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Navigating the Future of Telehealth Access





Introduction

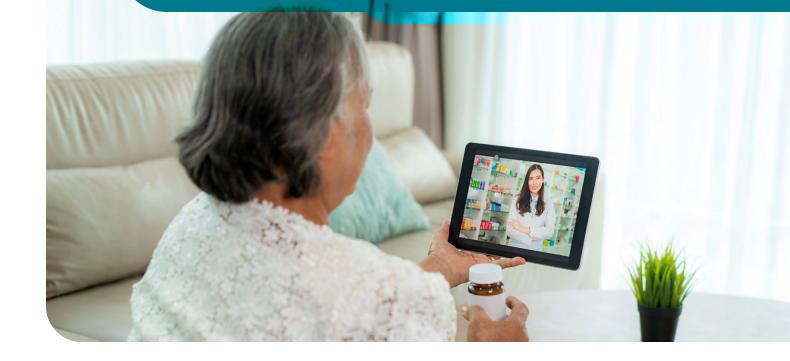
Telehealth was a lifeline during the pandemic, allowing patients to connect with their physicians without risking exposure to COVID-19.

Although telehealth was available many years prior to the pandemic, it was not widely used. The pandemic changed that dramatically, as evidenced by a 6,300% increase in Medicare telehealth visits between 2019 and 2020.1 Use of telehealth has since decreased but still remains much higher than pre-pandemic levels.2

Several factors have contributed to the uptake and retention of telehealth since the 2020 pandemic:

- Technology has evolved substantially, leading to increased patient and physician experience and comfort with virtual visits and reduced technological infrastructure required for health care organizations.
- Government regulations have changed in response to the pandemic. Some of the changes, such as Medicare easing access to mental health care, are permanent. Other changes, such as allowing Medicare patients to receive telehealth services in their homes and allowing physicians to provide telehealth services for their patients who are in different states, are temporary.³
- · Reimbursement for telehealth has improved.

Now that the COVID-19 Public Health Emergency has officially ended, the future of telehealth access falls to policymakers. They face the task of crafting balanced policies that allow patients and their physicians to incorporate telehealth as needed to deliver tailored, patient-centered health care.



Balancing Telehealth and In-Person Care

The benefits that spurred telehealth's use during the pandemic still apply today.

Telehealth allows patients to access health care without having to secure transportation, take time off work or obtain childcare.4 It cuts down on travel time and reduces missed appointments.⁵ Telehealth permits patients who live in rural or under-served areas to see physicians who specialize in their conditions. It also reduces exposure to infectious diseases. Patients whose conditions make in-person visits difficult, such as those with reduced mobility, can benefit greatly from the ability to interact with their physicians online.

Telehealth is not, however, a replacement for in-person medical care.

In-person visits allow physicians to conduct physical exams and detect new findingsparticularly subtle ones that may be missed in a virtual visit. Diagnostic tests such as blood draws and X-rays must be done in person. Not all patients have access to highspeed internet or possess the digital literacy needed for virtual visits. Moreover, some patients face language barriers that make it challenging to communicate with their physicians. Importantly, in-person visits permit an intangible human element that is possible only with face-to-face interactions.



Ideally, patients and physicians would discuss telehealth together and develop a plan for incorporating virtual visits into their health care as appropriate. These individualized discussions are necessary, because each patient's situation is unique. Even patients with similar medical conditions who live in the same city may have dramatically different comorbidities and preferences for telehealth. Additionally, physicians may recommend in-person care for a patient due to specific features of their disease, the

need for a hands-on physical examination or procedure, or patient preference. For these reasons, decisions about the balance between telehealth and in-person visits should be made by patients and their physicians based on the patient's needs and preferences.

Policies at the health plan, state, and national level must allow for these personalized care decisions rather than taking a one-size-fits-all approach to telehealth access.

Future Opportunities for Telehealth

Current trends in telehealth use suggest future opportunities among various groups.



