



# TELEHEALTH and ACCESS



Fulfilling  
the  
Promise

March 2022



**S**ince its introduction in the mid-20th century, one of the promises of telehealth adoption was to expand access to medical services and care by delivering care to patients rather than the other way around.

Many of the first telehealth demonstration projects focused on increasing access to specialty care at rural hospitals and for other underserved populations. But, due to a variety of logistical, technical and regulatory reasons, that promise went largely unfulfilled.

Until COVID.

“With telehealth and telemedicine, we were on this really slow adoption curve for decades,” explains Shawn Griffin, MD, a primary care physician with rural health and telehealth experience who is now President and CEO of URAC. “Then all of the sudden, the pandemic happened.”

When the Centers for Medicare and Medicaid Services (CMS) relaxed long-standing rules and regulations during the public health emergency<sup>1</sup>, they opened the gates to a whole new way of delivering quality care to patients at home or closer to home.



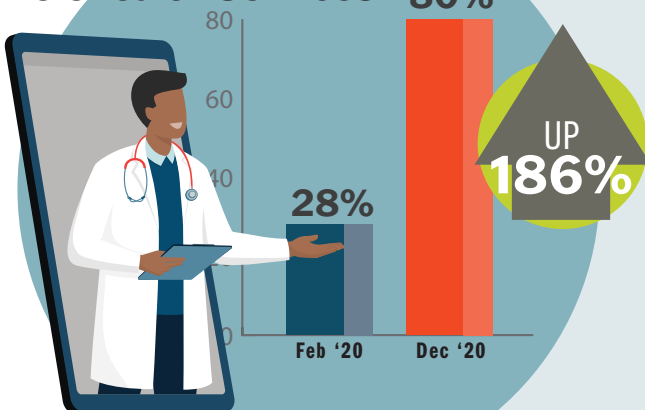
“The pandemic has forced health care delivery to become patient-centered in ways we’ve talked about for years but rarely delivered,” says Griffin. “A full waiting room works better for providers than for patients, who often must travel or miss work,” he adds. Telehealth opens the possibility of meeting the patient where they live—literally—and addressing many hurdles to overall better health outcomes.



## Sudden Ramp-up

Telehealth didn't spring out of nowhere in March 2020, though it certainly seemed that way. While rates of uptake varied considerably by region and country based on a variety of factors, overall, the use of telehealth increased<sup>2</sup> around the globe. In February 2020, the American Medical Association released a survey showing that about 28 percent of providers offered telehealth services to their patients. By the end of 2020, 80 percent of physicians reported using telehealth. And while usage dropped<sup>3</sup> from that peak, most providers remain committed to the technology at some level<sup>4</sup>.

### Providers Offering Telehealth Services




The explosive growth in telehealth has opened access to a wide spectrum of clinical and non-clinical health-related services. “We gave a powerful tool to brilliant people and let them

invent for a year,” says Griffin. Health care delivery may never be the same.

The sudden ramp-up gave early adopters in the provider community a way to show the potential of the technology and forced those hesitant to give it a try. “Now all of a sudden you have these champions who may have initially been resistant to

it, who now have tried it and have liked it and have seen its benefits,” Griffin says.

Patients, too, have seen the promise. At the start of the pandemic, fewer than 20 percent of Americans reported having ever had a telehealth appointment



**In March 2021,  
the majority of  
Americans had  
seen a doctor  
via telehealth**

and two-thirds felt hesitant about or doubted the quality of care provided remotely. A year later, in March 2021, the majority of Americans had seen a doctor via telehealth, and nearly 80 percent believed that they could receive quality care in this way. Nearly 90 percent said they wanted to continue to use telehealth for non-urgent consultations post-pandemic<sup>5</sup>.

## Expanding Access to Specialists



Some of the most innovative and groundbreaking players in the telehealth arena recognized the potential of telehealth long before the pandemic: the promise of greater access, better continuity of care and improved outcomes, especially for hard-to-reach and underserved populations.

“Children’s National Hospital in Washington, DC, first started exploring telehealth in the early 2000s, primarily in their rare diseases and cardiology departments. But the COVID-19 pandemic emergency removed reimbursement, licensure restrictions for providing telehealth across state lines and other constraints and allowed the program to flourish,” says Ricardo Munoz, MD, Executive Director of Telemedicine, and chief of the division of Cardiac Critical Care Medicine. “We had been working hard before COVID to completely restructure our Telemedicine Program and we were ready; the public health emergency gave us the opportunity to pursue what’s really possible in telehealth.”

