

Virtual Care in the COVID World and Beyond

Opportunity, Risk and a Path Forward

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Disclosures:

I have no financial disclosure or conflicts of interest with the materials in this presentation.

Why are we here today? (Objectives)

1. Explore trends in telehealth and telemedicine prior to and as a result of the COVID-19 healthcare response
 2. Identify value of telehealth and telemedicine as an essential component of an effective healthcare system and in addressing system wide healthcare goals
 3. Recognize current barriers and obstacles for PAs and NPs in their use of telemedicine, and opportunities to overcome them
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Definitions

HRSA

The use of electronic information and telecommunications technologies to support and promote long-distance clinical healthcare, patient and professional health-related education, public health and health administration.



Illinois

"Telehealth" means the evaluation, diagnosis, or interpretation of electronically transmitted patient-specific data between a remote location and a licensed health care professional that generates interaction or treatment recommendations. "Telehealth" includes telemedicine and the delivery of health care services provided by way of an interactive telecommunications system...



CCHP

Telehealth is a collection of means or methods for enhancing healthcare, public health and health education delivery and support using telecommunications technologies.

Telehealth encompasses a broad variety of technologies and tactics to deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection of means to enhance care and education delivery.

ATA

Technology-enabled health and care management and delivery systems that extend capacity and access.

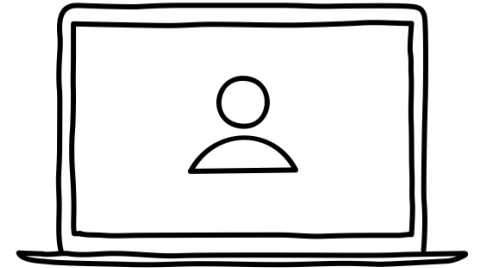
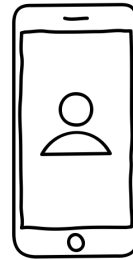
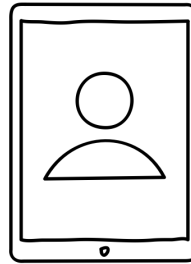


Virtual medicine is medicine

Modalities

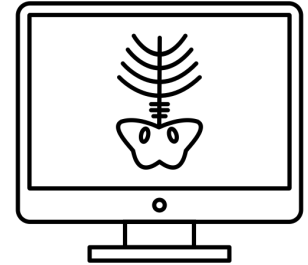
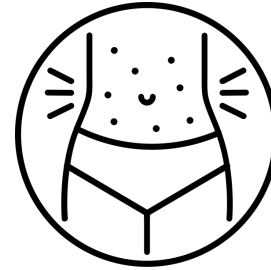
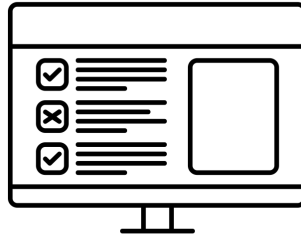
LIVE VIDEO

- “Synchronous”
- Provider to:
 - Patient
 - Caregiver
 - Provider
- Common uses:
 - E-visits (DTC, integrated systems)
 - E-consults (ECHO)



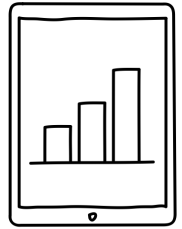
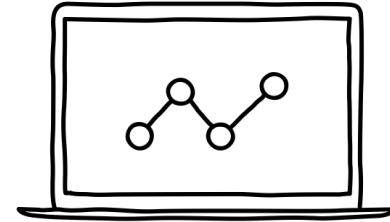
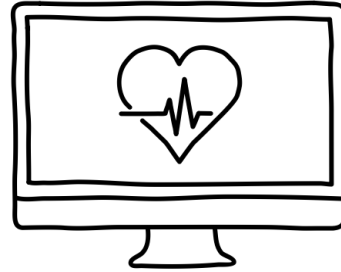
STORE AND FORWARD

- “Asynchronous”
- Patient data to provider, reviewed at later time
- Common uses:
 - Pathology
 - Dermatology
 - Radiology
 - Ophthalmology
 - DTC



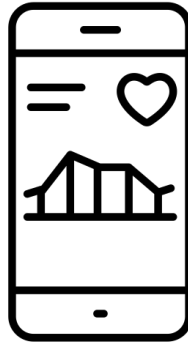
REMOTE PATIENT MONITORING (RPM)

- Patient data to provider
- Examples:
 - Home monitoring
 - Primary care
 - Hospitals/ICU
 - SNFs
 - Case management



mHEALTH

- App-based
- Examples:
 - Disease monitoring
 - “Nudges”
 - Notifications & updates
- FDA regulations



How did we get here?

Estimate your % of patient care
via telemedicine prior to
COVID?

