save on secondary costs such as childcare, missed wages, and gas and help to prevent the need for more intensive, costly care through early intervention."

Patients who leverage telehealth services may reduce their healthcare costs overall. Virtual visits save on secondary costs such as childcare, missed wages, and gas. They also help to prevent the need for more intensive, costly care through early intervention. Jefferson Health of Philadelphia found significant savings in telehealth came primarily from reduced emergency department visits. In their study of 650 patients who used telehealth services, "The net cost savings to the patient or payer per telemedicine visit compared from $19 to $121 represents meaningful cost savings when compared with the $49 cost of an on-demand visit. The primary source of the generated savings is from avoidance of the emergency department, as this is by far the most expensive of the alternative care options provided."

The expansion of telehealth is largely due to efforts to contain the spread of COVID-19. In the future, continuing to use these virtual visits can help to slow the spread of various communicable diseases. For patients with chronic conditions and compromised immune systems, telemedicine provides additional safeguards. It also helps to reduce the number of infected patients a provider comes in close contact with during in-person visits.

$19–$121

Is the net cost savings to the patient or payer per telemedicine visit.

$49

Is the cost of an on-demand vist.

There is also some evidence that telehealth can reduce healthcare expenses for the system on the whole. Key areas of potential savings include improved productivity, reduction of secondary care visits, and fewer incidents of rehospitalization. In regards to overhead expenses, providers can focus on billable time, time spent with patients, and optimizing their staffing models. These changes may translate to fewer no-shows, downtime, the need for less examination space, and administrative work.

Telehealth Disadvantages and Risks

The accessible nature of virtual healthcare is also its biggest weakness. The United States Department of Health & Human Services relaxed measures around telehealth, allowing providers to provide services "to patients using remote communication technologies, such as commonly used apps – including FaceTime, Facebook Messenger, Google Hangouts, Zoom, or Skype – for telehealth services, even if the application does not fully comply with HIPAA rules." These relaxed guidelines don't affect standards for documentation, consent, and billing. They also don't address the fact that many public-facing remote communication technologies present greater vulnerability in terms of security and patient data protection. Furthermore, manual processes for scheduling, receiving consent, billing, and taking in paperwork for patients introduces greater risk for errors, especially when disparate systems are at play.

The use of unencrypted channels presents greater potential for hacking and access of private medical data. In order to protect their patients and their practices, healthcare facilities should take care to obtain Business Associate Agreements (BAAs) with vendors. CMS has waived requirements for these agreements with vendors for the time being. However, BAAs are still essential for meeting the requirements of many insurance companies regarding data breaches and identity regulations.

- *Improved productivity*
- *Decrease in secondary care visits*
- *Decrease in rehospitalizations*
- *Fewer no-shows*
- *Decrease in need for examination space*

"Providers often use remote communication technologies, such as FaceTime, Facebook Messenger, Google Hangouts, Zoom, or Skype, for telehealth services."

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Test out the software and make sure that your audio and camera are working correctly.

Make sure to come prepared with telehealth specific encounter templates.

There are also concerns regarding care delays of which to be aware. Patients who seek treatment virtually in the case of an intensive or emergency care need may not receive the care, treatment, or testing in a timely manner. Providers must also rely more heavily on patient reports during telehealth visits. If a patient is unaware of or chooses not to report a symptom, a provider may not receive all of the information they need to make the most effective decisions regarding care.

What Makes For a Good Telehealth Session?

While telehealthcare isn't appropriate for every patient or need, there are steps providers can take to ensure that it is as effective as possible. First, always test out any new software and hardware before interacting with a patient. Ensure that you and your test "patient" can hear and see each other well. Adjust your screen so that patients can see your upper torso and body language, rather than just your face. You may also want to consider how well your audio functions when there are multiple parties on the line, and if an external headset is required. Finally, before the session, prepare telehealth-specific encounter templates as needed so you have them on hand.

You may also consider the following tactics to improve your patient's telehealth visit:

- Begin the conversation with direct eye contact.
- Use a platform that allows you to adjust your screen remotely so you can view the patient better.
- Leverage active listening skills.
- Ask follow-up questions and leave room for patient questions.
- Reiterate any concerns or questions to let the patient know you understand.
- Explain next steps such as follow-up appointments, prescriptions, or referrals.
- Take in feedback from the patient on the experience both in conversation and through a follow-up survey.
- Be willing to make adjustments to your setup based on this feedback.

Getting Paid: Billing for Telehealth Services

Billing is another aspect of telehealth that requires special attention. Before the pandemic, most patients who received telehealth services were covered under private insurance carriers. However, the passage of the Coronavirus Assistance, Relief, and Economic Security (CARES) Act and Section 1135 of the Social Security Act has expanded the virtual services available to Medicare beneficiaries. These changes are still temporary and providers must take note of any future adjustments that will affect their billing options.

Providers can review the complete list of Medicare telehealth billing codes from CMS to ensure code and documentation requirements are met. It is especially important to note whether these services are available through telehealth patients to new patients or only patients who have been seen in-person in the past. Billing practices and reimbursement models vary more under private insurance carriers. America's Health Insurance Plans provide a regularly updated list of how carriers are responding to the pandemic. Instead of attempting to keep up with fluctuating requirements, providers can lean on telehealth platforms with integrated insurance eligibility to automatically check for these updates. Features such as task automation, eligibility checks, claims scrubbing, alerts, and tracking also help to create a seamless billing process.

As we move into the new era of modern healthcare, providers can minimize disruption and optimize the patient care experience through intuitive, purpose-built applications. RXNT's telehealth-friendly software is designed for the face of healthcare today. It allows you to easily schedule telehealth visits, run front-office operations from anywhere, foster patient-provider engagement, bill efficiently, and streamline administrative tasks. Reach out to our team today to schedule a free, no obligation demonstration and see how it can elevate your practice.

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