The Case for Adopting New Norms
Use and Access to Telemedicine During COVID-19 and Beyond

By: Gisselt Gomez

Introduction

Use and access to telemedicine increased significantly since the pandemic's start and has only increased more throughout the duration of the pandemic. This analysis examines the use and access to telemedicine during COVID-19 by leveraging data from the Centers for Disease Control and Prevention's (CDC) Household Pulse Survey and the National Center for Health Statistics (NCHS). This analysis will also discuss the implication on patients' access to healthcare services moving forward as a result of the proliferation of telemedicine during the pandemic.

Research by McKinsey & Company proposes that the shift to telemedicine was enabled by the following three factors:

- Increased consumer willingness to use telehealth services
- Increased provider willingness to participate and facilitate telehealth services
- Regulatory changes that enabled greater access and reimbursement

These factors have allowed for increased access to the provision of healthcare services for vulnerable sectors of the population such as transgender adults, senior citizens, disabled adults, adults with chronic conditions, and residents of non-metropolitan areas. Among these factors, consumer and provider willingness have demonstrated stability moving forward, but there is vast uncertainty about the permanence of regulatory changes made under the public health emergency. Some pandemic-era regulatory changes that enabled greater telehealth access have been made permanent, but other restrictions on telehealth service and coverage may return to pre-pandemic norms as vaccinations against the coronavirus become more widely adopted.

Data

The previously outlined factors and their evolution throughout the pandemic will be examined using data from the CDC's Household Pulse Survey on telemedicine use among adults and from the National Center for Health Statistics (NCHS) on telemedicine access and use during COVID-19. The Household Pulse Survey data collection methodology is important to consider as it contextualizes the data selection process for this analysis. Data collection for this dataset occurred during three phases:

- Phase 1: April 23 to July 21, 2020
- Phase 2: August 19 to October 26, 2020
- Phase 3: October 28, 2020 to March 29, 2021
- *Phase 3.1: April 14 to July 5, 2021*
- *Phase 3.2: July 21 to October 11, 2021*
- *Phase 3.3: December 1, 2021 to February 7, 2022*

For the analyses conducted in this report, data from Phase 3.1 to 3.3 will be used as a present-day point of reference for understanding the current use of telemedicine services among different surveyed population groups. Likewise, the methodology for the NCHS dataset is also important to consider. As with the Household Pulse Survey, data collection was also conducted in distinct phases:

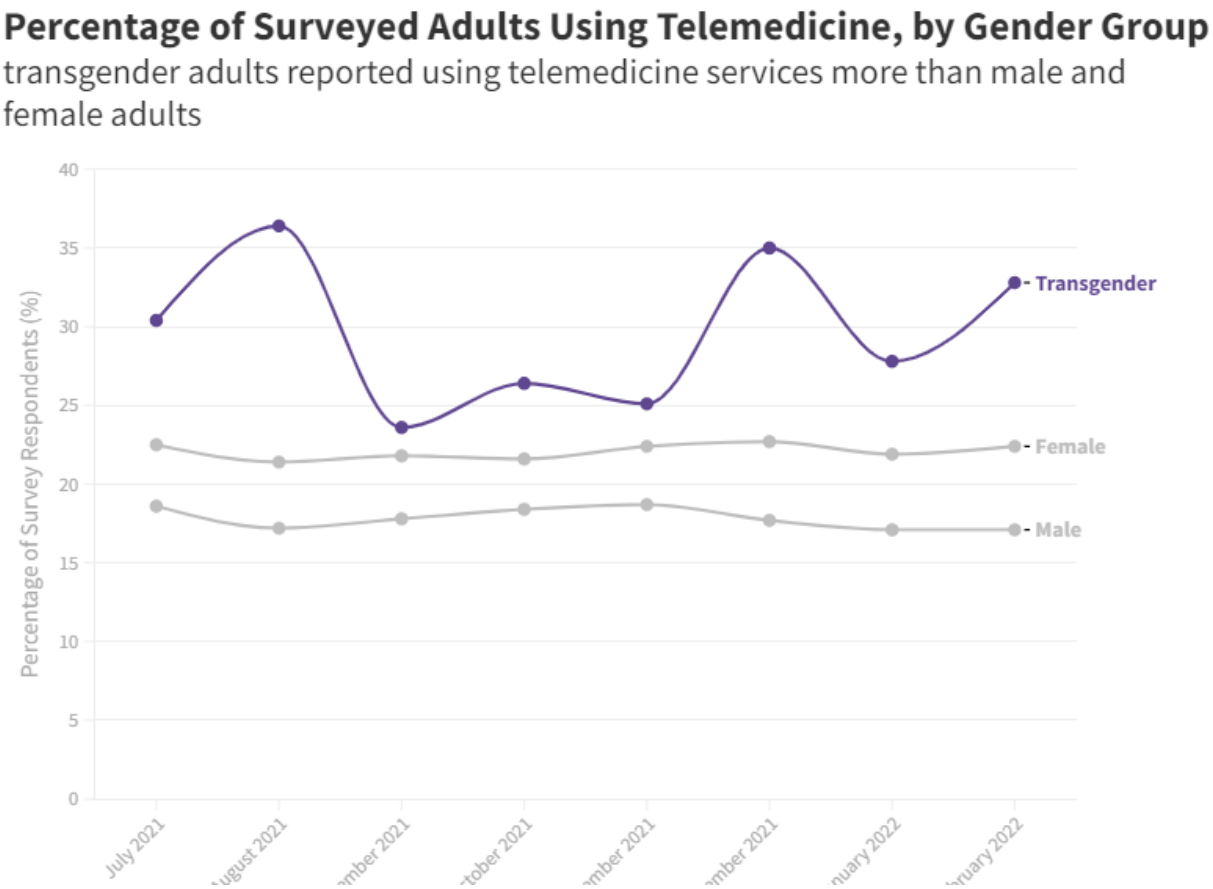
- Round 1: June 9 to July 6, 2020
- *Round 2: August 3 to 20, 2020*
- Round 3: May 17 to June 30, 2021

In this analysis, data from Round 2 will serve as a midpoint indicator and will be used to characterize healthcare providers' participation in telemedicine during the pandemic's peak.