Past - January
2020

Pre-COVID

January
2020

Early COVID

March
2020

First Wave

May-Sep
2020

The Slowdown



53%

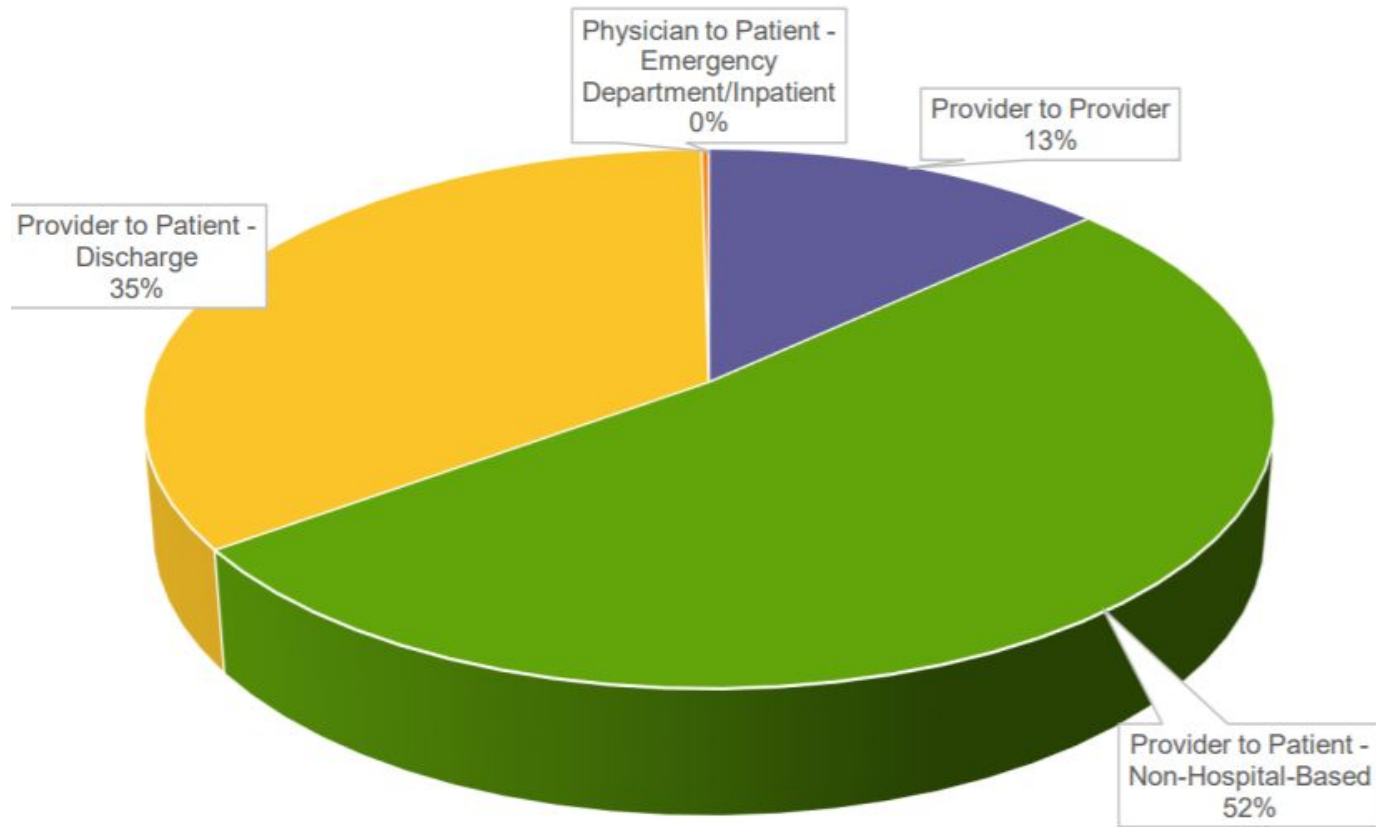


Total telehealth growth 2016-2017 (by claim lines)

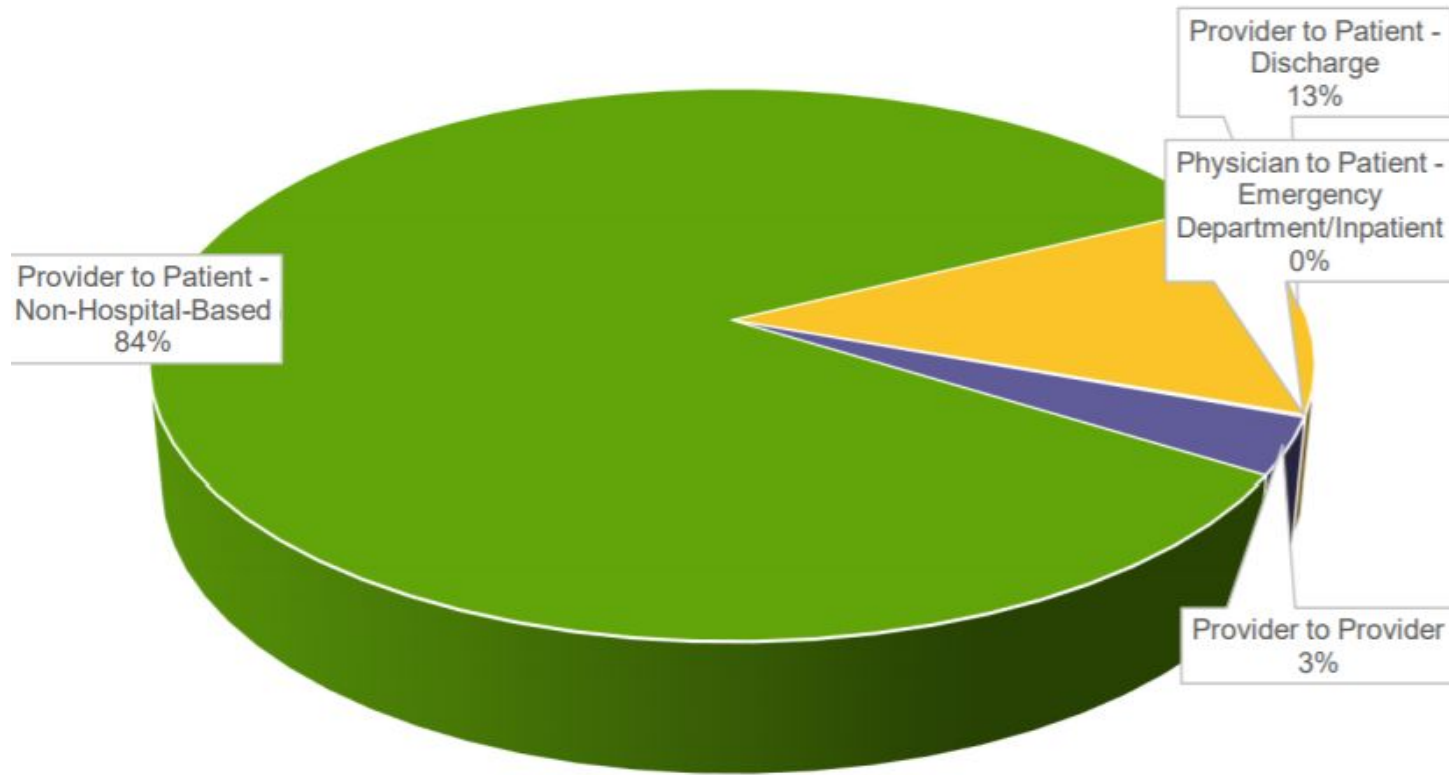
1393%



2014 to 2018, use of non-hospital-based provider-to-patient
telehealth



2014: Virtual Care by Type



2018: Virtual Care by Type

0.14%



Telehealth percentage of total claim lines nationally, 2018

11%



US consumer use of telehealth, 2019

\$3 billion



Estimated telehealth annual revenues, 2019

Perceptions

“**Evidence is mixed about the efficacy of telehealth services**”. Expanding telehealth could “drive increases in healthcare spending by increasing utilization or **promoting unnecessary use.**”

[MedPAC] questions the viability of telehealth within the conventional fee-for-service structure.

“Some believe that telehealth is **better suited for capitated or bundled payment settings where financial risk is shared** by providers or payers,” the commission states.

Congress Takes Aim at Opioid Crisis With Telehealth Expansion

The massive opioid crisis response legislation now headed to President Trump's desk includes several provisions to expand telehealth and telemedicine services to treat substance abuse and mental health issues.

October 4, 2018:

<https://mhealthintelligence.com/news/congress-takes-aim-at-opioid-crisis-with-telehealth-expansion>

VA Secretary Seeks \$1 Billion for Veteran Telehealth Services

March 29, 2019 - The Department of Veterans Affairs is seeking more than \$1 billion in federal funding to expand its telehealth network for veterans.

In testimony on Capitol Hill this week, VA Secretary Robert Wilkie noted the agency **topped 1 million virtual visits in 2017**, a 19 percent increase over the prior year, and wants to increase the number of veterans using connected care from the current rate of 13 percent to 20 percent.

Trump Pushes Telehealth, mHealth Adoption in Medicare Executive Order

President Trump's Executive Order on Medicare includes directives to increase telehealth adoption in Medicare Advantage plans and improve the process for permitting and covering new mHealth tools and services.

