

Telehealth: Enhancing Care through Technology

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ABSTRACT

The use of telehealth – the delivery of healthcare services through the use of two-way electronic audiovisual technology – has grown significantly in the U.S. in recent years. Telehealth offers patients and providers significant benefits as a lower cost, easier way to access quality care, but the medical community is still working to perfect the balance between technology and in-person care. This article covers the current national telehealth landscape, consumer perceptions of telehealth, as well as the steps Blue Cross & Blue Shield of Rhode Island (BCBSRI) has taken to cover telehealth services for its members and implement a user-friendly mobile app to facilitate this type of care, as well as how it fits into their primary-care strategy. It discusses some existing applications for telehealth, as well as some ideal-state, practical ideas about the future of telehealth's use.

KEYWORDS: telehealth, telemedicine, healthcare access, healthcare costs

INTRODUCTION

Like just about everything else, medicine and healthcare are rapidly changing in this age of technology. One obvious example of this is telehealth (also called telemedicine), which is the delivery of healthcare services – including diagnosis, consultation, treatment, education, care management, and patient self-management – using real-time, two-way electronic audiovisual communication technology, typically video conferencing. Telehealth offers patients a convenient option for care when they need it, saving time and cost. The key is finding the balance between telehealth and traditional in-person care, and educating consumers about when to use it.

TELEHEALTH LANDSCAPE IN THE U.S.

Telehealth is a rapidly growing segment of the U.S. healthcare industry, due in large part to its convenience as well as the increased access to care it offers for many people who normally might not seek care. The U.S. telehealth market is expected to reach about \$36 billion by 2020,¹ and increase to \$64 billion by 2025.²

A unique partnership

Reinforcing the growth of telehealth in the U.S. is the recent announcement of a partnership between American Well® and Cleveland Clinic creating a unique initiative providing broad access to comprehensive and high-acuity care services via telehealth. The two organizations will form a Cleveland-based joint venture company called The Clinic™, which will offer virtual care from Cleveland Clinic's highly specialized experts through American Well's well-established digital health technology platform. This partnership will lead the healthcare industry toward integrated, digital care delivery models that complement and are connected to traditional care settings.

Rising healthcare costs are driving the industry to shift to more cost-effective alternatives for quality care. The Centers for Medicare and Medicaid Services (CMS) forecasts that national health spending will grow at an average rate of 5.5% per year through 2027, outpacing gross domestic product (GDP) growth by nearly 20% over the same time period.³ CMS also estimates that healthcare costs, which represented 17.9% of GDP in 2017, will constitute 19.4% by 2027.⁴

This trend has an obvious impact on employers, many of which have begun offering telehealth as a less costly alternative to traditional healthcare. In fact, 91% of employers are expected to offer telehealth by 2020.⁵ However, while a vast majority of mid-size to large employers offer this benefit, less than 2% of employees have used it.⁶ So the obvious question – and the biggest challenge – is why?

A recent J.D. Power study⁷ offered many consumer findings around the use and perceptions of telehealth:

- 9.6% of consumers have used telehealth in lieu of a doctor's office, urgent care, or emergency room visit in the last 12 months.
- Usage is highest among patients in the West (11.1%) and lowest in the Northeast (5.7%).
- Younger adults (aged 18–24) have used telehealth more than any other age group (13.1%), while seniors (aged 65+) have used it the least (5.3%). However, 10.5% of adults aged 55–64 have used telehealth.
- 74.3% of consumers say their health system or health insurer does not offer telehealth (39.7%) or they are

unaware of it (34.6%). This is concerning in rural areas (72%) and suburban areas (70.3%), where telehealth is targeted to help increase access.

- 17.2% of consumers are aware that their health system or health insurer offers telehealth as an alternative to a doctor's office, hospital, emergency room, or urgent care clinic visit.
- 13.3% of consumers think telehealth is more expensive than a doctor's office visit.
- 48.7% believe the quality of care is lower than that of a doctor's office visit, with 6.2% perceiving quality to be higher. The remainder (45.1%) believe the quality of care is the same.

BCBSRI'S TELEHEALTH STORY: PART OF A LARGER STRATEGY

Blue Cross & Blue Shield of Rhode Island (BCBSRI) began covering telehealth in 2014, long before it became mandated by the state of Rhode Island for health insurers to cover telehealth as of January 1, 2018. As a health insurer, BCBSRI decided to cover telehealth as a means of added convenience for our members to help them meet their need for healthcare access. In fact, many of our larger customers demanded this service for their employees.

A significant and critical piece of our long-term strategic focus (along with cost leadership and comprehensive health and well-being) is to ensure that we're giving our customers the tools they need to make easier decisions about their health.

