Telehealth: It’s Not Your Doctor-in-a-Box Anymore

With new technologies, reimbursement codes, and regulatory pathways, 2019 is shaping up to be a year of great promise for telehealth. And, it’s not the traditional doctor-on-the-screen version that many of us think of first. This article will help you understand how telehealth is rapidly advancing the healthcare space.

Real-time telehealth is evolving beyond live video

Live video visit, replacing an in-office patient visit with a video one, is the telehealth version we think of most. And this version is here to stay. The U.S. Department of Veterans Affairs (VA), which has long used telehealth to reach rural and housebound veterans, introduced its new VA Video Connect in 2018. The mobile app enables veterans to interact with their providers via video using any device. In the private sector, Kaiser Permanente has reported that more than half of its members’ provider visits are now virtual. And New York-Presbyterian Hospital surpassed 100,000 virtual visits at the start of 2019.

But options for real-time virtual care are rapidly evolving beyond the traditional video visit, as artificial intelligence (AI) continues to develop as a vital part of the real-time experience. Take Microsoft’s Healthcare Bot, showcased at HIMSS19 in February, for example. The bot promises to deliver “intelligent, conversational experiences at scale” that can triage and provide complex guidance to patients, while also providing intelligent health assistant functionality to healthcare organizations. Or the AI-powered, telephone booth-sized virtual clinics recently debuted by Chinese health platform Ping An Good Doctor. These clinics work by having a patient step into the booth and provide health-related information to an AI bot, which is sent to a remote specialist. The patient can even buy medications housed within the booth.

Telehealth methods beyond real-time are beginning to be reimbursed

The future looks bright for data sharing in telehealth as CMS opens up new reimbursement codes and begins to lift geographic and site restrictions for telehealth.

As part of its 2019 Physician Fee Schedule, CMS introduced several new codes to support asynchronous video and image sharing, remote patient monitoring, and mHealth technology. These include the new “Remote Evaluation or Pre-recorded Patient Information” code, which allows providers to bill for their time reviewing video or still images sent by established patients. They also include three new codes for “Chronic Care Remote Physiologic Monitoring” that allow reimbursement for setting up and educating patients about remote monitoring, supplying the initial device, and monitoring and communicating about data. Several states are also working on updating rules around telehealth, including reimbursement of asynchronous telehealth platforms and remote patient monitoring.

The possibilities for patient-driven monitoring and data sharing are exploding as a result of reimbursement. Continual improvements in devices like implantable cardiac remote monitoring systems, wearable patches for glucose monitoring, and smart medications are making it easy for providers to monitor patients’ health. And tech giants are disrupting the healthcare space, with Apple and Aetna partnering on a new app that leverages data from the Apple Watch and
Alphabet (Google’s parent company) subsidiary Verily developing health-tracking shoes that can monitor movement, weight, and possibly falls.

Telehealth is transforming emergency and surgical care

CMS also released this year its new Emergency Triage, Treat and Transport (ET3) model. With this new model, Medicare will expand its reimbursement for ambulance care teams to include transport to a primary care office or urgent care location. It will also reimburse for care provided in place or via telehealth.

Similarly, tech companies are introducing new ways to improve urgent care outcomes. An example is Oracle’s Connected Care, which also debuted at HIMSS19. This tool allows paramedics to connect a stroke patient, for example, to a device in the ambulance and stream the patient’s vital signs to a hospital en route. Machine learning alerts the provider to specific patterns that warrant a closer look. And integrated telehealth capabilities make it possible to connect a neurologist from another hospital to provide remote diagnostic and treatment recommendations. Oracle is exploring more possibilities for this system.

Telehealth in surgical care is also growing stronger than ever. A systematic review of 24 studies comparing telemedicine to traditional care in pre-, peri-, or post-surgery periods, published in the peer-reviewed Acta Informatica Medical journal in 2018, found that telehealth improved care through the collaboration of surgical teams located at different sites, enhanced patient access to care, and saved patients and providers time. Technologies (including virtual reality) are advancing surgeons’ abilities in remote locations and enabling practice procedures before heading into the OR, offering the potential of reduced procedure time and complications.

Insights and analytics are more critical than ever

With evolution across telehealth, today’s organizations must dive deeply into analytics and actionable insights to inform their decisions, including:

- How to marry new technologies with optimal user experiences rather than a one-design-fits-all approach;
- Where and when to use AI-powered interactions with patients to circumvent the potential risks of misdiagnosis;
- How to turn big data into meaningful insights without sacrificing accuracy and privacy; and much more.

Continue reading about What You Need to Consider Before Harnessing the Full Power of Telehealth.

To learn how leading companies are using new technologies to create next-generation insights, go right to the source. Join 400+ healthcare insights and analytics professionals at the Intellus Worldwide 2019 Summit, “Insights Evolution: Empowering Data Translators of the Future.” The summit will be held May 19 to 21, 2019 in Philadelphia, PA. Register now at www.intellus.org.

Sources:

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