

Opportunities To Expand Telehealth Use Amid The Coronavirus Pandemic

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The coronavirus pandemic is entering a new stage of global spread. More than 125,000 people have been infected, and more than 4,500 have died across more than 100 countries where cases have been [reported](#). The outbreak has generated a frenzy of activity related to telehealth. Payors are increasingly extending coverage; health systems are mobilizing quickly to expand programs; and telehealth companies are seeing rapid increases in demand. Following enactment of [coronavirus emergency supplemental legislation](#) that expands Medicare coverage of telehealth, we can expect increased reliance on telehealth services for Medicare beneficiaries. As more and more patients with symptoms seek treatment, the virus could spread rapidly in health care settings. Telehealth offers unique capacity for remote screening, triage, and treatment, and it could be a powerful tool for reducing transmission of the disease to and among health care workers and patients who are not infected.

Ideas From China's Experience

An examination of telehealth use in mainland China, which has been grappling with the outbreak since December, offers some ideas for expanding telehealth in the United States. A recent article in The [Economist](#) noted that Chinese telemedicine services such as Ali Health (part of Alibaba), JD Health, and WeDoctor (backed by Tencent) quickly launched online coronavirus clinics to triage and treat patients across the country. JD Health is now conducting about 2 million online consultations per month, up tenfold since the outbreak. These new telehealth platforms have enabled patients in China to access care without having to travel, thereby reducing the risks of exposure and spread. [West China Hospital of Sichuan](#) University partnered with ZTE and China

Telecom to rapidly deploy indoor and outdoor 5G networks to connect doctors with patients remotely, thereby reducing providers' risk of exposure and making it possible to treat more patients across disparate locations without having to travel.

Opportunities In The U.S.

U.S.-based companies such as [Teladoc](#), [AmWell](#), and Buoy are quickly following China's lead and are offering similar screening and video visit services. AmWell noted that its patient traffic increased by more than 11% in the early days of the U.S. outbreak. As the virus has spread across the country, the number of online visits likely has surged.

Telehealth could be a critical component of our nation's strategy to ramp up capacity to combat coronavirus while keeping health care facilities safe. Telehealth can also be an effective alternative to in-person visits for patients with other health care needs, and thus can help preserve critical provider capacity for those in greatest need of in-person care. Providers, states, and payers each can play an important role in realizing the potential of telehealth

Opportunities For Providers

Screening And Triage

Several telehealth platforms could be useful for screening and triage. Providers can use chatbots, secure messaging, and video visits to conduct initial screening and triaging of patients who may be infected. [UCSF](#) quickly launched an automated tool to proactively screen patients entering UCSF facilities for appointments. The tool has screened more than 50,000 patients, thus helping to identify cases and control the virus's spread.

In Washington, which is experiencing one of the largest outbreaks in the United States, [UW Medicine](#) is directing patients with coronavirus symptoms to use its virtual clinic as a first point of access—[NYU Langone](#), [OHSU](#), [Intermountain](#) and others are taking the same approach. Through these virtual visits, providers direct patients who are symptomatic to get tested in a way that minimizes exposure to other patients and health care providers. One option to increase the safety, capacity, and efficiency of coronavirus testing is to adapt South Korea's drive-through testing model. Gross-Gerau District Hospital in Germany is using this model and has been able to notify patients of results by phone within 24 hours. Drive-through testing stations are now being [established](#) in Colorado, Connecticut, Washington and [beyond](#). [Rush University Medical Center](#) in Chicago is screening patients via telehealth, and when a patient is suspected to have the virus and requires inpatient care, the hospital prepares in advance by creating isolated space in the emergency room and consulting infectious disease providers remotely in order to reduce unnecessary exposure to other patients and health workers.

Monitoring And Managing Symptoms

Video visits and secure messaging can be effective tools for remotely monitoring and treating patients with mild symptoms who are staying home. For instance, providers are able to remotely monitor a patient's temperature and symptoms and determine if the patient can safely stay home or should seek in-person care.