October 4, 2019:

<https://mhealthintelligence.com/news/trump-pushes-telehealth-mhealth-adoption-in-medicare-executive-order>

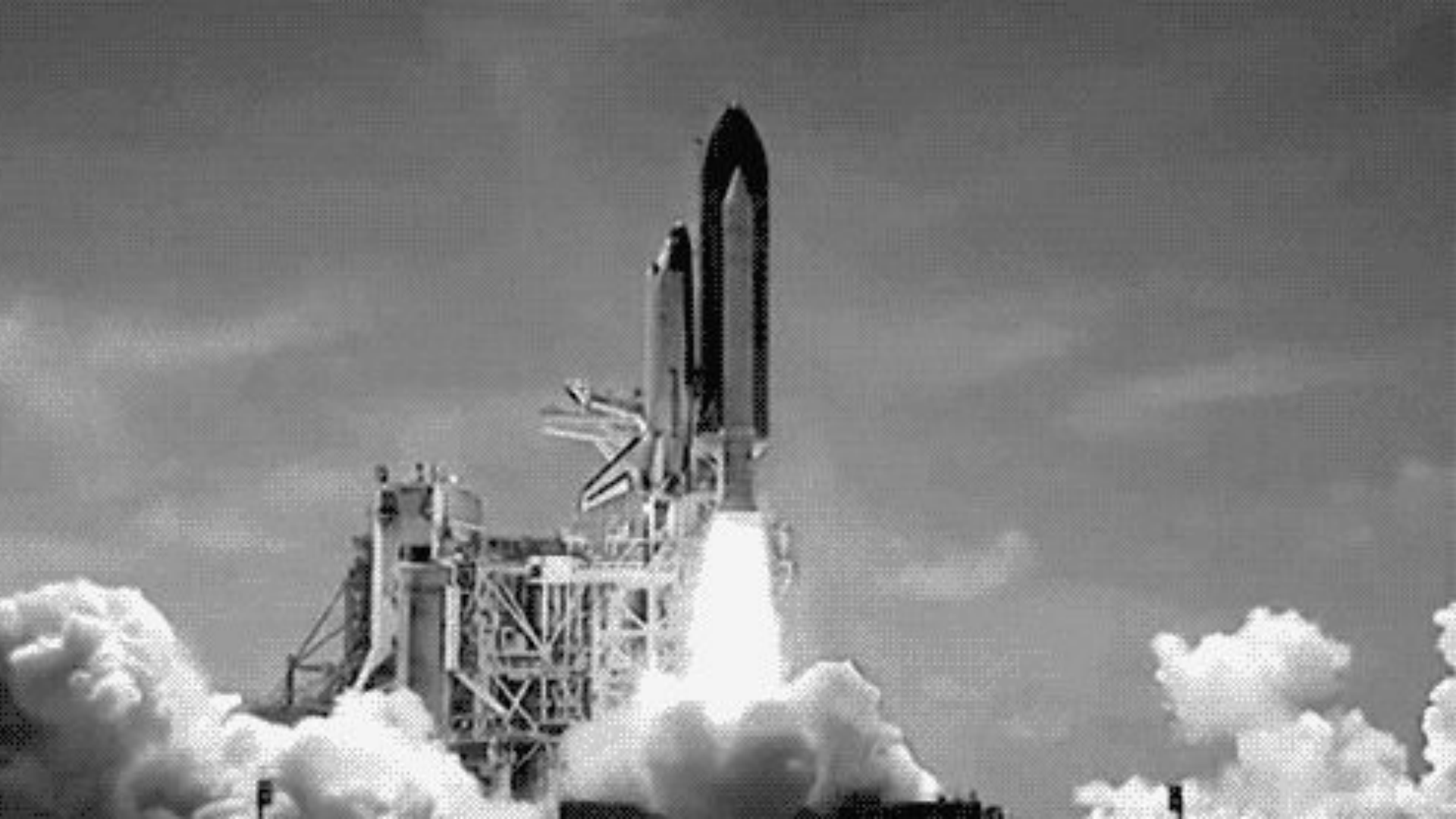
Walmart 

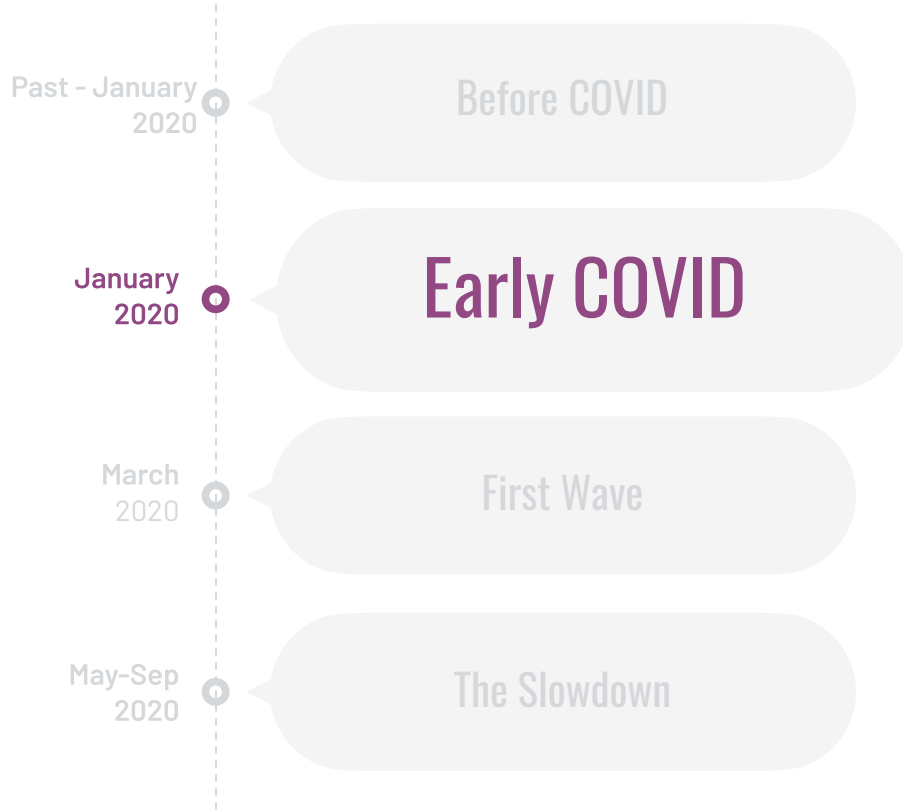
amazon 



GoodRx







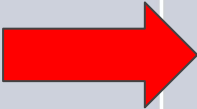
January 21, 2020

First COVID case confirmed in US in Washington State

January 31, 2020

National Public Health Emergency Declared

	Distant Site Telehealth Practitioner Types Allowed	Geographic Location and Telehealth Originating Site	Telehealth Technology Requirements
Temporary telehealth flexibilities during COVID-19 public health emergency	<ul style="list-style-type: none"> Removes all restrictions on practitioner type 	<ul style="list-style-type: none"> Removal of rural restrictions – expands telehealth to urban areas Originating sites also includes temporary hospitals Beneficiary’s home 	<ul style="list-style-type: none"> Interactive Audio-only for certain services Enforcement discretion allows use of non-public facing remote communications products that are not HIPAA-compliant !!!

