

HEALTH



GETTY IMAGES

Telehealth Thrives in Trying Times

Pandemic spotlights the advantages of remote health care

By Robin Roenker

IF THE COVID-19 PANDEMIC has any sort of silver lining, it may be that it has helped telemedicine go mainstream.

When most of the country went into lockdown last March, telehealth became many physicians' primary means of connecting with patients.

The University of Mississippi Medical

Center (UMMC) — one of two federally designated National Telehealth Centers of Excellence — performed 16,938 telehealth visits in 2019. In 2020, UMMC providers conducted more than 165,000 visits via telemedicine, a roughly 874 percent increase.

The story is the same throughout the country. Prior to COVID-19, the University of Pittsburgh Medical Center (UPMC) typically conducted 250 telemedicine

visits per day. By the end of 2020, the UPMC health care system was handling 15,000 telehealth visits daily.

The telemedicine boom was aided by new, temporary flexibility regarding the types and manner of services that can be provided via telehealth, while still being eligible for coverage by Medicare and Medicaid services.

In February 2020, before the federal provisions went into effect, just 0.1

percent of Medicare-covered primary care visits were conducted via telehealth. Two months later, in April, telemedicine represented 43.5 percent of Medicare-covered primary care appointments. By June, the number of patients using telehealth to replace canceled in-person appointments was more than four times the rate of telehealth appointments in

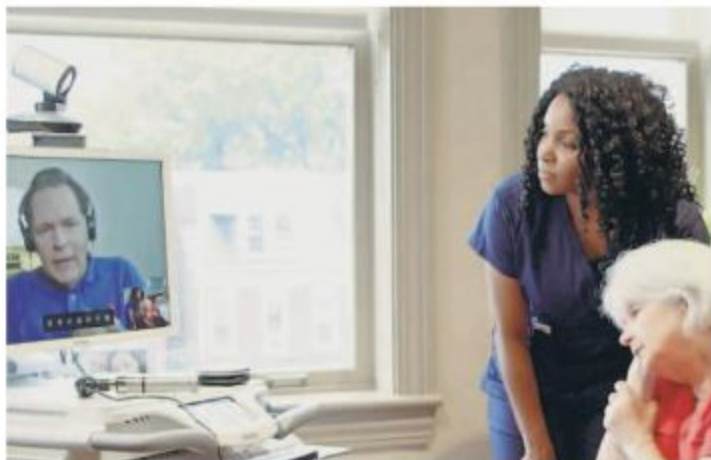
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Dr. Shashank Dave, a physical medicine and rehabilitation physician at Indiana University Health, says patients are often more at ease during telehealth appointments.

INDIANA UNIVERSITY HEALTH



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By the end of 2020, the University of Pittsburgh Medical Center system was conducting 15,000 telehealth visits daily.

2019, according to a McKinsey & Co. study.

"Prior to the pandemic, the utilization of telemedicine by consumers and physicians was actually quite low," says Ann Mond Johnson, CEO of ATA (American Telemedicine Association), which is lobbying to make many of the coronavirus-related telehealth provisions permanent. "From our vantage point, the pandemic served to accelerate things. We saw 10 years' growth in 10 weeks."

CONVENIENT OPTION

For patients like Brady Conway, a 27-year-old from St. Clairsville, Ohio, who has autism and epilepsy, telehealth has been a godsend.

Prior to the pandemic, Conway's mother, Jerri McCombs, had to take an entire day off from her job as a nurse to drive him to his behavioral health appointments at UPMC Western Psychiatric Hospital in Pittsburgh, roughly 70 miles away. The trip was agitating for Brady, who is nonverbal, and he was often physically disruptive in the waiting room and during appointments. "It was always stressful, and he was all over the place," McCombs says.

Without the commute, Conway's doctors were able to see his more typical behavior in his home environment. "Telehealth should, honestly, always be the solution for this population," McCombs says.

Janet Strauch of Greenfield, Ind., found even routine checkups to be more convenient and less stressful using

videoconferencing.

"Telehealth saves me at least an hour in commute time, and I actually felt like I got more one-on-one time with the physician to really focus and discuss my personal case," says Strauch, who used telemedicine for the first time during the pandemic to address orthopedic pain in her spine. Immune suppressed due to medications she is taking, Strauch says telemedicine allowed her to stay on top of her follow-up care without unnecessary risk of exposure to COVID-19.

"There are so many advantages to telehealth for appointments that don't require an in-person procedure," says Dr. Shashank Dave, a physical medicine and rehabilitation physician at Indiana University Health who is treating Strauch. "There's ease of use, decrease in travel time. Plus, I'm able to see patients in their normal, natural environments. And I think that helps patients feel more relaxed and at ease during appointments."

EQUAL ACCESS

Beyond its convenience, telemedicine makes health care more equitable by delivering access to primary and specialized care in rural areas that often have few providers.

In Mississippi, it allows UMMC specialists — including cardiologists, dermatologists, allergists and psychiatrists — to provide care to patients throughout the state. Telehealth also

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Dr. Will Campbell, a cardiologist, and Marlene Holloway, a registered nurse care coordinator, meet with a patient via videoconference.

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provides physicians with a cutting-edge tool for preventative care. Remote patient monitoring from UMMC Telehealth, for example, connects rural Mississippians with chronic conditions, including diabetes and heart disease, with health care providers who can help monitor and manage their symptoms.

Behavioral health is another area in which telehealth usage is growing. While platforms to remotely deliver mental health care existed well before COVID-19, "some providers were a little bit resistant to adopting them. It's a different way of practicing," says Dr. John Torous, director of the digital psychiatry division at Beth Israel Deaconess Medical Center in Boston. "COVID has been a catalyst

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(for adoption). I think most patients have been very excited to use telehealth."

JMIR Mental Health, an academic journal for which Torous serves as editor-in-chief, recently published research showing that, of surveyed patients who used telepsychiatry during the pandemic,

more than 80 percent had an overall positive experience with remote care — whether via video or telephone — and 63.6 percent said it has been as effective as their in-patient sessions.

To achieve telehealth's full potential, providing reliable, high-speed internet

access to every community must be a priority, advocates say.

"We are a rural community, and the (internet) bandwidth in some of these areas is very slim," says Dr. Danette McAlhany, a family medicine specialist in Bamberg, S.C., who has been providing telehealth visits for four years. "At times, we've had to do audio visits only, because we aren't able to do video visits for those areas."

And while McAlhany doesn't think telemedicine should replace every in-person visit, she knows it serves an important role in bringing high-quality care to her patients.

"It's a good add-on service," she says. "It has its time and its place."