The hospital serves medically complex pediatric patients. "Telehealth brings care closer to patients, saving families with children with complex medical problems from DC, Maryland, and Virginia the time and logistics of traveling with a sick child," Munoz says. "Telehealth allows us to have a clinical presence in medically underserved areas, as well as communities that typically have some barrier to care—geographic or economic. It really gave us a way to go beyond the four walls of the institution" and serve the needs of patients, he says.

“

Telehealth allows us to have a clinical presence in medically underserved areas”

# Transforming Behavioral Health



Diego Garza, MD, MPH, remembers that he first saw the potential of telehealth over a decade ago on his clinical rotations in medical school in his native Mexico, where remote specialists increased access to specialty care for rural patients. “From a public health perspective, I started thinking about how I could use technology to improve health outcomes of a patient population.”

Since then, Garza has worked to expand telehealth capabilities in a variety of specialties, including ophthalmology, primary care and surgery. In 2016, he joined North Carolina-based behavioral health provider MindPath to help expand their telehealth services.

“The pandemic pushed policies and regulations ten years into the future via the public health emergency declaration,” he says. On March 13, 2020, MindPath had trained 64 providers and delivered 15 to 20 percent of services via telehealth.



Just one short week later, on March 20, 2020, that ballooned to 140 providers providing 100 percent of care remotely. “We had all the systems in place to make that happen,” says Garza, now VP of Strategy and Innovation and Director of Telehealth. “We had all the processes and procedures to ensure that the quality of care by telemedicine was as good as in-person care.”



## The ability to offer MAT without an in-person visit saves lives

The impact was life-changing—and lifesaving—especially for patients with substance use disorder. Revised regulations allowed providers to offer medication-assisted treatment (MAT) via telehealth, prescribing

and managing the use of medications such as buprenorphine. This change vastly expanded the availability of MAT in rural states such as North Carolina where many counties don’t have *any* mental health providers, let alone enough providers. The ability to offer MAT without an in-person visit saves lives—especially as the opioid epidemic raged alongside the COVID-19 pandemic.

## Health Care Across Borders



Other parts of the world have also explored the utility of telehealth even before the pandemic. Ain Shams University Hospital in Cairo, Egypt, has more than two million outpatient visits each year—burdening patients, clogging clinics, and leading to delays in care. The public hospital has the only geriatric department in Egypt—one of just a handful in that part of the world.

“It takes a lot of effort, time and cost for patients to travel to our hospital,” says Hoda Wahba MD, geriatrician and co-founder of the Ain Shams University Virtual Hospital. Wahba started investigating telehealth as an option to reach distant patients back in 2015. Virtual visits offer an alternative for follow-up patient care, especially for patients who have had a stroke. Ain Shams also developed patient and family education videos to train caregivers to recognize and prevent complications at home, saving expensive and time-consuming travel and improving quality of life for patients.

The result is high-value care at a lower cost to the health care system and greater convenience for patients—a win all around that has resulted in strong support for their efforts. “We’ve been able to convince hospital and government officials that telehealth can help deliver better quality of care at lower cost,” says Wahba. “They didn’t use the term value-based care, but that’s what they were talking about.”



**“We’ve been able to convince hospital and government officials that telehealth can help deliver better quality of care at lower cost”**

The service also has global reach. As one of the only providers offering telehealth visits conducted in Arabic, Ain Shams University Virtual Hospital attracts patients in countries far beyond the Middle East (including the United States) who cannot find culturally competent care in their own language closer to home.

## Better Care for the Chronically Ill



Opening access to care to specific populations via telehealth involves more than moving the office visit to video. It also means developing new ways to deliver care that meets the needs of specific populations.

For example, chronic conditions need ongoing and frequent monitoring to achieve optimum outcomes. Most patients with chronic conditions such as diabetes or hypertension see their providers every two or three months at most, says Vindell Washington, MD, CEO at Onduo, a virtual and digital chronic care management service. If that visit involves a medication change, the clinician may not know for another three months if the change is helping or if the patient is taking the medication as prescribed; many simply stop if they experience side effects or can't afford to fill a prescription.

Onduo is a virtual care solution that meets members where they are—delivering an app,

personalized care journeys, individualized coaching, connected devices and telemedicine access to Onduo physicians and specialists. People living with chronic conditions can lean on Onduo between doctor's visits to help manage medications, regulate symptoms and encourage lifestyle changes. "We find out if the medication is not going well in a few days rather than waiting three months or trying to squeeze in an in-office visit," says Washington. Members receive care, supplies and devices that are tailored to their individual risk levels and condition needs.