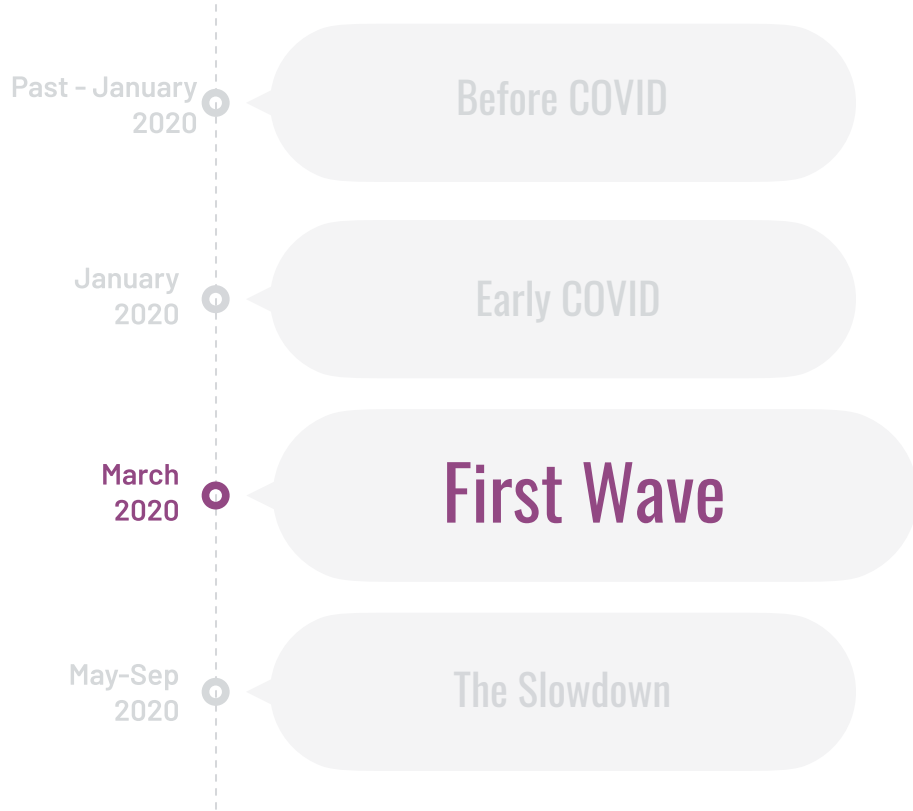


Source: <https://aspe.hhs.gov/pdf-report/medicare-beneficiary-use-telehealth>

Key Changes to Coverage Restrictions for Medicare FFS During COVID-19 Emergency

— — —

- Allows beneficiaries living in **any geographic area** to receive telehealth services
- Allows beneficiaries to access telehealth visits **from their home**
- Allows telehealth videoconference visits to be **delivered via smartphone**
- * ● Removes requirement for **preexisting relationship** between patient and provider
- * ● Allows **FQHCs and RHCs** to provide telehealth services
- Allows some services to be delivered via **audio-only phone**



March 7, 2020

New York state declares state of emergency

U.S. Upper Respiratory Infection Private Insurance Claims by Type of Service, February 1 - April 1, 2020

Number of claims (7 day moving average)



Sources: Preverity; CEA calculations.

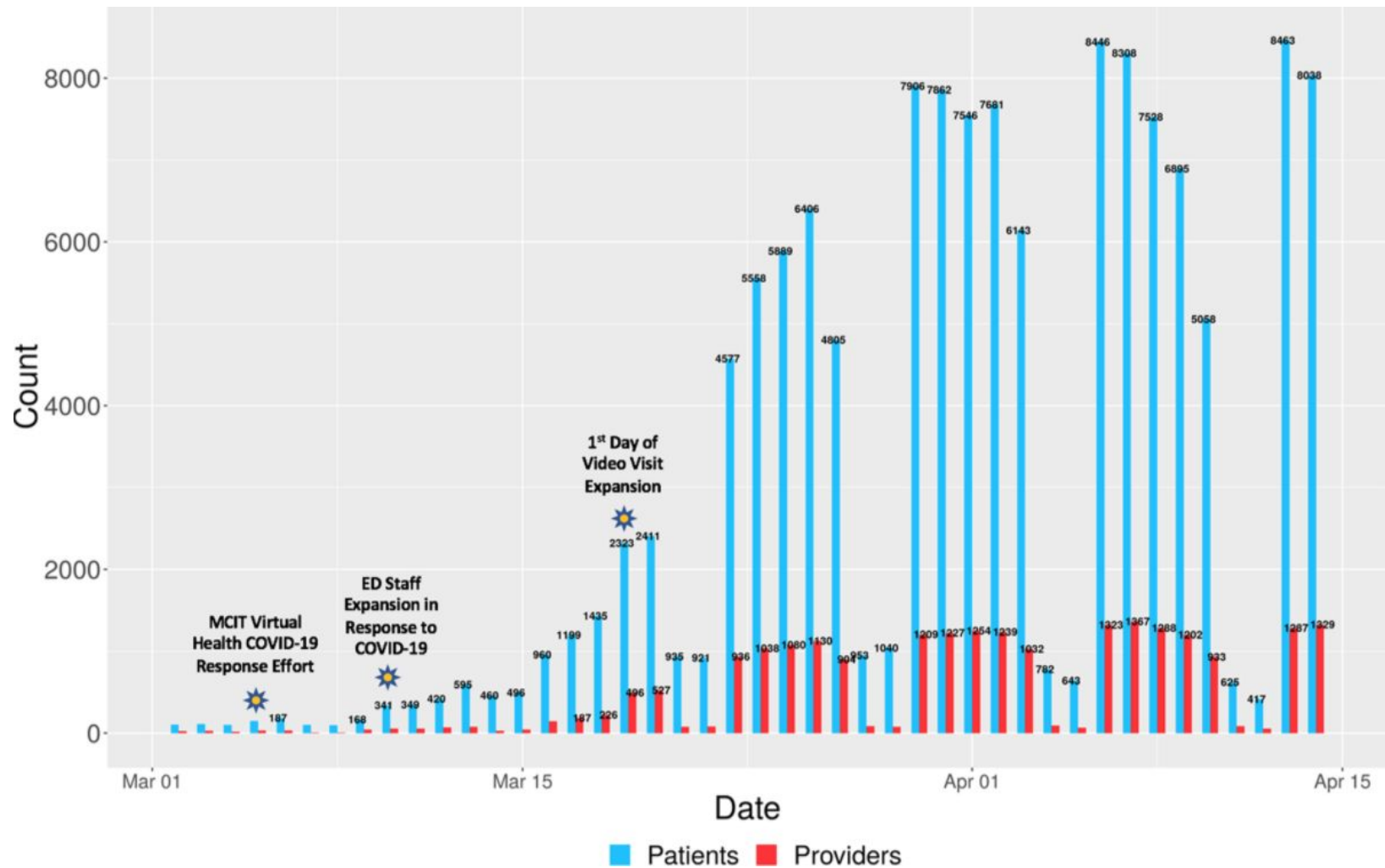
Note: The sample of hospital claims include about 70 percent of all hospitals in the United States.

COVID-19 Telemedicine Response

Case Study

- Large NY based health system
- 3/2/20-4/14/20:
 - 102.4 → 801.6 daily virtual visits
 - 683% increase
 - 144,940 video visits conducted
 - 115,789 unique patients
 - 2656 unique providers





“Beyond the clinical benefits and more effective utilization of providers in very atypical circumstances, the changes instigated initially by the COVID-19 pandemic have likely **irreversibly altered the position of telemedicine** in the U.S. healthcare system. When prior literature speculated about the potential primacy of telemedicine over in-person care, **it seemed futuristic, but it is now a reality** practiced in multiple healthcare systems around the world. Using telemedicine platforms, providers and patients are being forced into **a new normal that includes communicating with each other through video and audio.**”

COVID-19 Telemedicine Response

Case Study

What else?

