

COVID-19 and Telehealth

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The COVID-19 pandemic is rapidly changing how healthcare is delivered. The use of telehealth, in particular, has seen a significant increase, as providers and consumers alike comply with local social distancing regulations. This tip sheet describes the use of telehealth and how it has changed during the COVID-19 pandemic.

Pre-COVID-19 Telehealth

Prior to the COVID-19 pandemic, telehealth was already a growing segment of the healthcare industry, with a report done by FAIR Health finding a 53% growth rate from 2016 to 2017.¹ Also, in 2017, the American Hospital Association found 76% of hospitals had full or partial telehealth systems.²

While telehealth was growing, however, it was not always utilized. The annual Mercer National Survey of Employer-Sponsored Health Plans 2019 found that in 2018, 9 out of 10 of companies with over 500 employees offered a telemedicine program; however, only 9% of employees used the service.³

Telehealth implementation faced obstacles, such as federal and state legal and regulatory issues, limited Medicare coverage, patients lacking broadband access, and concerns about quality of care.⁴ Over the past few years Congress has authorized limited expansions of telehealth in Medicare through the Bipartisan Budget Act (BBA) of 2018. For example, the BBA expanded services like remote consults with neurologists (referred to as “teletroke services”) to a larger group of beneficiaries by removing geographical restrictions.⁵

COVID-19 Regulation Changes

On March 17, 2020, in response to the COVID-19 pandemic, the Secretary of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) announced the temporary expansion of Medicare items covered in telehealth by 85 services.^{6,7} On May 11, 2020, CMS released this [News Alert](#), which included a [Telehealth Video: Medicare Coverage and Payment of Virtual Services](#) that addresses common questions regarding the expanded Medicare telehealth services benefit during the COVID-19 public health emergency.

States have also updated their policies and guidance documents on the use of telehealth; 63 state actions have been issued since the start of the COVID-19 pandemic on a variety of topics, including use of out-of-state licensing, use of telephones (versus video chats) to deliver service, expanding Medicaid use, and adding “home” as an eligible site for Medicaid. In addition, requirements for telehealth practitioners to be licensed in-state have been relaxed or waived in 49 states and the District of Columbia.^{8,9}

Additionally, close to 100 insurance providers (including 36 Blue Cross Blue Shield locally owned and operated companies) have updated their telehealth policies and offerings in response to the COVID-19 pandemic.¹⁰ The HHS Office of Civil Rights issued a notification of enforcement discretion for telehealth remote communications during [this declared public health emergency](#) to allow providers some flexibility in using non-secure communications to conduct telehealth visits and other interactions with patients.¹¹

The Use of Telehealth during COVID-19

COVID-19 is rapidly changing the world of telehealth. Since February 2020, direct-to-consumer (DTC) telehealth companies and traditional brick and mortar health systems saw significant increases in the demand for telehealth services. This has led to the need to rapidly train existing staff, increase staffing, and upgrade equipment. A March 31, 2020 poll of medical practice leaders conducted by the Medical Group Management Association found that 97% of the 1,553 respondents have expanded telehealth access since the start of the COVID-19 pandemic.¹² The federal government launched telehealth.hhs.gov in April 2020 to assist patients and providers with navigating the new telehealth landscape. The website provides information to help patients find telehealth providers, understand their coverage, and prepare for a video appointment. Providers can access resources to help implement telehealth in their practices, review a comprehensive list of policy changes for COVID-19, and review tips on how to best conduct telehealth appointments to ensure a quality visit with patients.

Telehealth is currently being used in the following ways:

- **Patient triage and screening.** Phone screening during public health emergencies is not a new concept as it was used during the 2009 H1N1 influenza pandemic. With the onset of COVID-19, DTC companies and health systems are using online assessments and telehealth appointments to screen possible COVID-19 patients.
- **Pre- and post-operational visits.** Many health systems have moved all pre- and post-operational visits to virtual visits and have plans to continue this practice post-COVID-19.¹³
- **Remote patient monitoring.** While not new, remote patient monitoring is being used more often for both chronic disease monitoring and patients that test positive for COVID-19. Expansion of Medicare coverages now includes remote patient monitoring for both acute and chronic diseases. Items such as weight, blood pressure, pulse oximetry, and respiratory flow rate can all be monitored remotely. Additionally, because COVID-19 symptoms can vary greatly and escalate quickly, remote patient monitoring can help identify when patients need to seek treatment at a hospital.¹⁴ The Health Resources and Services Administration (HRSA) reports that approximately 51% of health center visits occurred virtually during the last reporting period (one week).
- **Synchronous and asynchronous care.** This includes two different telehealth modalities that allows healthcare personnel and patients to connect using technology to deliver healthcare. The Centers for Disease Control and Prevention (CDC) defines synchronous care as, “real-time telephone or live audio-video interaction typically with a patient using a smartphone, tablet, or computer.” CDC defines asynchronous care as, “store and forward” technology where

messages, images, or data are collected at one point in time and interpreted or responded to later. Patient portals can facilitate this type of communication between provider and patient through secure messaging.”¹⁵