Older Patients

Telehealth stands to benefit older patients who are less mobile and more likely to experience severe health consequences. Telehealth use was highest among those aged 65 and older in 2021, with 43% reporting telehealth use over the past year in a National Health Interview Survey.6 Continuing to encourage telehealth among older patients in the future may help improve access to care.



Low-Income Populations

Accessible telehealth can benefit patients of different income and education levels. Survey data found that telehealth use was 8% greater among those with the highest income and 15% greater among those with the highest versus lowest education.6 These trends underscore the importance of identifying the factors that influence telehealth use and suggest the need for technological education to allow Americans of all socio-economic backgrounds to use this valuable health care resource.



Communities of Color

Telehealth has the potential to help address unequal access to medical care among those of different races and ethnicities. According to 2021 survey data, telehealth use was highest among patients identifying as non-Hispanic American Indian or Alaska Native (41%), followed by non-Hispanic white (39%), Non-Hispanic Black (33%), non-Hispanic Asian (33%) and Hispanic (33%).6



Rural & Underserved **Patients**

Telehealth offers a significant advantage for patients in rural areas who must travel longer distances to see their physicians. Yet telehealth use was inversely related to city size in a recent survey, with patients in the largest metropolitan areas reporting the highest use of telehealth.6 The trend suggests opportunities for expanding telehealth among rural and underserved urban populations and exploring the reasons for these differences - be they attitudes, gaps in digital literacy or a lack of broadband access. Patients with rare diseases and those who lack medical specialists in their geographic regions particularly stand to benefit.



People with Mental **Health Conditions**

Mental health conditions consistently account for two-thirds of all telehealth visits.^{2,7} Telehealth is filling an important unmet need in mental health care, helping to address the stigma and social anxiety sometimes associated with mental health care visits, and the shortage of mental health providers in rural areas.8,9

Trends in the use of telehealth suggest substantial differences among rural vs. urban dwellers and according to education level. Data also indicate opportunities to expand services to reach under-served populations. Indeed, increased use of telehealth as a complement to in-person visits may help address several persistent problems in U.S. health care, including inequitable access, physician shortages and high costs.

Some illustrative scenarios are outlined below.

- A patient living in a rural area has been diagnosed with Parkinson's disease by a movement disorder specialist in a nearby city. No specialists are available in her geographic area, and she requires regular follow-up visits. Telehealth allows her to connect with the Parkinson specialist between in-person visits to get the specific care she needs, allowing her to avoid falls and maintain a good quality of life.
- An elderly man has multiple health conditions and is not able to walk well. He visits his primary care physician several times per year but frequently needs interim care. His daughter helps him with telehealth visits, which allow him to obtain the care he needs without the difficulty of traveling to his physician's office.
- A woman raising four children on the outskirts of a large city has been diagnosed with diabetes. She works during the week and doesn't own a car. Telehealth allows her to connect with her physician without taking time off work, helping to promote adherence to her treatment plan. Adherence in turn helps avoid the complications of uncontrolled diabetes such as dialvsis. heart disease, or stroke.

Future Opportunities for Telehealth



Patient Populations

- Mental health
- Older adults
- Rural

- Underserved
- Rare diseases
- Working adults



Individual **Benefits**

- Increased access to care
- Preventive care
- Fewer missed visits
- Convenience



Societal **Benefits**

- Better control of chronic conditions
- More equitable care
- More consistent care
- Improved follow-up

Removing Barriers to Telehealth

Given telehealth's ability to improve access to health care – and reduce costs caused by inadequate care – policies at the health insurance plan, state, and federal level must remove unnecessary barriers.

The Consolidated Appropriations Act passed by Congress in 2023 extended some of the COVID-19 public health emergency policies - but most are set to expire at the end of 2024.