- Upload RPM data (temperature, pulse ox, blood pressure, glucose)
- Creation of new roles for staff:
 - Ambulatory nurses, MAs, and front desk staff
- Patient familiarity with tech and sharing of biometric data
 - Pregnant women/postpartum care

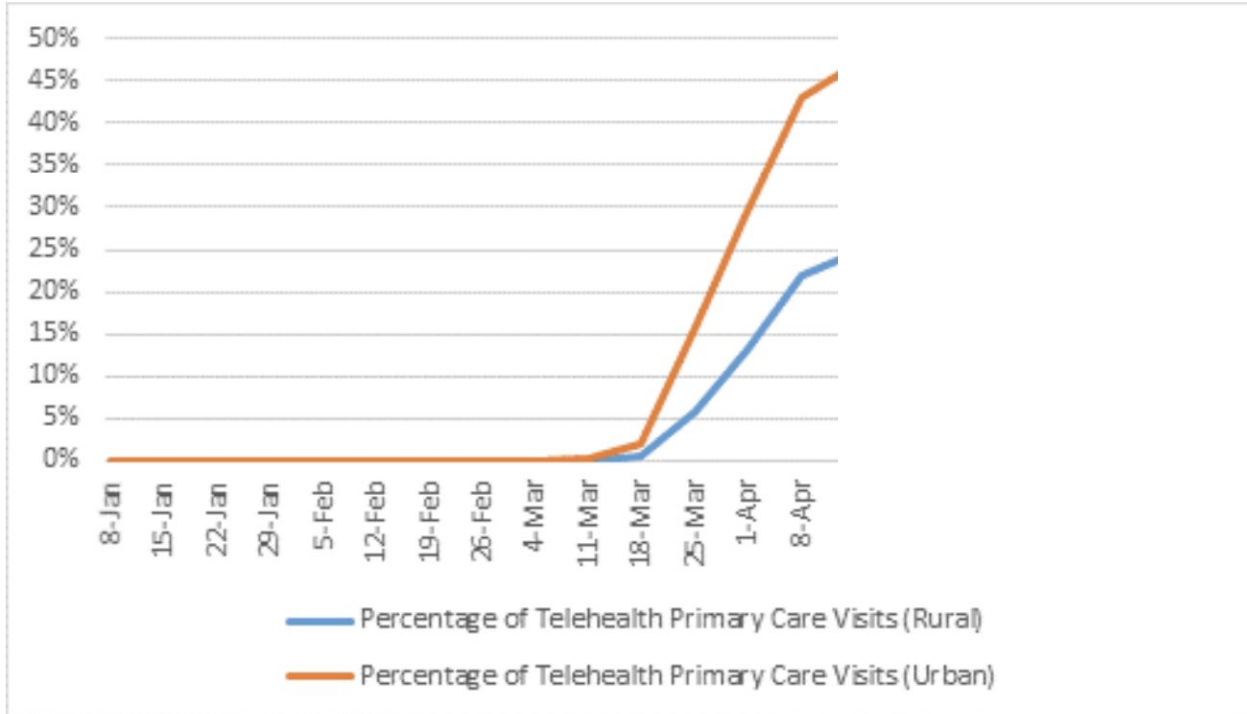


“The battle against COVID-19 in the United States is still ongoing, and will likely stay at the top of healthcare systems’ agenda in the coming months. Yet **telemedicine** has already proved to be an **invaluable tool** to not only divert an overwhelming volume of patients from the emergency rooms, but also **transform** the work **practices** of thousands of providers, across multiple specialties.”

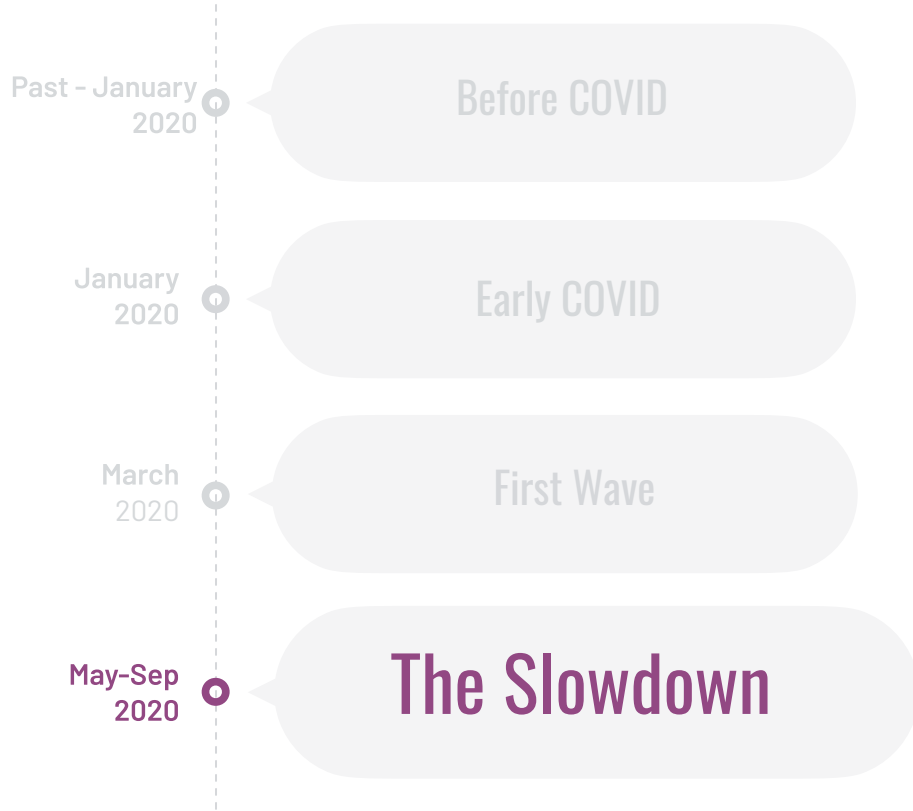
Source: COVID-19 transforms health care through telemedicine: Evidence from the field
<https://academic.oup.com/jamia/article/27/7/1132/5824298>

**Estimate your % of patient care
via telemedicine at its peak
during the COVID response**

Figure 4. Telehealth Weekly Visits as a Percentage of Total FFS Medicare Primary Care Visits in Urban and Rural Counties



Source: Medicare claims data up to June 3rd, available as of June 16.

