Lights, Camera, Telehealth!
Episode 1: Who art thou, telemedicine?

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In a world where there seems to be a new version of the iPhone every month, it is no surprise that healthcare-related technology would likewise evolve rapidly. Combine technological innovation with a variable political and policy environment, and you have an ever-changing list of rules and regulations around new technologies in healthcare. This can be overwhelming.

Telehealth is especially susceptible to these changing factors, making it all the more challenging to understand and implement effectively. Telehealth is so new that many of the regulations governing it are being developed at the state level. There is little uniformity and a lot of uncertainty around telehealth regulation across the nation.

In this blog series, we aim to make telehealth more understandable and approachable by breaking it down into its basic components and examining them at a high level.

What is telehealth?
The confusion within the field of telehealth starts with the term "telehealth" itself, and how it is used interchangeably with the term "telemedicine." While there is no universal definition for telemedicine or telehealth, telemedicine is commonly defined as the use of technology to provide clinical services, while telehealth is the broader term for technologies and tactics to deliver virtual medical, health, and education services.[1]

No two states are alike in how they define telehealth. Many states alternate between using telehealth and telemedicine in their laws or regulations, while some define and explain each explicitly. Forty-nine states and Washington, D.C. have a definition in their law, regulations or Medicaid policy for telemedicine or telehealth while Alabama is the only state that has not defined either term.[2]

Why implement telehealth?
It can be prudent with any new technology to let early adopters work out the kinks and grapple with uncertainty and confusion until a clearer regulatory environment and business model emerges and the field is more standardized. Yet one national survey reveals that 76% of providers are already providing or are planning to provide telemedicine services.[3]

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[1] " What is Telehealth*?." The Center for Connected Health Policy*. http://www.cchpca.org/what-is-telehealth. Accessed July 2018.

[2] "State Telehealth Laws and Medicaid Program Policies." *Public Health Institute Center for Connected Health Policy*, Published Mar. 2018. Accessed July 2018.

[3] "2017 Telemedicine and Digital Health Survey Report." *Foley & Lardner, LLP.* https://www.foley.com/files/uploads/2017-Telemedicine-Survey-Report-11-8-17.pdf, Published November 2017. Accessed July 2018.

The most common reasons providers cited for implementing telehealth are 1) to improve quality of care for patients, 2) in response to demand from patients, and 3) to lower costs of providing care[4]—all reasons that align with the Institute for Healthcare Improvement's Triple Aim.[5] For organizations that provide telehealth services, implementation has greatly benefited both patients and providers as follows.

Benefits to patients:
- Decreased travel time and expenses
- Shorter wait times during appointment
- Less interference with personal responsibilities (dependents, time from work, etc.)
- Reduced medical costs
- Increased access to number and type of providers (consultation and specialists)

Benefits to provider:
- Increased revenue
- Fewer missed appointments and cancellations
- Ability to treat more patients
- Better patient follow-up and improved health outcomes
- Ability to better match patient demand with supply
- Appropriateness of care and site of service
  - Decreased ED and urgent care utilization
- Lower staffing costs

While provider organizations understand that telehealth may be beneficial, less than half of those surveyed tracked their ROI on these programs. According to Foley & Lardner's *2017 Telemedicine and Digital Health Survey Report*, of the organizations that tracked key operating and financial performance metrics, the majority saw at least a 10% savings and 29% of organizations realized savings of 20% or more.[6]

Despite lingering regulatory uncertainty, telemedicine holds astounding potential to enhance access for needed consultations by patients and providers alike. Next week we will explore the various ways in which telemedicine is being used to treat patients.

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[4] "Top of Mind for Top U.S. health Systems 2018." *The Academy, The Health Management Acadmey.* https://academynet.com/sites/default/files/tom_report_11212017.pdf, Published December 2017. Accessed July 2018.

[5] "The IHI Triple Aim." *The Institute for Healthcare Improvement.* http://www.ihi.org/Engage/Initiatives/TripleAim/Pages/default.aspx. Accessed July 2018.

[6] "2017 Telemedicine and Digital Health Survey Report." *Foley & Lardner, LLP.* https://www.foley.com/files/uploads/2017-Telemedicine-Survey-Report-11-8-17.pdf, Published November 2017. Accessed July 2018. