Challenges and Opportunities for Telemedicine

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Financial Relationships With Ineligible Companies (Formerly Described as Commercial Interests by the ACCME) Within the Last 2 Years

Dr Armstrong has no relevant financial relationships with ineligible companies to disclose. (Updated 9/30/21)

Learning Objectives

At the end of this presentation, learners will be able to:

- Compare and contrast the advantages and disadvantages of telemedicine
- Describe the types of regulations that apply to telemedicine
- List three unanswered questions about telemedicine

DISCLAIMER:
Our clinic, affiliated with a public safety net hospital, has struggled to meaningfully implement many aspects of telecare
Telehealth

• Long been advocated as an opportunity especially for areas that lack HIV expert providers
• Project ECHO – asynchronous tele-consultation
• Prior to COVID-19:
  • Only eligible for reimbursement if services provided in a designated rural area or patient in a clinic or other medical facility
  • In absence of reimbursement, no incentive for hospitals or clinics to build systems

• HR6074: Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (March, 2020) + 1135 waiver
  • $8.3B emergency funding
  • Telehealth Services during the Emergency Period, 2020
  • Waive Medicare/Medicaid restrictions and requirements during the public health emergency
  • Provide full reimbursement for telehealth services (audio or video) with many types of providers while patients in their own home

• Rapidly adopted during shelter-in-place orders
  • Video Visits
  • Telephone options
What's not to love about telemedicine?
Biden Administration Seeks to Expand Telehealth in Rural America

New funding will allow more medical appointments to take place via video in rural communities, where some of the nation's oldest and sickest patients live.

September 19, 2021

Patient interest in telemedicine

57%

Were more likely to use telehealth if available

n=371, Houston
64% male
83% US born
63% Black race
26% Hispanic

PRE-COVID
San Francisco, during COVID

TELEHEALTH QUOTES FROM CLINICAL TEAM MEMBERS

"Telehealth does not work for some of our oldest patients. They either have no phone, no internet, no camera, no internet, or no private room to talk." 

"It is challenging to establish and maintain strong patient rapport. Part of the purpose of the visit is lost." 

"The whole thing is just weird and awkward." 

"Telehealth visits are stressful for some of our older patients with limited support who do not hear well, see well and are not computer savvy."
Clinical questions

New vs Established Pts?

Does age matter?

Gender?

Type of visit?

Triage?

Type of service?

Who benefits most?
Clinician-Patient Relationships Matter

What is the Impact of Virtual Visits?

Care Coordination

What about patients that need many additional services?

Tele-PreP: Different Expectations?

Recent evaluation of effects of mitigation measures during pandemic:
Most without interruptions in care especially with medication delivery (use of delivery increased from 57% to 73%), but interruptions in quarterly labs were more common. 97% without concerns about ongoing use of telephonic services for care.

Cantan et al. (Online 2021)
System questions

Adapting your clinic for telemedicine

- Choosing a platform
  - Health system preference
  - Video vs telephonic visits
  - Facilities fees, billing time
- Support for clinicians/pts
  - Schedulers, navigators, etc.

Laboratory Studies

Do patients get labs drawn at the same rate, where and how are they reimbursed?

Not a barrier at all (Quest/LabCorp etc.) or limited need
Markedly reduced testing, STI testing, etc.
A Complex Regulatory Environment

Licensure Issues

U.S. States and Territories Modifying Requirements for Telehealth in Response to COVID-19

[Table of states waiving licensure requirements for telehealth services during the public health emergency for COVID-19 services and most also for non-COVID services.]


Telehealth Coverage

- States regulate private payer telehealth laws, Medicaid
- Variation by individual insurance company
  - Most waived cost sharing during the public health emergency for COVID services and most also for non-COVID services
  - Most reimbursed for the in-person rate for services including audio-only
  - Most set expiration dates in 2021
- CMS regulations for Medicare – extend to 2023?
Regulatory and Reimbursement

After the public health emergency ends, key questions include:
• Reimbursement rates – will they have parity with in-person visits
• Reimbursement for telephone-only visits
• Ability to practice across state lines and other state regulations

Does Telemedicine Impact Outcomes?

• WHAT are the outcomes?
• Is the quality of the care (broadly speaking) as good?
• Is virologic suppression maintained?
• Are there increased lost to follow-ups?
• Does it drive increased disparities?

Digital Health Equity and the risk of the Digital Divide

• Unequal access to
  • Broadband Internet
  • Smartphones, Computers
  • Language Services
  • Private Spaces/ headsets to engage with a care provider

Wood et al, CID, 2021
Telemedicine: an **IMPORTANT** new tool in the box

- We need implementation research
- Don’t throw the baby out with the bath water – we need to solve rather than blame digital disparities
- But we need to stay vigilant for all kinds of widening disparities
- Telemedicine will not work for everyone. Nothing works for everyone.
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Question-and-Answer Sessions