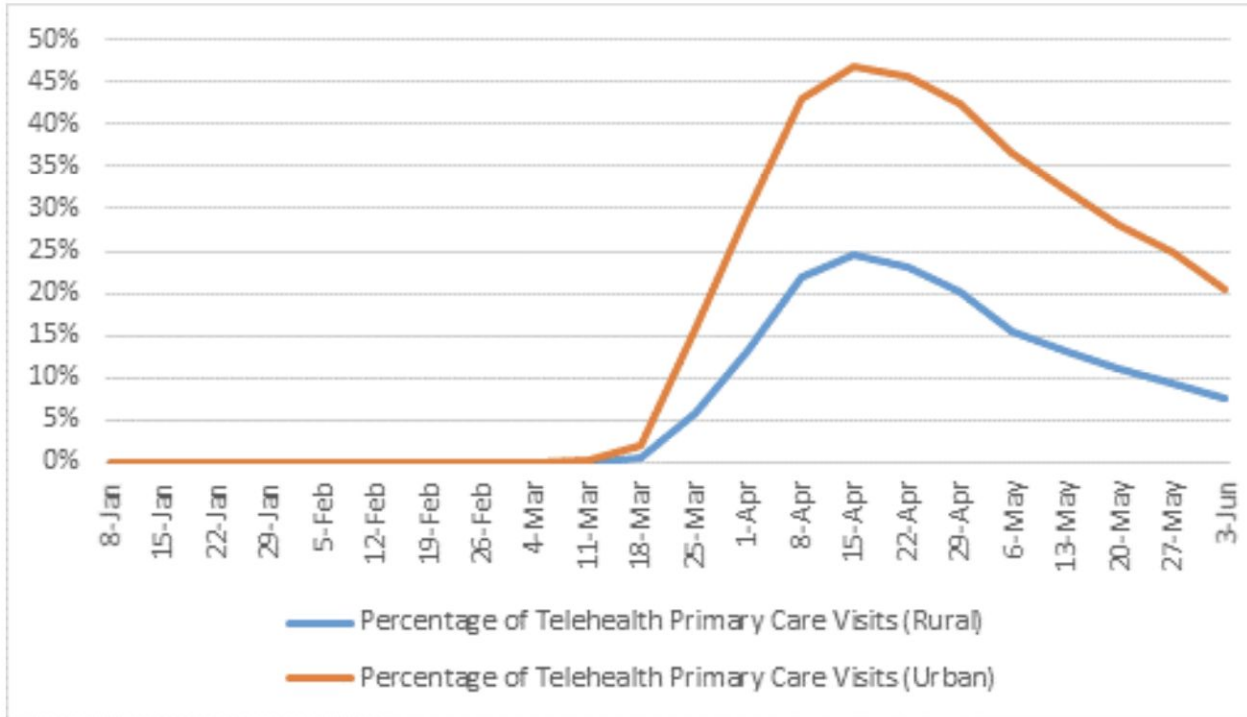


May, 2020

Telehealth volumes and utilization begin to decline as COVID pandemic continues

**Estimate your % of patient care
via telemedicine currently**

Figure 4. Telehealth Weekly Visits as a Percentage of Total FFS Medicare Primary Care Visits in Urban and Rural Counties



Source: Medicare claims data up to June 3rd, available as of June 16.

Source: <https://aspe.hhs.gov/pdf-report/medicare-beneficiary-use-telehealth>

This is supposed to be telemedicine's time to shine. Why are doctors abandoning it?

By ATEEV MEHROTRA, DAVID LINETSKY, *and* HILARY HATCH / JUNE 25, 2020

[Reprints](#)

Source: STAT News

Telemedicine revolution, deferred

By MOHANA RAVINDRANATH | 07/22/2020 10:00 AM EDT

THE BIG IDEA

TELEHEALTH BOOM BUST: The coronavirus was supposed to usher in the future of medicine, allowing people to see their doctor with a few clicks on their laptops from the comfort of home.

Office visits vs. telehealth visits

For 37 healthcare systems in the U.S.

— Office Visits — Telehealth Visits

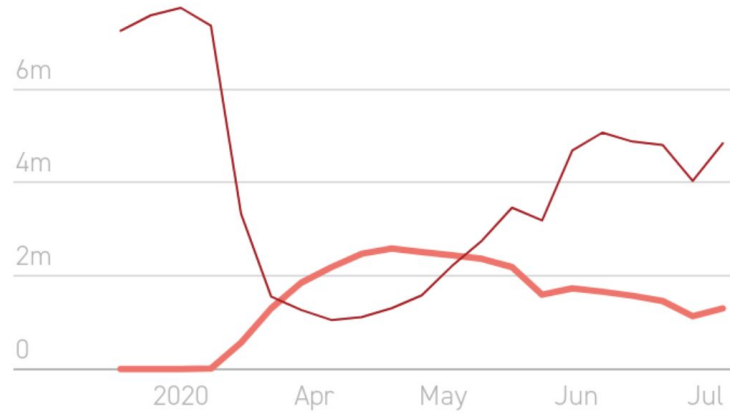


Chart: Darius Tahir/POLITICO ·
Source: Epic Health Research Network

What do you expect your % of patient care via telemedicine to be after the pandemic?

Why?

System

1. Driving Patient Utilization
2. Gaining Provider Acceptance
3. Managing Claims/Reimbursement
4. Measuring ROI/Risk Aversion
5. Integrating with Existing Technology Solutions
6. Fitting Virtual Care into Patient/Provider Workflows
7. Not Designed as Long Term Strategy







Talk to your physician

Ask your physician if Telehealth is right for you. Your care team will provide detailed instructions on how to connect and what to expect before your appointment.

Patient

1. Lack of awareness
2. Lack of access
3. Rural and urban/suburban disparity
4. Broadband access
5. Tech comfort
6. Care quality concerns
7. Impersonal

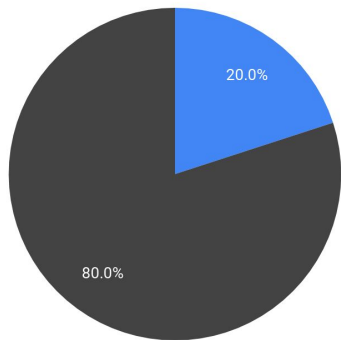




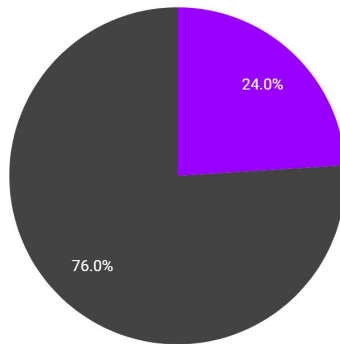
\$250 billion



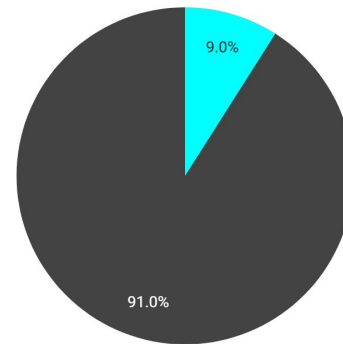
20% of total outpatient/office healthcare spend



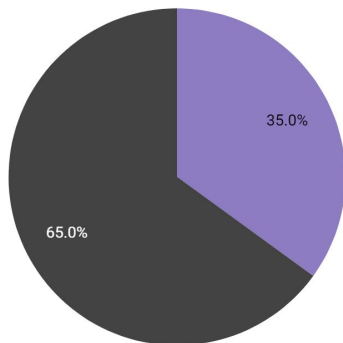
ED Visits → Virtual Urgent Care
\$35B



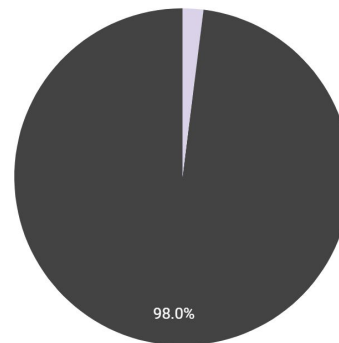
Office/OP Encounters → Virtual Visits
\$126B



Office/OP Encounters → Near Virtual
\$39B



Home Health → Virtual Home Health
\$35B



Office → Tech Enabled Home Rx Administration
\$12B

Source: McKinsey & Co., May 2020

Enabling The Matrix

Beyond COVID











Traditional Healthcare Barriers

1. Decision to access/receive care
2. Complexity of care access
3. Timeliness of care
4. Available provider
5. Available visits
6. Geographic proximity
7. Cost of care/reimbursement



