Weekly Checkup

Moving the Needle on Telehealth

ANDREW STROHMAN | JUNE 19, 2020

Last month, the Weekly Checkup covered efforts from the Trump Administration to remove regulatory barriers to telemedicine. In the wake of these actions and data indicating increased use across the country, there has been growing interest in making some of these changes permanent. One of the more notable indications of such interest was a letter on Monday to the Senate leadership in which 30 senators urged just such action, citing an 11,718 percent increase in telehealth usage for Medicare beneficiaries in just 6 weeks. If lawmakers do act to make telemedicine more broadly accessible permanently, the result could be better health and reduced costs along with increased access in areas with shortages.

Data indicate that telemedicine not only lowers costs but also improves health outcomes. In a 2011 Health Affairs article, researchers decided to investigate the potential impact of a telehealth program on Medicare beneficiaries. Elderly patients constitute the majority of the chronically ill—who account for nearly four-fifths of all health care spending—so the intervention study looked at both changes in spending and health outcomes. The researchers found that compared to a matched control group, the intervention group that used the telehealth program saved between $312-$542 per person per quarter. In addition, there was a statistically significant difference in overall mortality rates, showing a 2.5 percent lower mortality rate in the intervention group in year two of the study.

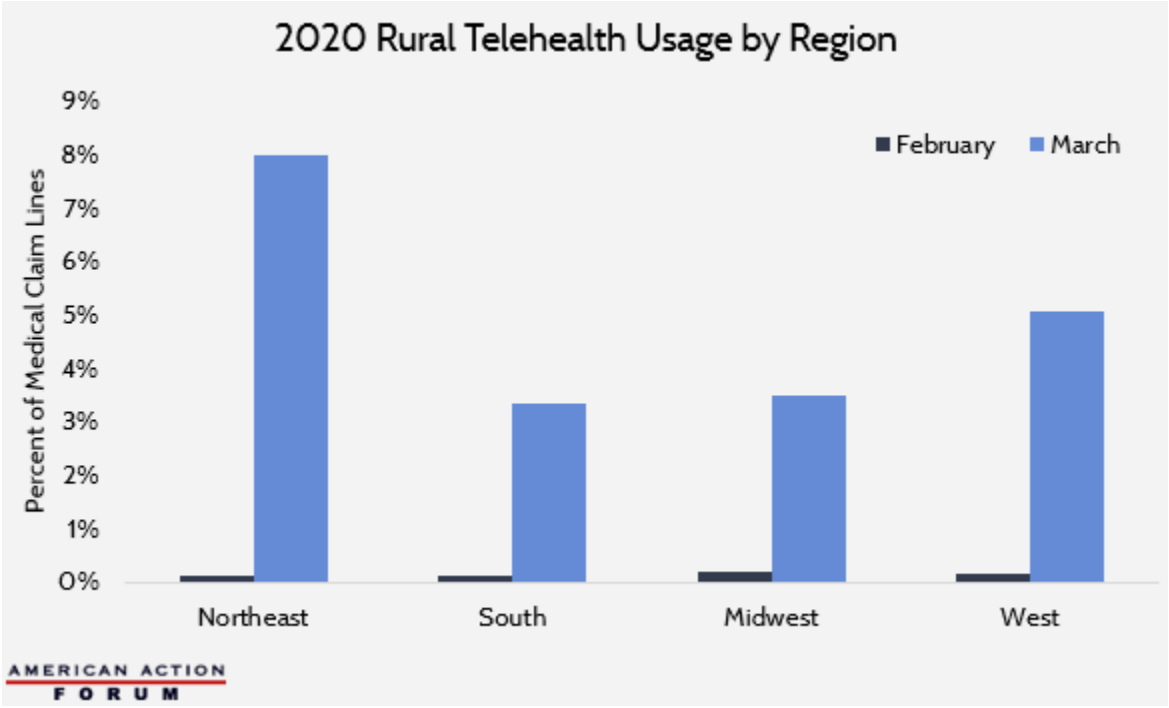
Research continues to show that the United States faces substantial risk of physician shortages in the future with rural areas experiencing them now, and continuing the expanded access to telehealth could boost access in medically underserved areas. In their letter, the senators pointed to the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2019 that was the basis for many of the temporary changes to telehealth access under recent COVID-19 emergency legislation. Under the CONNECT for Health Act provisions that the coronavirus packages adopted, the Health and Human Services secretary can waive certain restrictions for telehealth use under the conditions that the waiver would reduce spending without reducing quality and would apply to services provided by health professionals of whom there is a shortage. The restrictions that may be waived include geographic limitations on the location of doctors and patients as well as restrictions on the types of technology used to furnish telehealth services such as video conferencing applications. Assuming privacy concerns are still able to be met, expanding the ability of medical providers to give care to patients, even if they are conceivably across the country, could go a long way in ameliorating some of the provider shortage issues that disproportionately affect rural areas.

Taken in combination, the potential for permanent changes to telehealth utilization stands to improve the health and health spending of some of our most vulnerable and costly citizens as well as expanding access to care across the country.

CHART REVIEW: RURAL TELEHEALTH USAGE

Andrew Strohman, Health Care Data Analyst

While many have seen the value of telehealth during the pandemic, some have long promoted using telehealth services to expand access to health care in rural communities. Limited broadband access in rural areas—required to transmit larger data files such as imaging results—could limit the availability of telehealth, recent data indicate COVID-19 may have accelerated some of this needed transition. In February of 2020, telehealth claims accounted for about .14 percent of total rural claims, ranging from .11 percent in the South to .19 percent in the Midwest. During the first month of widespread lockdown, these numbers spiked dramatically to a national average of about 5 percent of total rural claims, ranging from 3.3 percent in the South to 8 percent in the Northeast. (To be sure, at least some of this spike is due to a drop in the overall number of services, as many patients and doctors delayed elective procedures and appointments.) As the debate continues over making permanent some of the recent changes to telehealth access and utilization, politicians should consider the significant benefits it could bring to rural communities.



Data obtained from FAIR Health

WORTH A LOOK

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