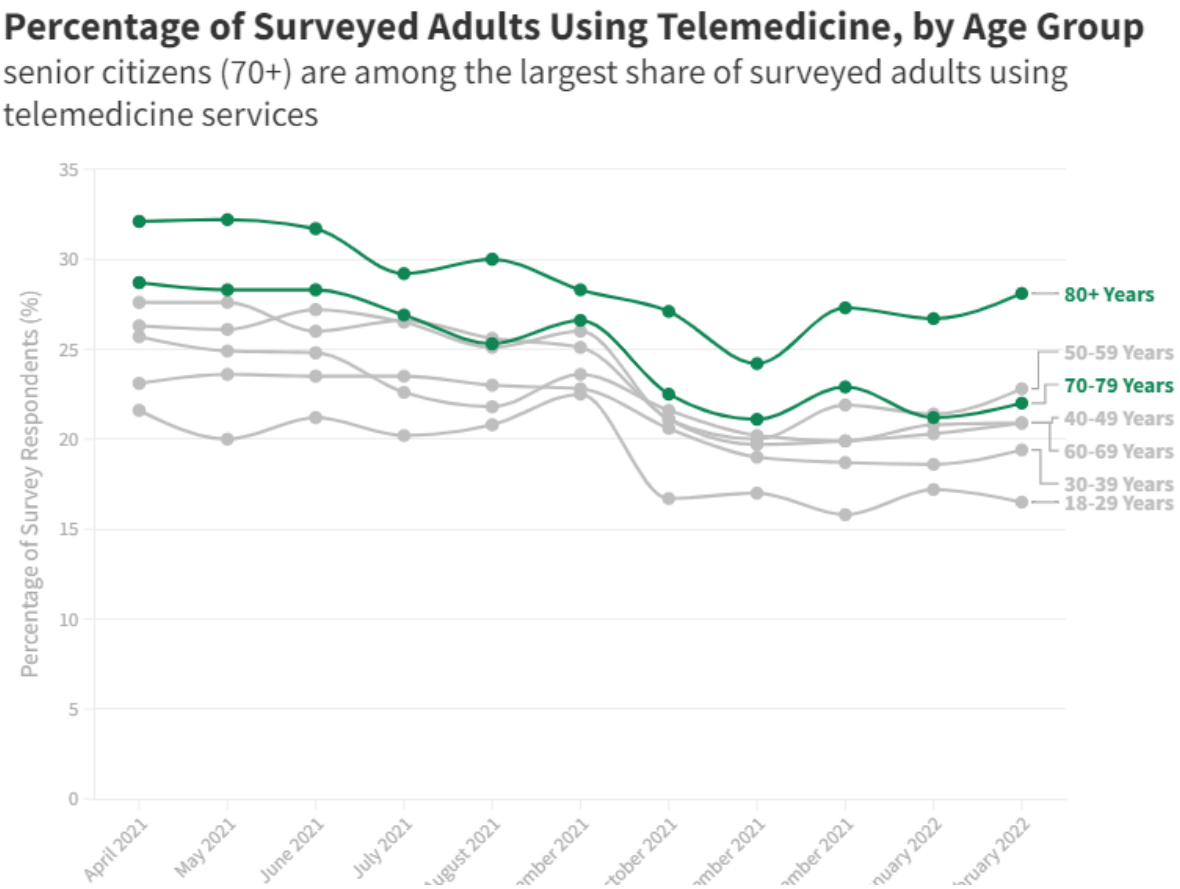
Consumer Participation

Since the pandemic's start, McKinsey & Company estimates that telehealth utilization has stabilized at levels 38x higher than before the pandemic. Data from the CDC's Household Pulse Survey supports the claim that consumer participation in telemedicine increased during the pandemic, especially among minority and vulnerable groups such as transgender adults, senior citizens (classified as adults aged over 70 years old), and disabled adults.

As shown in the chart to the right, transgender survey respondents reported using telemedicine services more often than their female and male counterparts. An article by the Center for American Progress (CAP) cites research by the National Academies of Science, Engineering, and Medicine which shows that transgender individuals are less likely to have access to healthcare, more specifically access to reproductive health services. CAP also cites the National Center for Transgender Equality Telemedicine's 2015 U.S. Transgender Survey which finds that 37% of respondents reported having to travel more than 10 miles to receive routine healthcare. Telemedicine offers a new avenue for transgender individuals to access healthcare regularly and conveniently and the data from the CDC's Household Pulse Survey shows that transgender adults have already begun taking advantage of COVID-era expansions on telemedicine.



The data also reveals trends among respondents' age groups. Survey respondents who were between 70 and 79 years old or 80+ years old reported using telemedicine services more often than respondents in other age categories. An [article by Aging In Place] outlines the benefits of telehealth, especially for seniors who might find virtual or phone consultations to be more affordable and accessible than traditional healthcare modalities. Among senior citizens, one particular limitation of telemedicine is the associated technology barrier; not all seniors might feel uncomfortable with navigating telemedicine platforms, despite the conveniences and benefits telehealth might offer. However, during the pandemic telemedicine served as a vital lifeline for seniors with ongoing healthcare needs that were disrupted by COVID-19. Given that the participation of seniors in telemedicine is notably higher than other age groups, it might be worthwhile to continue investing in teaching elder patients how to interface with telemedicine platforms.

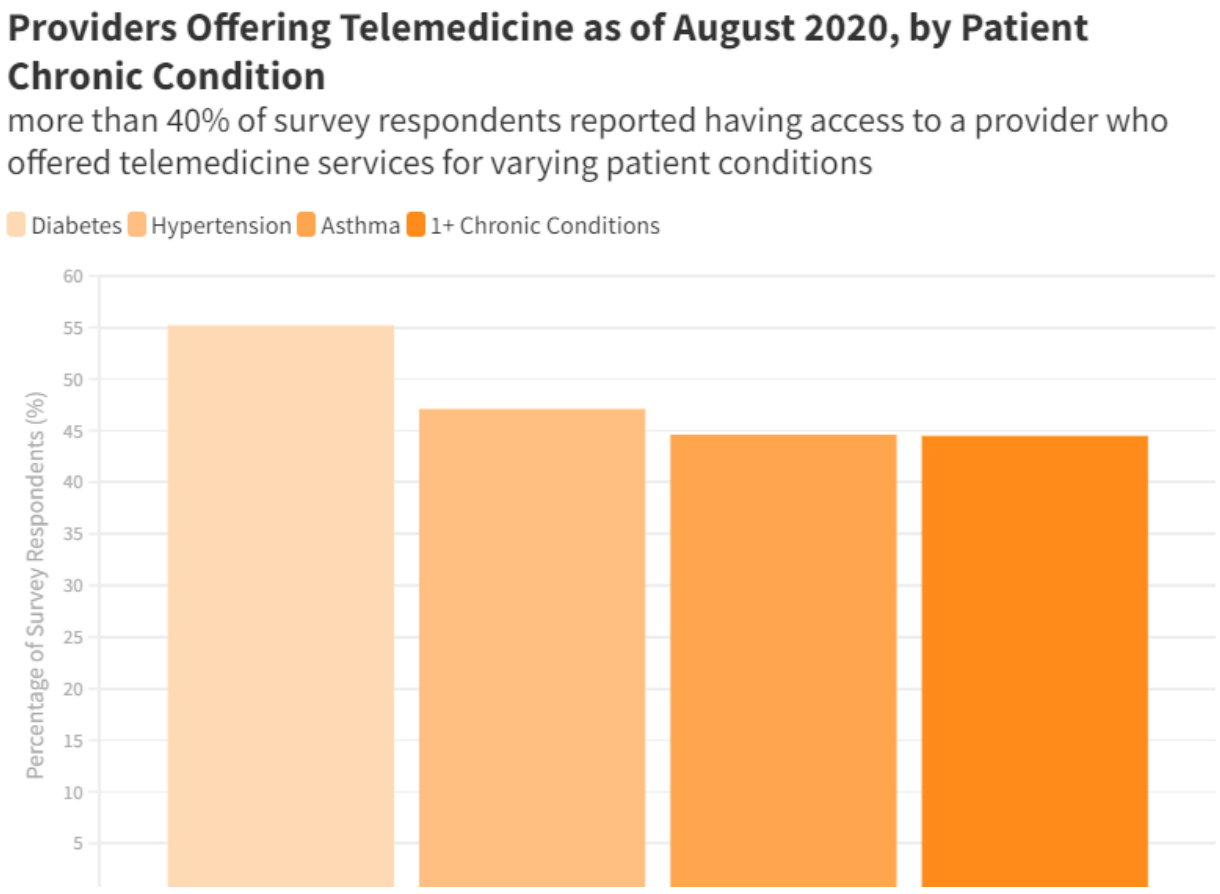


Provider Participation

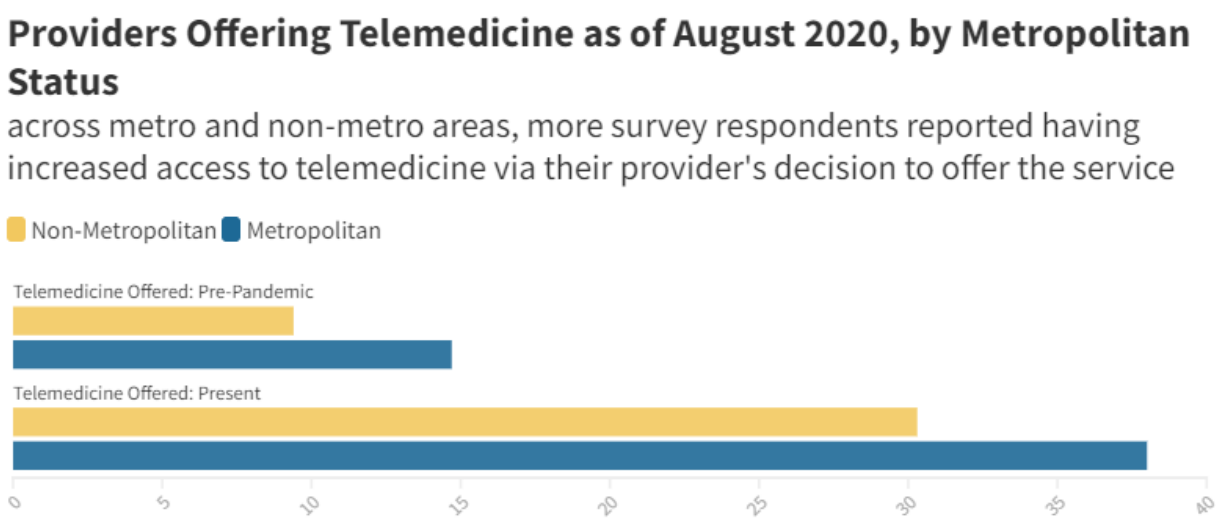
As of May 2020, McKinsey & Company also estimated that providers had scaled offerings and were seeing 50 to 175 times the number of patients via telehealth than they did before the pandemic. Data from the CDC's National Center for Health Statistics (NCHS) on telemedicine access and use during COVID-19 supports the claim that providers increased access to telemedicine for individuals with chronic conditions and individuals who resided in metropolitan and non-metropolitan areas.