24 days
2 hours
20 mins

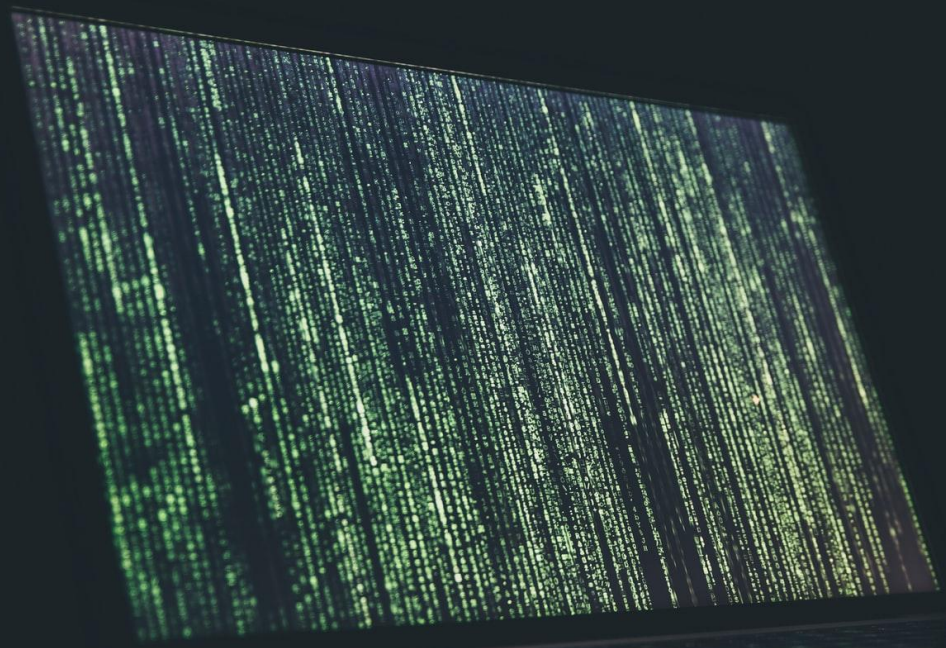
>40%



#1:  

#11: 

\$500B





ma·trix

/ˈmātriks/

noun

noun: **matrix**; plural noun: **matrices**; plural noun: **matrixes**

1. an environment or material in which something develops; a surrounding medium or structure.

ma·trix

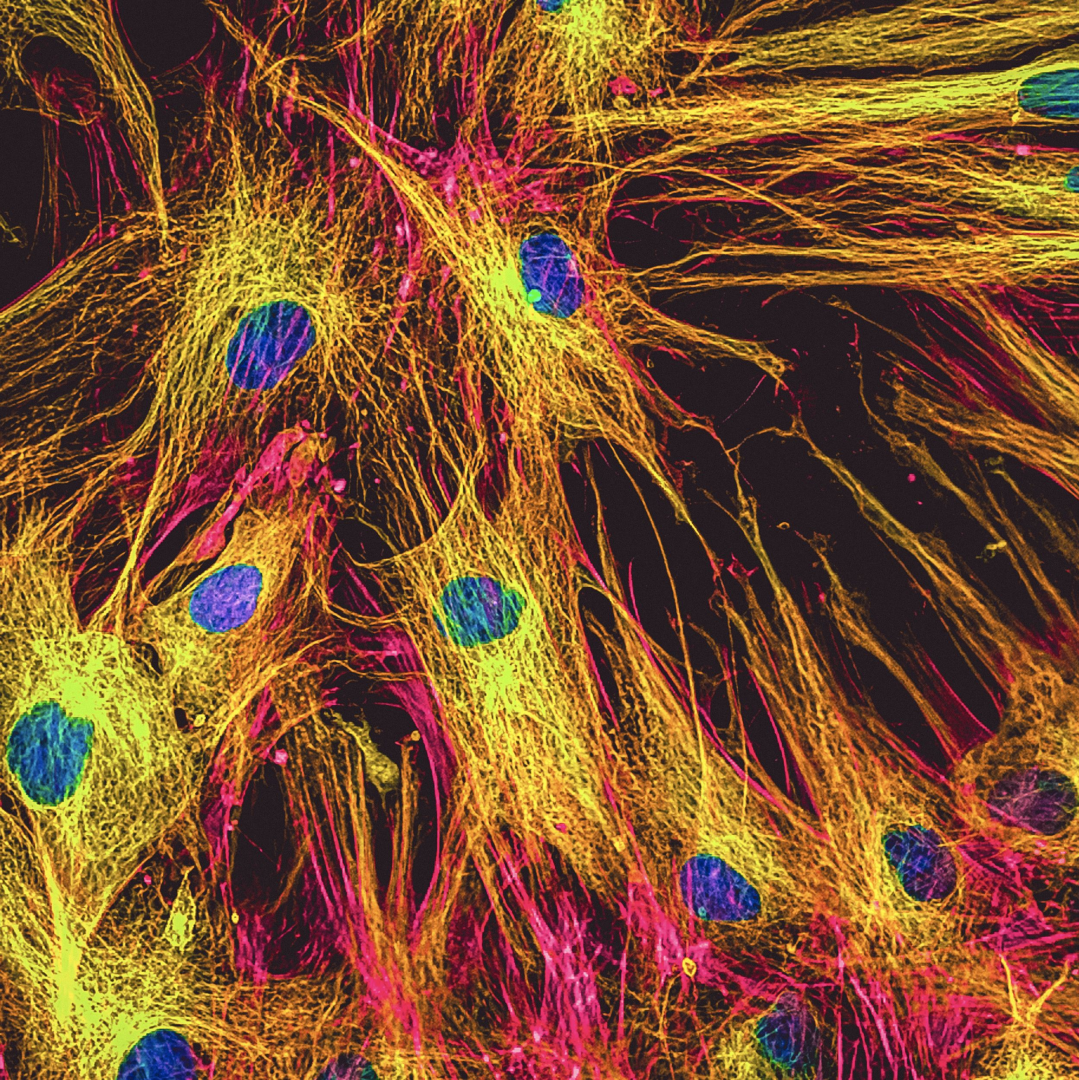
/ˈmātriks/

noun

noun: **matrix**; plural noun: **matrices**; plural noun: **matrixes**

- **BIOLOGY**

the substance between cells or in which structures are embedded.

