The Benefits and Limitations of Telemedicine

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Financial Relationships With Commercial Entities

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Learning Objectives

After attending this presentation, learners will be able to describe:

- What is Telemedicine (or Telehealth)
- How it is implemented
- Differences between synchronous and asynchronous
- The benefits of telehealth
- The limitations of telehealth
- How can telehealth be optimally used in HIV practice

DEFINITIONS

- Telehealth-Any healthcare enabled by technology to care for patients when the patient is not physically in the same room as the patient
- Telemedicine-CMS Definition-Interactive video and audio
- Audio only-What is it?
- Asynchronous- Patient and Provider not speaking to the patient in real time
- Synchronous-Patient and provider are talking in real time.
- The CMS definition of telemedicine has changed temporarily during the PHE

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E-VISIT/ ASYNCHRONOUS TELEHEALTH

Provider and Patient do not interact in real time

- Patient Portal
- UAB eMedicine Urgent Care



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SECOND OPINIONS



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SYNCHRONOUS : DIRECT TO CONSUMER:

- Schedule directly with the provider
- Largest growth in telehealth during COVID
- Patient's own device

Pros:
Easily scalable
Very convenient
Cons:
Disparities
Limited Physical Exam

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TELEHEALTH DISPARITIES

Race
- Black: 28% Less likely to use video
- Hispanics: 33% Less likely to use video

Age
- 60-69-42% Less likely to use video
- 70-79- 49% Less Likely to use video

Payor
- Medicare- 37% less likely
- Medicaid- 55% Less likely to use video

UAB data from 3/2020- 9/2020 (Unpublished)

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CAUSES OF DISPARITIES

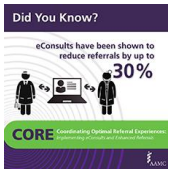
1. Lack of access to infrastructure (Rural)
2. Lack of access to internet due to cost of internet (Urban)
3. Lack of access to videoconferencing devices (Rural/Urban)
4. Lack of technology literacy (Rural/Urban/ Age)

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E-CONSULTS

- Peer-to-Peer
- Structured questions answered by specialist
- Hematology e-Consult experience
  - 14% resulted in face-to-face
  - 15% reduction in face-to-face visits



Meparidze et al. Blood 2014

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E-CONSULTS

- Peer-to-Peer:
  - Electronic Asynchronous Consultations
  - 99451/99452
  - 99451
    - 5 minutes of specialist time
    - Consent
    - Really need access to all health records
    - Emphasizes the importance of a national HIE
  - 99452
    - 15 minutes of requestors time
- Challenges
  - Operationalizing without the same EMR
  - Insurance information
  - Consent
  - HIPAA compliant communications
  - Co-pays

https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year. Accesses 3/15/2022

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E-CONSULTS

- Operations
  - Need consent
  - Need insurance information
- Reimbursement
  - Limited currently 0.7 RVU for Medicare some insurance does not cover these
- Records
  - Need access to records such as HIE

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VIRTUAL VIDEO VISIT: CLINIC BASED

- Clinic Based
  - Used to be the only visits covered by insurance
  - Better imaging/ Eliminates disparities
  - Largest pre-COVID



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EICU AND ACUTE CARE

- Tele-neurology
  - Stroke
  - General
- Tele-Critical Care
- Tele-Nephrology
- Tele-ICU
- Tele-Infectious Disease
- Tele-Behavioral Health

- Coming soon
  - Teleneurosurgery
  - Teleorthopedics

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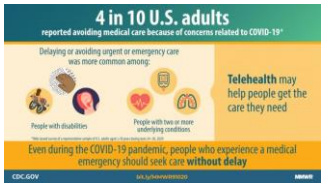
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COVID AND TELEHEALTH

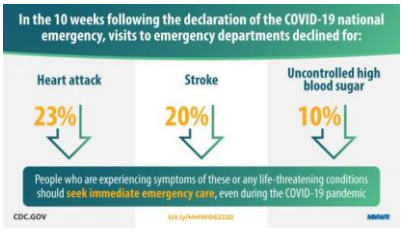
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Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020