The chart below shows the percentage of survey respondents that had access to a healthcare provider who offered telemedicine services for patients with varying chronic conditions including diabetes, hypertension, asthma, and other conditions. Across all four of these varying conditions, more than 40% of survey respondents indicated having a provider who offered telemedicine services as of August 2020, a point which is categorized as peak-pandemic in this analysis. At this time in the pandemic, healthcare providers' attitudes towards telemedicine perhaps began to shift out of the growing need to be agile and adaptable given

circumstances under the public health emergency. For patients with chronic health conditions, having access to a healthcare provider that was willing to participate in telemedicine was undoubtedly crucial to their well-being and quality of life.



NCHS data also provides insight into healthcare providers' participation in the delivery of services to individuals in metropolitan and non-metropolitan areas across the country. The chart to the left shows providers offering telemedicine services pre-pandemic and at the time that the survey was conducted (August 2020). Survey respondents in both metropolitan and non-metropolitan areas both reported having access to telemedicine via their provider's decision to offer the service. This observation is perhaps most significant within the context of non-metropolitan areas as the technological element of telehealth allowed providers in rural areas to meet the demand for services and are now exploring ways to permanently build on lessons learned during the pandemic so as to improve healthcare access and affordability. An article by HealthTech Magazine argues that telemedicine gives non-metropolitan areas a 'new lease on life' as the benefits of telehealth were long recognized but smaller-scale providers were unable to implement technologies quickly enough and in a cost-effective manner until COVID-19 required it.



Regulatory Changes

As outlined by McKinsey & Company, the third contributing factor to the rapid expansion of telemedicine during the pandemic is concerned with regulatory changes that enabled greater patient access to telemedicine via greater subsidy and reimbursement of associated healthcare costs. During the public health emergency, multiple state and federal regulations were passed to support initiatives to make telehealth service provision easier, more accessible, and more affordable. While this analysis will mostly consider federal initiatives, there are many state initiatives that are worthy of further consideration. At the federal level, the U.S. Department of Health and Human Services (HHS) worked closely with the Centers for Medicare & Medicaid Services (CMS) to implement *temporary* policy changes that would allow providers new flexibilities such as the ability to conduct telehealth with patients located in their homes and outside of designated rural areas, practice remote care - even across state lines - through telehealth, deliver care to both established and new patients through telehealth, and bill for telehealth services (both video and audio-only) as if they were provided in person. HHS also implemented consumer-focused regulatory changes around *temporarily* relaxing enrollment requirements for Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) and expanding the types of services covered by CMS. These regulatory changes were largely facilitated through HHS' declaration of a public health emergency which granted the necessary funding to support regulatory adjustments. HHS has renewed the declaration of a public health emergency due to COVID-19 a total of eight times since the first declaration on January 31, 2020, and most recently on January 14, 2022, nearly two years later. Although effective at responding to new and emerging challenges, the primary issue with regulatory changes facilitated under public health emergency orders is that adjustments will only remain under the declaration and recognition of an emergency by HHS. Moving forward, there is no permanence

or guarantee behind COVID-era changes to regulations around telemedicine coverage expansion. As we have moved towards mass vaccination, regulation encouraging the expansion of telemedicine may be decreasing as healthcare is once again beginning to readjust to new norms.

Call to Action

Given that patient demand for telemedicine will likely continue to grow or will stabilize altogether as we transition out of the pandemic, it is critical that we consider what our new norm of healthcare will look like. The COVID-19 pandemic has shown the importance of flexibility and adaptability, and further consideration to future practices is a timely subject to discuss.

What can you do?

If you are vested in telemedicine and the future of healthcare, *consider supporting federal and state-level legislation expanding coverage for telehealth services* after the public health emergency declaration is lifted and far beyond the COVID-19 pandemic.

A federal and comprehensive 50-state tracker for policy, regulatory and legal changes related to telehealth during the COVID-19 pandemic was developed by Manatt Health, a Los Angeles-based law firm with expertise in the healthcare industry. The most relevant and timely federal initiative around this issue is S. 3593 Telehealth Extension and Evaluation Act, which allows the Centers for Medicare and Medicaid Services to extend Medicare payments for telehealth services, among other considerations. The bill was introduced to the Senate Committee on Finance in February 2022 and will be up for consideration by the Senate and the House of Representatives in the near future.

If you wish to learn more about how to become involved in the legislative process, you might start by finding your Senators or finding your Representative.

References

Assistant Secretary for Public Affairs (ASPA). (2021, December 21). *Telehealth: Delivering care safely during covid-19*. HHS.gov. Retrieved March 2, 2022, from https://www.hhs.gov/coronavirus/telehealth/index.html.

Augenstein, J., Marks, J. D., & Andrade, M. (2022, February 28). *Executive summary: Tracking telehealth changes state-by-state in response to COVID-19*. Manatt. Retrieved March 2, 2022, from https://www.manatt.com/insights/newsletters/covid-19-update/executive-summary-tracking-telehealth-changes-stat.

Bestsennyy, O., Gilbert, G., Harris, A., & Rost, J. (2022, February 28). *Telehealth: A quarter-trillion-dollar post-covid-19 reality?* McKinsey & Company. Retrieved March 2, 2022, from https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality.

Centers for Disease Control and Prevention. (2022, February 16). *Telemedicine Use*. Centers for Disease Control and Prevention. Retrieved March 2, 2022, from https://www.cdc.gov/nchs/covid19/pulse/telemedicine-use.htm.

Contacting U.S. senators. senate.gov. (2021, March 1). Retrieved March 2, 2022, from https://www.senate.gov/senators/senators-contact.htm.

Delaney, M. (2021, September 8). *Telemedicine expands access to healthcare in rural areas*. Technology Solutions That Drive Healthcare. Retrieved March 2, 2022, from https://healthtechmagazine.net/article/2021/01/telemedicine-expands-access-healthcare-rural-areas.

Find Your Representative. house.gov. (n.d.). Retrieved March 2, 2022, from https://www.house.gov/representatives/find-your-representative.

Gruberg, S. (2011, May 12). *Protecting and advancing health care for transgender adult communities*. Center for American Progress. Retrieved March 2, 2022, from https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/.

Public Health Emergency. (n.d.). *Public Health Emergency Declarations*. phe.gov. Retrieved March 2, 2022, from https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx.

Publisher National Center for Health Statistics. (2021, November 23). *Access and use of telemedicine during COVID-19*. Access and Use of Telemedicine During COVID-19 - CKAN. Retrieved March 2, 2022, from https://catalog.data.gov/dataset/use-of-telemedicine-during-covid-19-07401.

S.3593 - Telehealth Extension and Evaluation Act. congress.gov. (n.d.). Retrieved March 3, 2022, from https://www.congress.gov/bill/117th-congress/senate-bill/3593/text.

Telehealth and Seniors. AgingInPlace.org. (2022, January 17). Retrieved March 2, 2022, from https://aginginplace.org/mental-health/telehealth-and-seniors/#:~:text=Benefits%20Of%20Telehealth%3F-,Telehealth%20boasts%20many%20potential%20benefits%2C%20like%20making%20healthcare%20more%20affordable,help%20doctors%20provide%20better%20care.