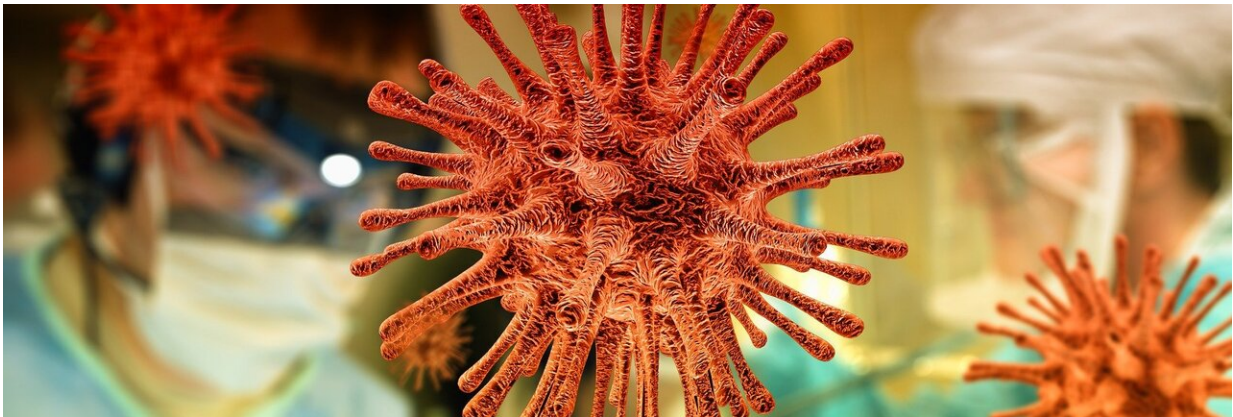


Telemedicine and the coronavirus: What you need to know

April 20 2020, by Cynthia Corzo



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The COVID-19 pandemic has increased the need for non-traditional forms of health care, and telemedicine is one of the leaders.

Following the steps of the Centers for Medicare & Medicaid Services (CMS), major insurers have agreed to cover a wider range of [telemedicine](#) consultations during the outbreak. Blue Cross and Blue Shield, United Health and Anthem will cover services for 90 days. Cigna and Aetna said they would do the same through May 31.

Telemedicine, which connects patients to [health care services](#) via interactive video or digital consultations, has been available since the

1990s. It had just started to take root in the "consumer on demand" space where patients could connect directly with a primary care provider to care for things like respiratory infections and bug bites. The COVID-19 pandemic may change the landscape.

In the case of the [coronavirus](#), expanding access to telemedical services allows [health care providers](#) to determine if the patient is likely experiencing coronavirus, help coordinate coronavirus testing, administer [self-care](#) and provide home quarantine advice if someone is infected, explained Cynthia LeRouge associate professor of information systems and business analytics at FIU Business and program director of FIU's Master of Health Informatics and Analytics program, who has researched virtual medicine.

"Home-based testing for COVID is not available yet," she noted. "However, telemedicine providers can help identify severity of symptoms, as well as determine who may need testing or in-person treatment, how to get tested, and who is better off staying home."

Telemedicine providers can help relieve some of the demand on some in-person care and testing centers in situations where "something else is going on, like allergies or sore throat," which the telemedicine provider can frequently treat with medication and other forms of advice based on following care guidelines, LeRouge added.

One of the benefits of telemedicine during the crisis is keeping interactions to a minimum. Physicians and medical professionals can reduce their exposure to those infected with the coronavirus. This is also key for seniors, many with underlying health conditions, who are complying with stay-at-home orders and social distancing.

"Prior to COVID-19 and CMS reimbursement, this type of 'on demand care' was not that accessible for seniors who had to generally pay out of

pocket and may not be familiar with how this form of care is done," LeRouge said. "For anyone who uses a smartphone or Facebook, a telemedicine encounter is not a difficult process, but awareness and some understanding of the limits are needed."

For providers called to do telemedicine that have not done this before, LeRouge cautioned, there is a learning curve.

"You have to get used to examining patients in a different way and work with the the tools and space where the patient is located. And, ideally, there is building some telemedicine 'bedside manner,' which may be conveyed a little differently in person. An interesting comment from some patients in past work I have done is that the patients felt that they now had the provider's undivided attention."

Insurance payment has been a challenge for many forms of telemedicine. In non-emergency circumstances, Medicare historically considered covering telemedicine only when the patient is receiving care in a health care facility, is located in a rural area or one with a shortage of medical professionals. Under the waiver valid during the pandemic, coverage of telemedicine is not subject to the restrictions.

LeRouge explained that currently Medicare and many private insurers have increased the payment for the types of telemedicine visits addressing COVID, so they are on par with in-person visits. Before the outbreak, some insurers paid less or even nothing, which dissuaded many doctors from offering the services.

Today, numbers confirm that telemedicine is making sharp gains.

Forrester Research's virtual care report indicated that COVID-19 related care will account for 900 million virtual visits in 2020. General care and the flu will contribute 200 million virtual visits and mental health 80

million. Analysts found that only 24 percent of U.S. health care organizations had an existing virtual care program as of January 2020.

What happens with the coverage and accessibility of telemedicine after the COVID-19 pandemic will largely depend on CMS. Traditionally, LeRouge noted, major insurers follow their course of action.

"The flood gates are open and as people get more exposed to the services, its use will likely become more common, particularly for urgent, non-emergency care," she said.

"Telemedicine has always held great promise. COVID will likely show many patients, providers and payers that telemedicine can deliver to augment traditional care models, particularly when back is needed," LeRouge said. "You're going to see different care and business models as more people see ways that this fits with the care process for many situations."

Provided by Florida International University

Citation: Telemedicine and the coronavirus: What you need to know (2020, April 20) retrieved 19 November 2023 from <https://medicalxpress.com/news/2020-04-telemedicine-coronavirus.html>

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