EDUCATION IS NEEDED TO EXPAND TELEHEALTH’S REACH
INTRODUCTION

Telehealth has established itself solidly in the rapidly evolving marketplace for innovation in healthcare delivery and patient-centered care.

PATIENTS LACK UNDERSTANDING

From the standpoint of consumers, the barriers to uptake of telehealth are largely intangible.

SHIFTING STRATEGIES

The reasons why health systems invest in telehealth continue to change as the technology evolves and system priorities shift.

OPPORTUNITIES AND OBSTACLES

Health systems face many challenges including increasing demand, shifting legislation and their own evolving vision for telehealth.

TELEHEALTH SUCCESS STORIES

Innovative health systems such as New York Presbyterian and Northwell have seen success deploying a system-wide strategy.

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Those who believe in the promise of telehealth and who wish to see more widespread adoption may want to re-examine their assumptions and pursue new approaches to increase acceptance among patients.
Hospitals and healthcare delivery systems have high adoption rates of telehealth. They have made substantial investments in infrastructure, staff training, and process re-engineering. Patients, however, don’t generally know how to join the telehealth party. It’s not that they aren’t invited or don’t want to go — it’s that they don’t understand how to access telehealth or how it could be applied to their own care. They also don’t know the extent to which their insurance covers it. They don’t know how telehealth would affect their copays and deductibles, and having never used it before, they are unsure when and how they should use it.

Telehealth has established itself solidly in the rapidly evolving marketplace for innovation in healthcare delivery and patient-centered care. Yet the gap between the current state of telehealth and full realization of its potential remains large.
Provider organizations must continue to focus on making their telehealth investments align with broader business objectives. Those might include such things as increasing patient satisfaction or raising clinical quality across the board. Patients need to be informed how telehealth can work to their benefit. Health systems should consider the advantages of building an enterprise strategy to incorporate telehealth into all aspects of patient care, and look into training physicians and nurses on how to sustain telehealth use far beyond the implementation phase.

The 2017 Closing the Telehealth Gap Report surveyed providers and executives across the healthcare landscape and examined consumer awareness and attitudes toward receiving care via telehealth. The observations for this year’s report were derived from two comprehensive online surveys undertaken in March 2017. One survey went to healthcare professionals who work in organizations using telehealth, and the other went to a general sample of U.S. adults.

Together, these surveys illustrate where healthcare professionals and patients diverge in their attitudes and experiences using virtual care.

They offer insights on how providers of telehealth services and technology must adapt or revise their strategies to achieve the widest possible distribution and penetration.
Shifting Strategy Amid Continued Growth

The reasons why health systems invest in telehealth continue to change as the technology evolves and system priorities shift.
In 2017, the most prominent reason providers cited in considering telehealth was its ability to expand access or reach to patients. 70% of respondents gave this answer, up from 40% in 2016.

The desire to meet consumer demand had been the most popular response in the 2016 survey, at 72%. That fell by 50% in 2017.

Why the rapid falloff in the desire to meet consumer demand? While patient interest is still important, there’s been a shift among healthcare systems toward preparing for value-based care. In 2016, health systems emphasized what they believed patients wanted, and sought to boost their patient utilization.
Uncertainty around cost and utilization trends may also be impacting the way providers are approaching telehealth. A RAND Corp. study published in Health Affairs in March 2017 found that when consumers use telehealth, their costs may actually increase. Researchers estimated that 12% of direct-to-consumer telehealth visits substituted for visits to other providers, and 88% represented new utilization. Spending went up $45 annually per patient. “Direct-to-consumer telehealth may increase access by making care more convenient for certain patients, but it may also increase utilization and healthcare spending,” the study concluded.

Thus, it’s possible healthcare decision-makers are shifting their strategies away from using telehealth to meet consumer demand. Instead they are aligning the technology with their business objectives. In addition to preparing for a value-based care world, they’re leveraging its key benefits, using it to expand access to care and extend the reach of their providers to serve the increasing demand for care. Their goal is to reach “more patients with the right providers at the right time,” according to Dr. Peter M. Fleischut, the senior vice president and chief information officer, who oversees the telehealth program at NewYork-Presbyterian, an 11-hospital delivery system. In principle, this should improve patient convenience, reduce travel, curb transfers, and cut costs across the board.
Providers reported that patient resistance to telehealth declined as a major barrier; this was cited by 15% of respondents in 2016 but only 11% in 2017.
Patients Lack Understanding
From the standpoint of patient consumers, the barriers to uptake of telehealth are largely intangible.