In Israel, Sheba Medical Center is working with [Datos](#), a company that provides remote monitoring tools, to support a telemedicine program that enables the hospital to monitor patients at home. Sheba is also working with [TytoCare](#), a manufacturer of connected devices such as digital stethoscopes, to monitor patients who are quarantined in the hospital's isolation facility in order to reduce staff risk of exposure.

Rapidly expanding the use of telehealth may be a challenge for providers, especially those who don't already have telehealth programs. It can take time to establish the necessary technology infrastructure, recruit providers to provide care virtually, provide training on best practices, educate patients about telehealth, and negotiate coverage with payors. Providers who do not yet have on-demand telehealth programs should mobilize internal resources to build infrastructure and capacity. To encourage patient uptake of telehealth options, providers should proactively and frequently provide information through patient-facing websites, social media, and direct outreach about how to use the technology to access care.

Opportunities For States

As payers, regulators, and stewards of public health, states have critical roles and responsibilities in preparedness and response to the epidemic. The recently enacted [Coronavirus Preparedness and Response Supplemental Appropriations Act](#) provides over \$8 billion to combat the spread of coronavirus. Included in the package is \$500 million for an emergency waiver that will expand coverage for telehealth services in Medicare. The Act makes two changes to existing Medicare telehealth coverage policies in emergency circumstances. First, the Act allows CMS to extend coverage of telehealth services to beneficiaries regardless of where they are located. In non-emergency circumstances, Medicare covers telehealth only when the patient is receiving care in a health care facility and/or is located in a non-urban or health professional shortage area; under the waiver, Medicare coverage of telehealth is not subject to these restrictions. This new provision should allow beneficiaries to access telehealth from home or other community locations. Second, the Act allows CMS to extend coverage to telehealth services provided by telephones with "audio and video capabilities that are used for two-way, real-time interactive communication" (e.g. smartphones). Under the waiver, in order to be covered by Medicare, a telehealth service must be delivered by a provider or member of the provider's practice who has treated the patient within the past three years. Recent CMS [guidance](#) also should help expand access to telehealth, by giving Medicare Advantage plans flexibility to waive cost-sharing and expand telehealth coverage.

States can follow Medicare's lead by requiring Medicaid and commercial plans to: ensure payment parity, so that telehealth services are reimbursed at the same rate as in-person services; eliminate restrictions on using the home as an [originating site](#); and cover multiple forms of telehealth (i.e., video, phone, and secure messaging). Currently, [fewer than half of states](#) mandate Medicaid coverage of telehealth, and only two-thirds require private payer coverage. Ensuring adequate compensation for providers delivering telehealth services to patients at home through a variety of modalities is critical for increasing telehealth adoption among health systems, hospitals, and physician practices. Expanding coverage for telehealth in states that do not currently cover it or that restrict its use not only will allow providers to be paid for diagnosing and treating infected patients remotely, but also will enable more patients with non-urgent conditions to receive services at home, thus reducing their risk of exposure to the virus.

Opportunities For Payers

Even without state action, payers can opt to expand coverage for telehealth services. In the past decade, many have done so, and since the coronavirus outbreak, this trend has accelerated. [Aetna](#) announced it will offer zero co-pay telemedicine visits nationally for any reason for the next 90 days for all commercial plans. [Humana](#), [Blue Cross Blue Shield of Massachusetts](#), [Horizon Blue Cross Blue Shield of New Jersey](#), and [others](#) have announced similar expansions of telehealth coverage.

The speed and scale at which coronavirus has spread across the world have created major challenges for the U.S. health care system. Telehealth can make a valuable contribution to coronavirus screening, testing, and treatment efforts. We should seize the opportunity to leverage telehealth platforms in the most effective and efficient ways possible throughout the country to help protect public health and save lives.

I encourage providers, policymakers, and payers using or supporting the use of telehealth for coronavirus to share your experience by commenting on this post or reaching out to me at jaugenstein@manatt.com.

Disclosures:

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