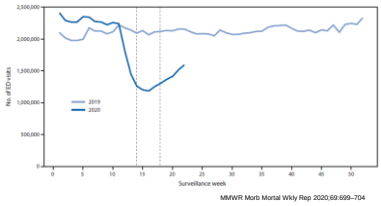


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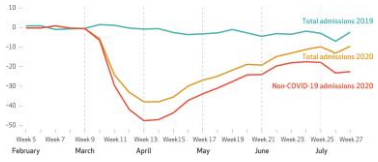
Decline in Emergency Room visits



MMWR Morb Mortal Wkly Rep 2020;69:699–704

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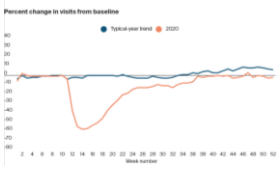
Decline in non-COVID-19 admissions



Health Affairs 39(11) Sept 24, 2020.

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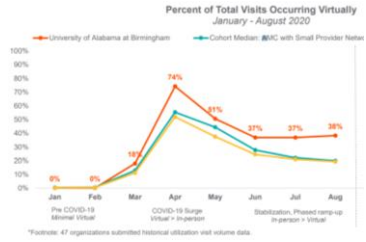
Outpatient care rebounded during the pandemic but visits still lower than expected



Commonwealth Fund, Feb 2021; https://doiorg/10.26099/bvhf-e411

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DIRECT TO CONSUMER: COVID



*Footnote: 47 organizations submitted historical utilization visit volume data.

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https://view.joomag.com/emedicine-2020-accomplishments-report-for-web/0076837001614621995

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2020 IN REVIEW

- Over 280,000 telehealth visits
- 41 million dollars in charges that otherwise would not have happened
- 12.1 million miles of driving saved
- Emissions from 1000 cars off the road for a year
- Decreased hospital transfers and ability to utilize beds across the state increasing true ICU capacity

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WHAT CHANGED?

- Originating Site—Could be the home
- Rural/ Urban Distinction removed
- Audio Only allowed
- Coverage for telehealth became universal
- Some leeway with state licensure
- Physician and patient acceptance increased

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Declines in STD Testing (Spring 2020)

- 28% of STD and HIV testing sites in the St. Louis region closed and 63% operated with modified services.
- 53% decline in Chlamydia testing
- 33% decline in gonorrhea testing
- 33% decline in syphilis testing

CDC: STD Prevention Conference 2020

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Impact of COVID-19 in HIV prevention and care

- HIV Testing, HIV viral load, and PrEP engagement declined.
- Despite rebound these indicators have not returned to pre-pandemic levels.
  Scott H, et al. Abst # 730; vCROI 2021

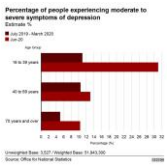
- Decrease in PrEP prescriptions:
  - Predicted % reduction in PrEP prescriptions ranging from 16.2% in Georgia to 31.2% in Massachusetts.
  - Predicted % reduction in new PrEP users ranging from 18.2% in TX to 47.2% in Illinois

  Huang Y. et al. Abst # 731, vCROI 2021

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Mental health impact





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BARRIERS

- Permanency of Coverage
- Infrastructure
- Limitations of Tech
- Licensure
  - State licensure
  - What is practicing without a license versus continuation of care

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WHY CONTINUE?

- Why continue telehealth and what is the problem we are trying to solve?
  - Illness Intrusiveness
  - Access
  - Cost
- Can we redesign healthcare delivery to be more efficient?
  - For patients
  - For providers
  - Reductions in cost
- What are the tools at our disposal?

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WHAT'S NEEDED TO REALIZE THESE BENEFITS

1. Current payment structure must stay in place
   Home as an originating site
   Rural/Urban distinction must permanently go away
   These must be legislated by congress
2. National License for Rare Disease
   State licensure unlikely to go away
   What about a national rare disease license based on disease?
3. Provider to provider eConsults needs improved operations for billing including consent billing, information, documentation. Should payment change based on rare disease status?
4. RPM payment must be accepted by non-Medicare insurers

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CONCLUSIONS

- We now have the possibility of truly revolutionizing delivery of care for patients with rare disease
- We must continue current reimbursement for telehealth
  - Video in the home
  - But also must think about continuing audio only while we improve the digital divide.
- We must organize as a group to address licensure across state lines for rare disease states
- Must implement Home Testing capacity for routine HIV lab tests and STI testing.

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Question-and-Answer Session