Ongoing Challenges

As with any rapid technological evolution, telehealth is experiencing challenges, such as:

- **Conflicting regulations.** Some practices are offering physical, occupational, and speech therapies via telehealth; however, they may encounter difficulties with reimbursement. As of April 15, 2020, telehealth visits for physical therapists, occupational therapists, speech language pathologists and audiologists were not classified as reimbursable under Medicare, even though they were authorized services under the Coronavirus Aid Relief and Economic Security (CARES) Act and a waiver could be provided.¹⁶
- **Regulations vary by state.** Many states have updated their regulations, policies, and guidance on telehealth since the start of COVID-19; however, what is or is not covered (especially regarding Medicaid coverage) can vary depending on where the patient lives. For example, only 22 states pay for remote patient monitoring under Medicaid.¹⁷ Interstate licensure and other regulatory issues also vary by state and may pose challenges.¹⁵
- **In-person versus telehealth visits.** Some patients may have circumstances in which an in-person visit is more appropriate than a telehealth visit due to the urgency of the situation, underlying health conditions, or the inability to perform an adequate physical exam.¹⁵ Patients may also not possess the capability to provide temperature, blood pressure, blood sugar, and other readings.
- **Increased need for equipment and trained staff.** In mid-March, the health system affiliated with the University of Pennsylvania, Penn Medicine, went from having 40 telehealth visits a day to 120 visits before noon and a staff of 6 to 60 practitioners offering the telehealth visits.¹⁸ This level of increase requires additional equipment and staff who are appropriately trained in providing telehealth services.
- **Increased costs for insurers.** Parity for services and payment across all insurers would help increase telehealth access for patients and incentivize providers to offer these services. However, this would also increase spending costs for insurers.¹⁹
- **Lack of access to technology.** While use of telehealth may be an option to more people due to the policy changes, lack of technology may impact lower-income and rural populations. The Federal Communications Commission (FCC) found that as recently as 2018, 18 million Americans lacked physical access to minimal broadband internet connections.²⁰ The FCC has provided telecommunication companies with temporary access to unused wireless broadband spectrum to support the increased demand on wireless services.²¹ While this may provide better connection in some areas, in low-income households, 44% do not have a broadband connection, 46% do not have a traditional computer, and 29% do not own a smartphone.²²

Potential Post-COVID-19 Trends

With widespread COVID-19 vaccination being months (to over a year) away, telehealth could be used over an extended period for both suspected COVID-19 and non-COVID-19 related medical visits. The longer the pandemic continues the more telehealth will become ingrained in the healthcare system. It is important, therefore, to plan for potential trends, including:

- **Telehealth’s economic impact on the COVID-19 response.** A study by FAIR Health, compared 2019 charged amounts on the four charge codes associated with respiratory infections that were used to bill both for telehealth and in-person treatment. The study found using telehealth as a place of service yielded a cost savings in most cases.²³
- **Increased attention to updates to telehealth.** One factor stalling the potential growth of telehealth has been lack of awareness to changes in regulations. In 2019, three new charge codes for telehealth were added to Medicare; however, only 33% of doctors, healthcare executives and administrators and information technology professionals were aware of the additions.²⁴ Even if some services are discontinued post-COVID-19, greater attention may be paid when new reimbursable services are announced.
- **People who may not normally seek medical treatment may choose to use telehealth.** A 2017 study found that when DTC telehealth visits were available, telehealth replaced visits to providers by 12%, with 88% of that representing new patient utilization. By making care more convenient for patients, telehealth might be utilized by those that would normally not seek medical attention.²⁵
- **Increased telehealth innovations from well-known brands.** Prior to COVID-19, large technology companies were exploring the field of telehealth. For example, Amazon’s Alexa and Google Home are already used for chronic disease management, such as diabetes. As COVID-19 brings more awareness to telehealth, companies that have been dabbling in the field may make more concentrated efforts to increase their offerings.²⁶

Additional Sources

[American Telemedicine Association](#)

