

Telehealth and COVID-19

Debunking Myths about Telehealth



Telehealth has proven to be a powerful tool to expand access to care, when and where patients need it. However, myths about telehealth are widespread and not always backed by evidence. Telehealth is used to deliver high-quality care while strengthening relationships between patients and providers and improving accountability.

Myth #1: “Telehealth provides low-quality care.”

The assumption behind this myth is that because providers and patients are not in the same physical space, care is somehow compromised. However, most telehealth platforms use high-quality audio-visual capabilities and offer the potential to increase accessibility and care-coordination where care needs otherwise go unmet. In fact, a 2019 systematic review of 233 studies looking at inpatient consultations, emergency care, and outpatient care found that telehealth either improved or produced equivalent clinical outcomes to in-person care.¹ Telemental health in particular has been found to offer even better care in certain scenarios than in-person services: a systematic review found that telemental health can enhance the quality of mental health care programs in rural locations.²

Myth #2: “Telehealth cannot facilitate meaningful relationships between the patient and provider.”

Telehealth forges meaningful relationships between providers and patients. When patients are at home, they can feel more at ease and comfortable to connect with their provider without the distractions and disturbances of busy hospitals and doctor’s offices. A large trial by the Department of Veterans Affairs assessing telemedicine found that two-thirds of patients receiving telemedicine care preferred care via a tablet or rated video-based and in-person “about the same”, and 78.1% agreed or strongly agreed that the lack of in-person contact was not a problem.³ In another study of patient and physician perceptions of virtual visits for Parkinson’s Disease, one specialist wrote “Evidence of the patient-physician bond that can be established using telemed[icine] is that we both had great difficulty saying ‘goodbye’. He asked for another visit, and it was so hard to say there would be no more.”⁴

¹ Totten, Annette M., Ryan N. Hansen, Jesse Wagner, Lucy Stillman, Ilya Ivlev, Cynthia Davis-O’Reilly, Cara Towle, et al. “Telehealth for Acute and Chronic Care Consultations.” Agency for Healthcare Research and Quality, April 2019. <https://doi.org/10.23970/AHRQEPCCER216>.

² Langarizadeh, Mostafa, Mohsen S. Tabatabaei, Kamran Tavakol, Majid Naghipour, Alireza Rostami, Fatemeh Moghbeli. Telemental Health Care, an Effective Alternative to Conventional Mental Care: a Systematic Review. *Acta Inform Med.* 2017;25(4):240-246. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5723163/>

³ Slightam, Cindie, Amy J. Gregory, Jiaqi Hu, Josephine Jacobs, Tolessa Gurmessa, Rachel Kimerling, Daniel Blonigen, and Donna M. Zulman. “Patient Perceptions of Video Visits Using Veterans Affairs Telehealth Tablets: Survey Study.” *Journal of Medical Internet Research* 22, no. 4 (2020): e15682. <https://doi.org/10.2196/15682>.

⁴ Mammen, Jennifer R., Molly J. Elson, James J. Java, Christopher A. Beck, Denise B. Beran, Kevin M. Biglan, Cynthia M. Boyd, et al. “Patient and Physician Perceptions of Virtual Visits for Parkinson’s Disease: A Qualitative Study.” *Telemedicine and E-Health* 24, no. 4 (April 2018): 255–67. <https://doi.org/10.1089/tmj.2017.0119>.

Myth #3: “Telehealth will lead to the over-utilization of healthcare.” This myth assumes that the increased accessibility of telehealth will lead to overuse: if you allow people more access to care, they will use it. But studies suggest a different pattern. Telehealth allows easy healthcare coordination, and patients are able to access preventive care and potentially avoid longer, high-cost hospital stays. Results from a study of thousands of pediatric neurology patients at a large California hospital show that the rate of all-cause hospital encounters was approximately four times lower among children who received pediatric neurology consultations via telemedicine in their local communities compared with children who received care by traveling to the urban, in-person, pediatric neurology clinic.⁵

Myth #4: “Telehealth will lead to an increase in fraud.” Telehealth is no more susceptible to billing fraud than in-person services.⁶ In fact, telehealth may lend itself to a decrease in fraud because an electronic health record is used and can capture a recording of the visit, or any labs or images reviewed during a consultation. Fears of fraud have increased during COVID-19, but much of that fear is tied to the federal

government’s waiver of anti-fraud rules, not to telehealth itself.