- 40% of providers stated that program cost is a challenge
- 7% of patients specifically said they didn’t use telehealth because of cost
- 41% of providers flagged reimbursement as a barrier to implementation
- 8% of patients were unsure if it was covered by their insurance
- 11% of providers cited patient resistance as a major barrier
- 5% of patients had concerns around security or hacking
- 22% of providers cited clinician resistance as a major barrier
- 3% of patients found the technology itself to be a barrier

Some of the problems regarded as obstacles in the provider community appear not to be of major concern to patient/consumers.
The good news is that those patients who use telehealth really like it and are likely to use it again.

Reasons cited for using it include:

- **59%** Time savings and convenience
- **55%** Faster service and shorter wait times
- **43%** Cost savings due to less travel
- **25%** Better access to specialists
- **16%** A more comfortable experience
- **16%** A longer conversation with a clinician
Here lies the unwelcome revelation that ordinary people are in the dark regarding their insurance coverage. Two-thirds of patients in our survey said they don’t know whether telehealth is covered by their insurance. Only one in five can definitively answer that their insurance does in fact cover telehealth. These results align with those of a survey by the American Telemedicine Association (ATA) last year demonstrating that consumers want to use telehealth as a complement to face-to-face care, mainly for the sake of convenience, but they aren’t certain whether their provider offers telehealth or whether their insurer will pay for it.²

This points to a significant patient disconnect that either insurers or providers — possibly both — need to ponder. Providers that are keen to raise patient awareness and increase participation in telehealth may wish to consider some sort of joint patient education outreach with their leading managed-care partners.
So, why the lack of enthusiasm and engagement among the larger universe of potential patients — the vast untapped 82%?

Consumers are unsure how comfortable they would feel during a telehealth visit. 46% said they would find a video visit less comfortable than an in-person office visit, and 35% said they would be just as comfortable. Only 18% thought they would be more comfortable on video. When respondents were asked about mental health services — a specialty that is thought to be a particularly strong fit for telehealth — only 26% said they’d be more comfortable talking to a psychiatrist by telehealth, while 74% said they would prefer an in-person session.

Patients are unsure how comfortable they would feel during a telehealth visit.

It is worth noting that this question was posed prospectively, as a hypothetical. There appears to be a gap between what patients think their experience would be, and what it turns out to be once they try it. According to hospital system leaders we interviewed, patients actually like talking to a psychiatrist via videoconferencing once they give it a chance.
Uncertainty and concern of the unknown in terms of insurance coverage, cost and comfort have hindered the willingness of patients to try telehealth—education is needed.
Two large provider organizations in the New York metropolitan area illustrate how hospital and physician systems may adopt different approaches to telehealth to serve larger strategic goals. To varying extents, both systems are “virtualizing healthcare delivery.” One organization is seeking to engage directly with patients; the other is working with its providers to build a strong internal infrastructure to apply telehealth.
An organization of 11 hospitals and three large affiliated physicians groups, NewYork-Presbyterian has fully embraced a direct-to-consumer approach to telehealth throughout the enterprise. Its mobile app, NYP OnDemand, offers a suite of digital health services for patients and providers, featuring the expertise of Columbia Doctors and Weill Cornell Medicine.

From the outset, NewYork-Presbyterian wanted to create a comprehensive, interlaced network of telehealth services and avoid siloed approaches tailored to departments, specialties, or locations, said Dr. Peter M. Fleischut, senior vice president and chief information officer. Since inception of its telehealth endeavors, NewYork-Presbyterian has focused on the patient experience.

Hospitals around the country are trying to figure out how to address extremely high demand for emergency care, as long waits affect patient satisfaction, costs and quality. By offering a video visit for patients with less acute cases, NYP Express Care offers a solution that helps patients and providers alike.

Patients go into a secluded, quiet room, and videoconference with an off-site emergency physician. There, NYP docs can have “a dedicated one-on-one relationship with the patients,” Fleischut said, away from the hectic emergency room environment.