We've partnered with American Well®, one of the leading providers of telehealth services, to allow members to connect with board-certified doctors 24 hours a day using their smartphones, tablets, or computers. We've branded the service Drs. Online, and created a mobile app of the same name where members can access these services.

BCBSRI chose American Well to administer our telehealth services because of their reputation for security and safety. They monitor their participating physicians thoroughly and frequently, and provide protocols for every imaginable scenario that could arise, from a technological and protected health information (PHI) perspective. From a member/user perspective, we found it to be a seamless experience with few technological issues. Users can also see physicians' education and practice experience, as well as ratings from other users, for their own peace of mind.

Telehealth is intended to provide general healthcare services for a wide range of common, non-emergency health conditions, including allergies, respiratory infections, skin rashes, sinus problems, migraines, and many others. What it is not intended for is to replace true emergency care or to treat life-threatening conditions, such as seizures, chest pain, stroke, difficulty breathing, etc. Users are always advised to call 911 or go to the ER for any emergency or life-threatening conditions.

To date, we've had over 4,000 members register for Drs. Online, with more than 800 completed visits. The Drs. Online app has a 5-star rating on both Google Play and the Apple App Store.* Of our members who have taken the exit survey after using the service, 96% of them rate the service either 4 or 5 stars. The most common diagnoses among those 800 visits are upper respiratory infections, influenza, skin rashes, and urinary tract infections. We also recently began offering covered behavioral health services using Drs. Online, including therapy and psychiatry. This is part of our ongoing effort to increase access to these critical and much needed services – when getting care quickly is of the utmost importance – while helping to reduce some of the stigma often associated with them.

Telehealth is a covered service within BCBSRI's fully insured plans, and is a buy-up/add-on for self-insured plans. Member benefits, including cost-sharing, vary depending on specific plans.

NOT A REPLACEMENT FOR THE PCP

An important point that we emphasize with our members is that telehealth should not replace the personal relationship that we encourage our members to have with their primary care provider (PCP). We stress the importance of regular wellness visits, regular screenings and tests, and having an open, ongoing relationship with their PCP (preferably as part of a PCMH) as an optimal way to stay as healthy as possible. The PCP/PCMH is the "quarterback" of a member's care, and should be the point person for coordinating all of a patient's healthcare needs, whenever feasible.

Currently, there are no local physicians contracted with BCBSRI to provide telehealth services on Drs. Online to our members, but we're using board-certified providers who have a contract with American Well and are licensed to practice in Rhode Island. For 2020 and beyond, we're working on a comprehensive plan to begin onboarding local providers to Drs. Online, in a way that positively reinforces our primary care philosophy.

THE IDEAL STATE FOR TELEHEALTH

Telehealth is not a new concept; it's been around for a number of years. In general, our sense is that there has been both a fear and fascination about it among the physician community. The fear is that it could interfere with the physician/patient relationship; but at the same time there's a fascination and curiosity about it in this technological age. What is it? How does it work? How will it enhance my practice? Are there any technological and workflow barriers that I'd have to think about, like scheduling telehealth visits along with in-person visits, handling billing, and compensation?

* App Store is a service mark of Apple Inc. Google Play is a trademark of Google Inc.

The technology and infrastructure are in such a place that any physician who wants to do it can do it, and fairly simply. Any local physician can provide these services to their patients as long as they meet the requirements of our telehealth coverage policy, and any provider can bill for a telehealth visit according to our payment policy.

There is a great deal of opportunity for telehealth in general – ideally there are many thoughtful, practical applications for it to be used as a way to increase convenience and decrease overall cost of care, not as a way to simply generate income. Telehealth could and should also be used to help avoid or decrease costly emergency room care. Based on BCBSRI claims data, about 40% of ER visits are classified as low-acuity non-emergent (LANE) care visits according to diagnosis and evaluation and management (E/M) codes. That 40% figure equates to roughly \$90 million annually in preventable ER visits for symptoms like back pain, flu symptoms, and sinus pain. Many of those visits could have been handled using telehealth, and those patients certainly could have been seen in their PCP's office for a much lower cost and in much less time.

There are also obvious linkages and opportunities for telehealth to bridge primary and specialty care, while again aiming to reduce waste, save time, and provide appropriate care at the right time, in the right setting. In a perfect world, the PCP does their best to diagnose and treat a condition or illness, but before referring a patient to a specialist, would use telehealth as a way to consult with that specialist, ideally while sitting with the patient. That consultation could be used to either expedite a follow-up visit with the specialist or to rule out the necessity for seeing them, depending on the situation.

CONCLUSION

These ideas are just scratching the surface of the types of practical applications that telehealth can provide. Working closely with physician and provider partners, insurers will be able to expand the reach of telehealth to help create healthcare that is convenient, more affordable, and creates the best experience for patients, which should always be the end goal.

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