For telehealth to reach its full potential, the following capabilities must be permanently extended

- ✓ Broadband access. Broadband access permits telehealth, which facilitates communication and interpersonal connections between physicians and patients. It also allows physicians to observe patients for new or evolving problems.
- ✓ Interstate licensure. Physicians must be able to treat patients who travel or live in other states. This is particularly important for specialists treating patients from large geographic areas that cross state lines. For example, many patients who live in rural counties see physicians in neighboring states because they are closer than in-state physicians. Such patients must be able to have virtual visits from their homes with their physicians in the neighboring state; interstate licensure would allow for this.

✓ Site-of-care stipulations.

Patients and physicians must be able to participate in telehealth visits from any private location. Patients should not be required to travel to specified sites for telehealth, because this negates many of its advantages. Similarly, physicians must not be required to hold telehealth visits from their office or hospital.

✓ Fair reimbursement for telehealth visits.

Telehealth is an important complement to in-person visits, and physicians use their expertise similarly in both virtual and inperson settings. Policy should reflect that fact and allow patients to utilize telehealth without being penalized financially.

Balancing virtual and in-person visits according to individual patients' needs and preferences will help optimize the physician-patient relationship and provide the flexibility to meet patients, particularly the underserved, where they are.

With strong policies in place, telehealth can continue to address persistent problems in the U.S. health care system and to support patient-centered care.



References

- Samson L.W., Tarazi W, Turrini G, Sheingold S. Medicare beneficiaries' use of telehealth in 2020: trends by beneficiary characteristics and location (Issue Brief No. HP-2021-27).
 Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services. December 2021.
- Centers for Medicare and Medicaid Services. Medicare telehealth trend report. Available at: https://data.cms.gov/summarystatistics-on-use-and-payments/medicare-service-type-reports/ medicare-telehealth-trends. Accessed July 14, 2023.
- US Health and Human Services. Telehealth policy changes after the COVID-19 public health emergency. Available at: https://telehealth.hhs.gov/providers/telehealth-policy/ policy-changes-after-the-covid-19-public-health-emergency. Accessed July 14, 2023.
- US Health and Human Services. What is telehealth? Available at: https://telehealth.hhs.gov/patients/understandingtelehealth. Accessed July 14, 2023.
- Adepoju OE, Chae M, Liaw W, Angelocci T, Millard P, Matuk-Villazon O. Transition to telemedicine and its impact on missed appointments in community-based clinics. Ann Med. 2022;54(1):98-107.

- Lucas JW, Villarroel MA. Telemedicine use among adults: United States, 2021. US Department of Health and Human Services. NCHS Data Brief No. 445, October 2022. Available at: https://www.cdc.gov/nchs/data/databriefs/db445.pdf. Accessed July 15, 2023.
- Fair Health. Monthly telehealth regional tracker. Available at: https://www.fairhealth.org/fh-trackers/telehealth. Accessed July 14, 2023.
- Lo J., Rae M, Amin K, Cox C, Panchal N, Miller B. Telehealth has
 played an outsized role meeting mental health needs during the
 COVID-19 Pandemic. Kaiser Family Foundation. 2022. Available
 at: https://www.kff.org/coronavirus-covid-19/issue-brief/
 telehealth-has-played-an-outsized-role-meeting-mental-healthneeds-during-the-covid-19-pandemic/. Accessed July 16, 2023.
- Mulvaney-Day N, Dean D, Jr., Miller K, Camacho-Cook J. Trends in Use of Telehealth for Behavioral Health Care During the COVID-19 Pandemic: Considerations for Payers and Employers. Am J Health Promot. 2022;36(7):1237-41.

Mary Ann Chapman, PhD, is a scientific writer based in Mead, Washington. David Charles, MD, is a practicing neurologist and chief medical officer of the Alliance for Patient Access.



Patient & Provider Advocates for Telehealth

advances policies that ensure robust coverage and minimal access obstacles for those who rely upon telehealth.

To learn more, visit telehealthadvocates.org