“

We find out if the medication is not going well in a few days rather than waiting three months”

## Servicing Patients with Special Needs



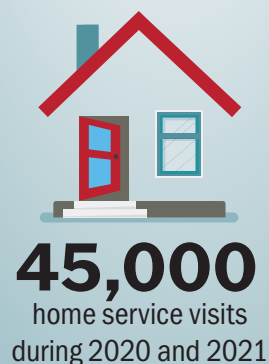
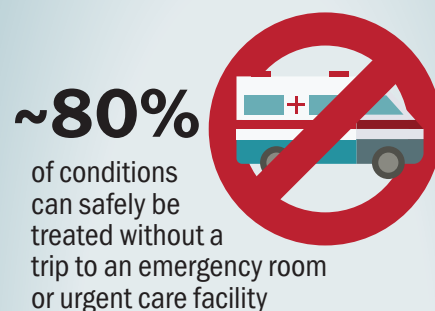
Small problems can quickly escalate to serious health events if left untreated. Take a simple urinary tract infection: it can be addressed with inexpensive antibiotics if it's treated right away but delaying treatment can lead to a kidney infection or life-threatening sepsis.

But sometimes a trip to the urgent care or doctor's office is anything but simple—especially for people with intellectual and developmental disabilities (IDD), such as autism, cerebral palsy, Down syndrome, or traumatic brain injury. The lights, sounds and unfamiliar people in a waiting room can be stressful for anyone who's not feeling well, but can be truly traumatic for a patient with IDD, says Devin Unadkat, MD, Chief Medical Officer for StationMD, a telehealth solution that delivers medical care to people with IDD. Given the stress and logistics of a visit to the emergency room or urgent care clinic, the patient or their caregiver may put it off—sometimes with disastrous consequences.

StationMD contracts with congregate care homes to provide virtual, at-home consultations and exams with board-certified emergency physicians who have special training in the unique medical and behavioral health needs of people with IDD. Specialized equipment, such as Bluetooth-enabled stethoscopes, otoscopes and other diagnostic tools, as well as videoconferencing technology, allow StationMD's physicians to examine patients, assess the problem and prescribe treatment remotely. About 80 percent of the time, the condition can be safely treated without a trip to an emergency room or urgent care facility. Company data shows that within two to three days, 90 to 95 percent of patients report feeling better. StationMD's service provided 45,000 visits during 2020 and 2021.

Early care via telehealth can also make a huge impact for people experiencing a mental health crisis. MindPath focuses their on-demand concept on behavioral health treatment, combining the timeliness of a crisis hotline with professional, ongoing care. This service, available in North Carolina, connects callers to a licensed provider who can assess the situation and design a care plan. In 2021, nearly 50 patients per day utilized the service.


**StationMD contracts with congregate care homes to provide virtual, at-home consultations and exams:**



## Overcoming Technical Obstacles



The term “telehealth” originally started as care over simple telephone lines, but meaningful telehealth delivery requires vastly greater technological bandwidth. Access to broadband internet is as uneven as access to specialty health care—and too often the same regions and populations lack both, exacerbating health disparities. Large swaths of rural areas remain dead zones for both cell and internet service. And even if service exists, it does little good for the patient who does not own or use a computer or smartphone.



Access to  
broadband  
internet is as  
uneven as access  
to specialty  
health care

“Technology barriers related to infrastructure, connectivity and usability can decrease access to telehealth to families in underserved areas, especially if the patient is at home. Consequently, we should consider these aspects as integral parts of any sound telemedicine program”, says Munoz of Children’s National.



The downside to telehealth is that we're not quite there technologically, especially in rural communities," says MindPath's Garza. "In some ways this is further dividing societies because we have not achieved internet connectivity/access to the internet [for] everyone." In a time when internet access is critical to education, business and health care, many make the case that broadband access should be treated as a basic utility—like clean water, heat and electricity.



Overcoming this obstacle is not only a moral imperative from a health equity standpoint, but it also makes good business sense, says Onduo CEO Vindell Washington. “Doing the right thing from a business perspective forces us to think more precisely about how we should deploy and manage technology in a way that improves health equity and reduces disparities in care.”

Equipping small hospitals with 5G Wi-Fi access points is one answer. “If you have a Wi-Fi hotspot at every hospital in the United States with 5G coverage, at least, you create an anchor in the community,” says URAC CEO Shawn Griffin, MD. What if there’s no hospital? Houses of worship, libraries, schools, community centers and primary care providers can also offer hotspots and private rooms for video visits when care is not available locally.