Myth #5: “Once the pandemic ends, we will all go back to in-person care.” While the pandemic has accelerated the adoption of telehealth as a strategy to reduce the spread of SARS-CoV-2 virus, there are many benefits of telehealth that extend beyond these safety concerns. Many providers and patients have been using telehealth technologies for years because of its unique ability to address various shortcomings of our healthcare system. For instance, many patients face long wait times and must travel long distances to see their providers, especially specialists. Telehealth not only has the capability to address these issues, but other telehealth technologies like remote patient monitoring can assist providers in continued supervision that is not otherwise possible. Many studies have shown that there is widespread satisfaction with telehealth from doctors and patients^{7,8,9} and that many even prefer it.^{10,11} With its multitude of benefits - and state and federal action to extend the policies that facilitated greater use of telehealth during the pandemic - it is likely telehealth is here to stay.

⁵ Dayal, Parul, Celia H. Chang, William S. Benko, Brad H. Pollock, Stephanie S. Crossen, Jamie Kissee, Aaron M. Ulmer, Jeffrey S. Hoch, Leslie Warner, and James P. Marcini. “Hospital Utilization Among Rural Children Served by Pediatric Neurology Telemedicine Clinics.” *JAMA Network Open* 2, no. 8 (August 2019). <https://doi.org/10.1001/jamanetworkopen.2019.9364>.

⁶ Taskforce on Telehealth Policy, “Findings and Recommendations: Latest Evidence: September 2020” (September 2020), https://www.ncqa.org/wp-content/uploads/2020/09/20200914_Taskforce_on_Telehealth_Policy_Final_Report.pdf.

⁷ Le, Long B., Harman K. Rahal, Matthew R. Viramontes, Katherine G. Meneses, Tien S. Dong, and Sammy Saab. “Patient Satisfaction and Healthcare Utilization Using Telemedicine in Liver Transplant Recipients.” *Digestive Diseases and Sciences* 64, (May 2019): 1150–57. <https://doi.org/10.1007/s10620-018-5397-5>.

⁸ Totten, Annette M., Ryan N. Hansen, Jesse Wagner, Lucy Stillman, Ilya Ivlev, Cynthia Davis-O’Reilly, Cara Towle, et al. “Telehealth for Acute and Chronic Care Consultations.” Agency for Healthcare Research and Quality, April 2019. <https://doi.org/10.23970/AHRQEPCCER216>.

⁹ Wood, Patrick R. and Liron Caplan. “Outcomes, Satisfaction, and Costs of a Rheumatology Telemedicine Program: A Longitudinal Evaluation,” *JCR: Journal of Clinical Rheumatology*, January 2019, 25(1):41–44. Accessed August 21, 2020. https://journals.lww.com/jclinrheum/fulltext/2019/01000/outcomes_satisfaction_and_costs_of_a.8.aspx?casa_token=JQ6Lg12aUgcAAAAA:800Yw9SqDseg3Jl8_xKOyCmaj7ncohTsjLwY13Glx3uiht_croj6qr-zWmftemTZ07r-jiUzIMsgYl0cwhenZ6YBw.

¹⁰ National Poll on Healthy Aging. “Virtual Visits: Telehealth and Older Adults” (October 2019). Accessed August 21, 2020. <https://www.healthypoll.org/report/virtual-visits-telehealth-and-older-adults>.

¹¹ Slightam, Cindie, Amy J. Gregory, Jiaqi Hu, Josephine Jacobs, Tolessa Gurmessa, Rachel Kimerling, Daniel Blonigen, and Donna M. Zulman. “Patient Perceptions of Video Visits Using Veterans Affairs Telehealth Tablets: Survey Study.” *Journal of Medical Internet Research* 22, no. 4 (2020): e15682. <https://doi.org/10.2196/15682>.

The California Telehealth Policy Coalition

The coalition is the collaborative effort of over 80 statewide organizations and individuals who work collaboratively to advance California telehealth policy. The group was established in 2011 when AB 415 (The Telehealth Advancement Act) was introduced and continues as telehealth becomes integral in the delivery of health services in California. Convened by the Center for Connected Health Policy, the coalition aims to create a better landscape for health care access, care coordination, and reimbursement through and for telehealth.

Visit the coalition online at www.cchpca.org/about/projects/california-telehealth-policy-coalition.