“We didn’t think it was going to have that much of a change, until you sit through the experience, which we find is very transformative,” he said. “You’d never think it was that quiet and that beneficial.”

Traditionally, it takes two-and-a-half hours from admission to discharge for an in-person visit, Fleischut said. With Express Care, patients are seen by a doctor in 30 minutes. Since July 2016, the system has performed 3,000 such video visits. A similar program is available for pediatric patients, limiting the need to transfer patients to specialized facilities for children.

Although there are still obstacles in getting some physicians to make use of telehealth technology, resistance has largely faded at NewYork-Presbyterian, Fleischut said.

“Physicians absolutely love it.” he said. “In my 11 years here, I have never seen physicians so engaged in that activity. I thought tech might interfere with the physician-patient relationship. Absolutely not.”
At NewYork-Presbyterian, psychiatric patients who present at an emergency room or urgent care clinic can get access to a psychiatrist within 30 minutes to an hour via telehealth. Before that program, it took up to 24 hours for patients to get a psychiatric consult, said Dr. Fleischut. “Patients have adapted very well,” he said. “They have embraced it and thoroughly like it.”
Northwell Health is pursuing a strategy of internal development to support telehealth without marketing to consumers directly. It’s working to build telehealth infrastructure that supports existing, on-site physicians, in areas like telestroke, tele-behavioral health and tele-pediatrics.

This strategy helps the system continue to see revenue from in-person visits while providing physicians with tools that allow them to make better-informed care decisions.

“We are concentrating on safety, simplicity, quality of care and patient experience as much as we can,” said Dr. Martin Doerfler, senior vice president for clinical development and strategy, who directs the office of clinical transformation.

“At this point in time, our focus is not on outreach to the broader community, to try to sell them telehealth. We’re trying to sell them good healthcare, and telehealth is a piece of it.”

Northwell Health, formerly known as North Shore-LIJ, is a system of 18 hospitals on Long Island and New York City plus a large affiliated physicians group.

For the time being, consumer demand for virtual care is fairly limited, Doerfler said. The tempered response that Northwell has observed is being seen by many other providers across the country.

Or, as he puts it: “You don’t know what you don’t know.”

The classical pattern in new technology is “somebody decides to pay for it, then the development follows.” But that hasn’t been the case in telehealth, Doerfler notes. Providers have had to validate why telehealth will be needed for the future of the healthcare industry.

“For us it’s really a matter of a constant focus on quality of care for the business case behind it,” said Doerfler. “It’s about market share. It’s about being the best and striving to do better. Telehealth is effective when scaled system wide to leverage the same technology across multiple clinical use cases and points of care throughout the continuum.”
Northwell Health, a large integrated-delivery system on Long Island, confirms a similarly positive patient response. “I am unaware of anyone rejecting a tele-psychiatrist in favor of waiting to the next day when the psychiatrist comes in,” said Dr. Martin Doerfler, senior vice president for clinical strategy and development. “Acceptance of that is quite high.”
Opportunities and Obstacles in Closing the Gap
THE IMPENDING Demand ON THE HEALTHCARE DELIVERY

FEDERAL Support FOR TELEHEALTH

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Demand for healthcare services continues to increase in the United States due to several factors. First, there is natural population growth and an increase in the number of Americans accessing healthcare services. Second, new treatment modalities and therapies are constantly being introduced, some of which may be more expensive or resource-intensive than what they replaced. Also, consumer-directed care is pushing higher deductibles and copays onto patients. As a result, patients are shopping for care for the first time, and making their own cost and quality decisions.
But perhaps most consequentially for both population health and healthcare economics, the elderly population continues to swell as the baby boomer generation — those born between 1946 and 1964 — passes into retirement and enrolls in Medicare. Their need for medical care will continue to grow as they age into their 70s and 80s.

A report by the Centers for Disease Control and Prevention (CDC) notes that the number of adults over 65 will more than double to 88.5 million in 2050 from 40.2 million in 2010.

The number of residents using skilled nursing facilities, home care, or alternative residential care will increase to 27 million in 2050 from 15 million in 2000.