## Policy and Payment Questions Remain

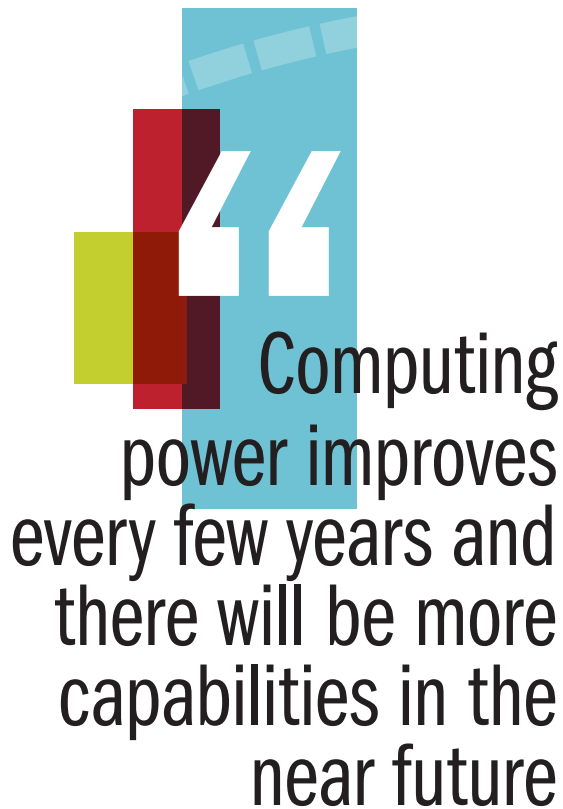
As the COVID crisis passes, providers, payers and regulators must work together to promote and solidify the gains that telehealth has made throughout the pandemic. A hasty return to health care delivery as we once knew it could diminish the technological advancements made over the last few years and likely stifle future innovation.

**“**The key is finding the sweet spot in regulations that support quality while still improving access

Policymakers must act, with both infrastructure funding and thoughtful regulation. The key, says Griffin from URAC, is finding the sweet spot in regulations that support quality while still improving access. “Suspending the [telehealth] rules opened a lot of doors in underserved areas,” he says. “If we put too many rules back in, we risk putting telemedicine back in the box and back on the shelf” or reserve it

for people who can afford to pay for it themselves. “And the people who are juggling three jobs to make ends meet who can’t take off half a day of work to go to the doctor’s office will continue to be underserved.”

MindPath’s Garza points to a final rule<sup>6</sup> recently released by CMS which allows patients to access mental health services via telehealth in their own homes, rather than going to a qualified medical facility. “That’s a huge step in the right direction.” Children’s National’s Munoz adds, “Computing power improves every few years and there will be more capabilities in the near future that will allow us to be more seamless in how we deliver care and use telehealth or digital health tools to support the patient experience.” He points to augmented reality, Artificial Intelligence (AI), wearable devices allowing improved home monitoring and other digital transformation technologies that will remodel telehealth workflows and lead to greater capabilities and more precision in how and when patients interact with the health care system.”



## Looking Ahead



The pandemic moved virtual health care onto the express route to the future. Providers and innovators have responded by accelerating their telehealth efforts and expanding access to underserved populations—whether disadvantaged geographically or economically or challenged due to their diagnoses. While the pace of change witnessed in 2020 and 2021 is unlikely to be matched in the future, both providers and patients remain keen to take advantage of the myriad benefits that telehealth services can offer. For now, telehealth has proven itself to be a valuable means of providing care to patients in the comfort of their homes, or anywhere with digital access. The bonus of convenient, safe and timely care demonstrates that while telehealth is still evolving, it's surely here to stay.

# Endnotes

1) Medicare Telemedicine Health Care Provider Fact Sheet. (2020) Centers for Medicare & Medicaid Services. <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

2) Bhaskar, S., Bradley, S., Chattu, V.K., Adisesh, A., Nur-tazina, A., Kyrykbayeva, S., Sahhamuri, S., Yaya, S., Sunil, T., Thomas, P., Mucci, V., Moguilner, S., Israel-Korn, S., Alacapa, J., Mishra, A., Pandya, S., Schroeder, S., Atreja, A., Banach, M., Ray, D.. (2020, October 16). Telemedicine Across the Globe-Position Paper From the COVID-19 Pandemic Health System Resilience PROGRAM (REPROGRAM) International Consortium (Part 1). *frontiers in Public Health*.

3) Jain, S. (2021, December 12). Rate of Telehealth Decline from 2020 to 2021 Inconsistent Across States. Trilliant Health.

4) Bestsenny, O., Gilbert, G., Harris, A., Rost, J. (2021, July 9). Telehealth: A quarter-trillion-dollar post-COVID-19 reality?. McKinsey & Company.

5) How Americans Feel About Telehealth: One Year Later. Sitel Group. <https://www.sykes.com/resources/reports/how-americans-feel-about-telehealth-now>

6) Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Provider Enrollment Regulation Updates; and Provider and Supplier Prepayment and Post-Payment Medical Review Requirements. (2021, November 19). Federal Register.

# Notes





[urac.org](http://urac.org)