[ASPR TRACIE COVID-19 Telehealth Resources for the Management of Infectious Disease Patients](#)

[ASPR TRACIE COVID-19 Telemedicine/Virtual Medical Care Resources](#)

[ASPR TRACIE Virtual Medical Care Topic Collection](#)

[Center for Connected Health Policy: The National Telehealth Policy Resource Center](#)

[Centers for Medicare and Medicaid Services, Medicare Learning Network: New and Expanded Flexibilities for Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\) During the COVID-19 Public Health Emergency \(PHE\)](#)

[HRSA Health Center COVID-19 Survey](#)

[HRSA Health Center Program Look-Alike COVID-19 Survey](#)

[HRSA Office for the Advancement of Telehealth](#)

[HRSA Program Assistance Letter: Telehealth and Health Center Scope of Project](#)

[International Society for Telemedicine and eHealth](#)

[National Consortium of Telehealth Resource Centers](#)

[U.S. Department of Health and Human Services Telehealth Web Page](#)

¹ FAIR Health. (2019). [Rapid Growth of Telehealth Noted in Second Annual FAIR Health Report.](#)

² American Hospital Association. (2019) [Fact Sheet: Telehealth.](#)

³ Mercer. (2019). [Mercer Survey Finds US Employers Shifting to Innovative Strategies to Make Healthcare More Affordable for More Employees.](#)

⁴ American Hospital Association. (2019). [Fact Sheet: Telehealth.](#)

⁵ Wynne, B. and LaRosa, J. (2019). [A Tell-All on Telehealth: Where Is Congress Heading Next?](#)

⁶ Centers for Medicare & Medicaid Services. (2020). [List of Telehealth Services.](#)

⁷ Health and Human Services. (2020). [Press Release: Secretary Azar Announces Historic Expansion of Telehealth Access to Combat COVID-19.](#)

⁸ Center for Connected Health Policy. (2020). [COVID-19 Related State Actions.](#)

⁹ Center for Connected Health Policy. (2020). [Quick Glance State Telehealth Actions in Response to COVID-19.](#)

¹⁰ America's Health Insurance Plans. (2020) [Health Insurance Providers Respond to Coronavirus \(COVID-19\).](#)

¹¹ HHS Office of Civil Rights. (2020) [Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency.](#)

¹² Medical Group Management Association. (2020). [Medical Practices Innovate Care Delivery, Increase Telehealth Access Amid COVID-19.](#)

¹³ Ravindranath, M. (2020). [Coronavirus Response Could Give Long-awaited Jolt to Telehealth.](#) Politico.

¹⁴ Healthcare Information and Management Systems Society, Inc.(2020) [Remote Patient Monitoring: COVID-19 Applications and Policy Challenges.](#)

¹⁵ Centers for Disease Control and Prevention. (2020). [Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic.](#)

¹⁶ Wicklund, E. (2020). [Congress Pressures CMS to Cover Telehealth for Therapy Services.](#) mHealth Intelligence.

¹⁷ Cunningham, P. (2020). [The Health 202: Coronavirus Means Americans are Finally Embracing Virtual Health Care.](#) Washington Post.

¹⁸ Brodwin, E. and Ross, C. (2020). [Surge in Patients Overwhelms Telehealth Services Amid Coronavirus Pandemic.](#) STAT.

¹⁹ Kaiser Family Foundation. (2020). [Opportunities and Barriers for Telemedicine in the U.S. During the COVID-19 Emergency and Beyond.](#)

²⁰ Federal Communications Commission. (2020). [New Data Shows Digital Divide is Closing and Broadband Competition is Increasing.](#)

²¹ Federal Communications Commission. (2020). [Coronavirus.](#)

²² Anderson, M. and Madhumitha, K. (2019) [Digital Divide Persists Even as Lower-income Americans Make Gains in Tech Adoption.](#) Pew Research Center.

²³ FAIR Health. (2020) [Brief COVID-19: The Projected Economic Impact of the COVID-19 Pandemic on the US Healthcare System.](#) 24-28.

²⁴ Care Innovations. (2019). [2019 CMS Fee Schedule Expands Reimbursement for Remote Care.](#)

²⁵ Ashwood, J., Mehrotra, A., Cowling, D., et al. (2017). [Direct-To-Consumer Telehealth May Increase Access to Care but Does Not Decrease Spending.](#) Health Affairs Vol. 36 No. 3

²⁶ Barthelemy, J. (2020). [The Newest Trends in Telehealth in 2020.](#) Medical Group Management Association.