It is unlikely that the supply of doctors, nurses, and assorted caregivers can increase proportionally. The Association of American Medical Colleges (AAMC) estimated in 2015 that the nation will have as many as 90,000 fewer physicians than it needs by 2025. The shortage of mental healthcare providers is especially acute. States such as South Dakota, Alaska, and Montana have only enough psychiatrists to meet 15%, 19%, and 25%, respectively, of their populations’ needs. Nationally, only 44% of the population’s need for psychiatrists is met, according to the Health Resources and Services Administration (HRSA).

The solution, the AAMC suggests, requires not just educating more doctors but also, “continuing to innovate and be more efficient in the way care is delivered.”

Telehealth has the potential to do just that.
The Centers for Medicare and Medicaid Services (CMS) allow for reimbursement for telehealth, but only in certain circumstances.

Section 1834(m) of the Social Security Act (42 U.S.C. 1395m) restricts use and reimbursement for telehealth in the traditional Medicare program. A primary limitation is the originating site restriction, which requires the Medicare beneficiary receiving the telehealth service to be in specific sites and geographic regions as determined by HHS. As such, uptake by Medicare beneficiaries has been understandably slow. An April 2017 report based on MedPAC claims data revealed that in 2014 only 68,000 Medicare beneficiaries, or 0.2% of Medicare Part B fee-for-service beneficiaries, used telehealth to access services. The highest usage occurred in rural states in the Midwest and West, such as South Dakota, North Dakota, and Iowa.

There have been various bills drafted to expand telehealth access for Medicare beneficiaries. Bills introduced in 2017 include the Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017, and the Creating Opportunities Now for Necessary and Effective Care Technologies (Connect) for Health Act Of 2017. Neither of these bills have passed both the House and Senate, however, and more work is to be done on the legislative front to clear the path for greater telehealth adoption.

On a positive note, as of 2016 Medicare pays for 81 telehealth services.
The technology that supports telehealth has matured to the point that hospital and healthcare systems are secure in the knowledge that the investments they make in infrastructure and training will deliver as expected.

Likewise, managed-care companies — which in theory could reap significant savings from broader penetration of telehealth — need to provide more education to their commercial health plan patients. And physicians, hospitals, and ancillary providers could work together to develop education campaigns — including direct-to-consumer advertising — inviting patients to explore telehealth with an open mind.

This outreach to consumers could assume many forms. Providers can invest in marketing campaigns that explain their telehealth services and the technology’s benefits. Signs, pamphlets, mail campaigns or even a live demonstration could help introduce patients to the technology. Provider organizations are full of creative thinkers who will have ideas on how to reach their particular patient base.

Northwell Health, the Long Island system, has embraced provider education as one of its foundational telehealth strategies. “We are trying to train clinicians to have them understand how telehealth can help them do what they do,” Doerfler said. Northwell’s medical students are exposed to telehealth from the start. All first-year students get an introduction to telehealth, and fourth-year students do a rotation through the telehealth center.

For providers to fully realize the opportunities inherent in telehealth, however, they must redouble their efforts to bring insurance carriers, physicians, and patients into the fold. Physicians and other front-line caregivers need to understand when telehealth is available, how to use it, and how reimbursement for remote consults will — or won’t — work.
CONSUMER SURVEY INFO

Modern Healthcare commissioned Signet Research, Inc., an independent company, to conduct a survey of consumers. The objective of the study was to gain insights from the general population on telehealth usage, feedback on experiences with telehealth, as well as future interest in utilizing telehealth services.

A general population sample was targeted (18 years or older and living in the U.S.). Responses were collected between March 7 and March 19, 2017. There were 403 respondents. Survey findings may be considered accurate to a 95% confidence level, with a sampling tolerance of approximately +/- 4.9%.

PROVIDER SURVEY INFO

Modern Healthcare commissioned Signet Research, Inc., an independent company, to conduct a survey of healthcare professionals. The objective of the study was to seek to understand opinions and practices of telehealth and telemedicine.

On March 1, 2017, Modern Healthcare sent a broadcast email to a sample of 34,597 healthcare professionals who subscribe to the magazine, asking them to participate in a survey. Subtracting undelivered emails, the net mailing was 34,368. By March 17, 2017, 677 returns had been received. The base used is total answering each question. This report is based on 444 respondents whose organizations currently use telehealth or telemedicine. Survey findings may be considered accurate to a 95% confidence level, with a sampling tolerance of approximately +/- 4.7%.

SOURCES

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