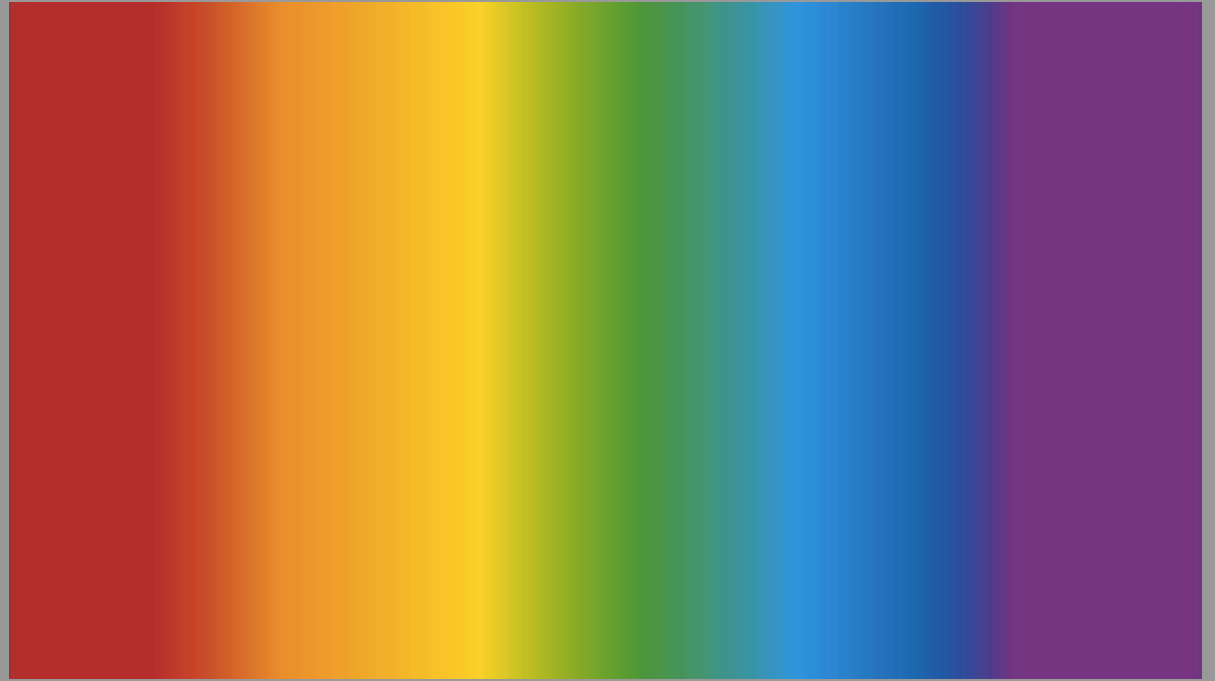


Connectivity

Communication

Support

Patient
Place
Provider
Time



Virtual care solves problems.

Virtual Care Design: Requirements

— — —

1. There cannot be friction for the user.
2. Team-based care must include smart triggers.
3. Real world and online world must converge.
4. We must be sensitive to data overload.
5. Consumers are the hubs of their own healthcare data.
6. Converge data for interactions to be safe and meaningful.
7. Expand role for care team based on new data triggers.
8. Integrate technology and human interaction in the physical world.
9. Increase focus on patient data security.

Virtual Care Design: Requirements

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IN



OUT

Front line/first line

High probability

Defer office visits

Engage

Connect

Whenever appropriate, virtual first.



MOST


- 1. Radiology**
- 2. Psychiatry**
- 3. Internal Medicine**
- 4. Neurology**
- 5. Family Medicine**
- 6. Dermatology**
- 7. Pediatrics**
- 8. Emergency Medicine**
- 9. Geriatrics**
- 10. Allergy & Immunology**
- 11. Endocrinology**
- 12. Infectious Disease**
- 13. Urology**
- 14. Pediatric Pulmonology**
- 15. Occupational Medicine**

LEAST

- 1. Anesthesiology**
- 2. General Surgery**
- 3. Orthopedic Surgery**
- 4. OB/GYN**
- 5. Oncology**
- 6. PM&R**
- 7. Gastroenterology**
- 8. Otolaryngology (ENT)**
- 9. Cardiology**
- 10. Plastic Surgery**
- 11. Nephrology**
- 12. Neurosurgery**
- 13. Pulmonology**
- 14. Pediatric Cardiology**
- 15. Pathology**

There is a use case.



- 
- 1. State level practice regulations**
 - 2. “BYO” physician**
 - 3. License portability/interstate compact**
 - 4. Leadership/decision making**





3:04

LTE

apple.com



COVID-19 Screening Tool

This tool can help you understand what to do next about COVID-19.

Let's all look out for each other by knowing our status, trying not to infect others, and reserving care for those in need.



Start Screening



About COVID-19

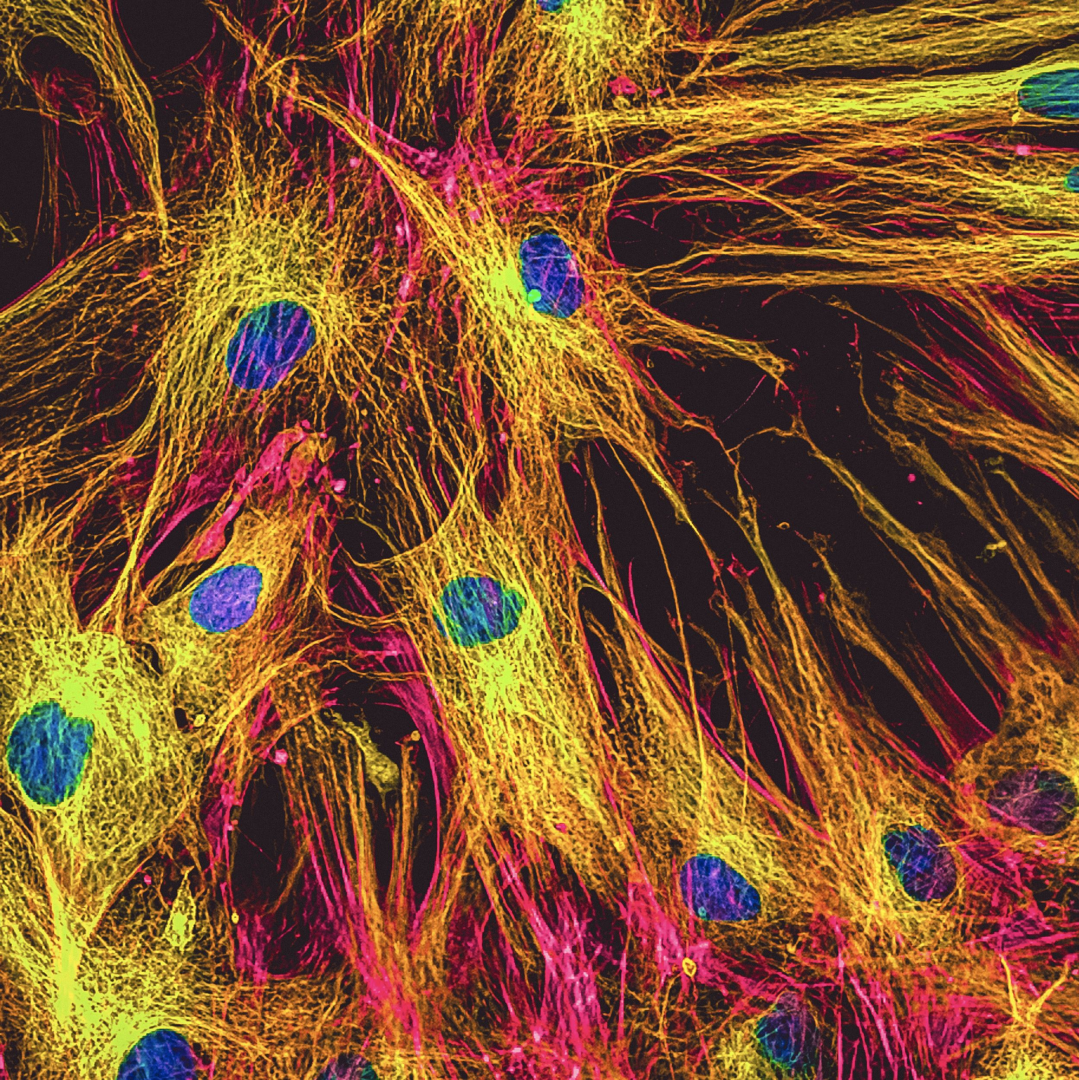
An up-to-date rundown of the virus and its symptoms. [Learn more...](#)



What You Can Do







Connect

Communicate

Support

Thank you.

Email: desmond.watt.pac@gmail.com