

The Evolution and Expansion of Telehealth and E-Health

The February special focus section of the *Rhode Island Medical Journal* (RIMJ) examines the myriad aspects of the evolution and expansion of telehealth. Guest Editor **DANIEL HALPREN-RUDER, MD, PhD**, compiled the contributions below, which present the opportunities and challenges telehealth presents for patients, providers, insurers, information technology specialists, and healthcare organizations.

In the introductory article by Dr. Halpren-Ruder, **“E-Health and Healthcare Quality Management: Disruptive Opportunities,”** E-health is defined as a term encompassing telehealth, telemedicine, digital health and remote patient monitoring. E-health is expanding logarithmically, quickly moving past the Direct-to-Consumer (DTC) Internet-demand service to embrace patient education, hundreds of apps, dozens of consult formats, patient controlled monitoring and institutional data streams. The article explores what E-health-empowered advances in quality management will mean to the clinician, the patient and society. It is proposed that the cost-lowering, clinical efficiency, patient engagement, provider and patient convenience and data-crunching capabilities of E-health, can push healthcare to new levels of value by optimizing quality while decreasing cost.

JAMES V. McDONALD, MD, MPH, in his article, **“Telehealth & E-Health in Rhode Island 2020 and Beyond,”** discusses the regulations and professional standards approved by the Rhode Island Board of Medical Licensure and Discipline. He reviews the State requirements that a physician providing E-health services must be licensed in the state where the patient receives care; the provider must have a Rhode Island business address, and DEA registration. He also reinforces that the same standards of care, as if the patient were being evaluated in a traditional office setting, must be met.

AUGUSTINE MANOCCHIA, MD, in his contribution, **“Telehealth: Enhancing Care through Technology,”** offers the insurer’s perspective of Blue Cross & Blue Shield of Rhode Island (BCBSRI), which began covering telehealth in 2014, before coverage became mandated by the state in 2018. He shares how BCBSRI implemented its telehealth services through a partnership with American Well®, one of the leading providers of DTC telehealth services, and how patients can connect to these services, such as downloading mobile apps like Drs. Online. The article also gives an overview

of the telehealth landscape in the U.S., a rapidly growing segment of the healthcare industry, expected to reach about \$36 billion this year.

EMILY COOPER, MPH, et al, in their contribution, **“Use of Health Information Technology by Rhode Island Physicians and Advanced Practice Providers, 2019,”** reports on the Rhode Island Dept. of Health (RIDOH) HIT survey, administered to all licensed independent practitioners in the state. Descriptive analyses examine HIT adoption and the clinician experience working with HIT. They conclude that as of 2019, the majority of Rhode Island physicians have adopted HIT, but challenges persist in integrating existing technology into practice.

DAREN R. ANDERSON, MD, in his contribution, **“Electronic Consults: Lessons From a Neighboring State,”** offers an overview of the electronic consultation (eConsult) telehealth tool implemented by a large federally qualified health center (FQHC) in Connecticut, which obtained a grant to develop an electronic platform that allowed primary care providers (PCPs) and specialists to exchange clinical information about specific cases using a secure electronic platform. The platform is now used nationwide. He describes pilot programs in Connecticut and Rhode Island for dermatology and cardiology referrals, with Figures, which summarize the consultations between subspecialists and the PCP.

JIANI YU, PhD, in her article, **“Emerging Opportunities for Telemedicine Research in Rhode Island,”** delves into the nuances of telemedicine coverage, and provides a summary of the Rhode Island Telemedicine Coverage Act of 2016, which went into effect in 2018. She also offers an overview of provider restrictions, and examines data of telemedicine usage in the state and the opportunities it could provide to increase access to healthcare services to the underserved population, especially in the mental health area.

DENISE ANTHONY, PhD, and **CELESTE CAMPOS-CASTILLO, PhD**, in their article, **“Why Most of Your Patients Aren’t Using an Online Portal, and What You Can Do About It,”** relate that despite significant federal investments to encourage portal adoption, most patients are probably not using them. They identify usage demographics; for example, some studies have found that older patients are less likely than

younger patients to use a portal. Other studies show that racial and ethnic minorities, patients with lower income or less education, as well as those with public insurance, use portals less often than privately insured, higher income, more educated, and white patients. The article also examines the reasons why patients may not be using portals, such as privacy concerns or access to technology. The article argues for changes required of technology designers and policymakers, in order for portals to be used effectively to improve healthcare among diverse and underserved populations.

VANESSA A. DIAZ, MD, MSCR, and **MARTY S. PLAYER, MD, MSCR**, in their contribution, “**Direct-to-Patient Telehealth: Opportunities and Challenges**,” conclude that the use of Direct-to-Patient (DTP) telemedicine will expand, and suggest it will be used most effectively in the care of chronic conditions and for preventive care provision. They also conclude that DTP use will require continued improvement in reimbursements for the care provided; and that challenges also include overcoming patient and provider barriers in the implementation and use of new technology.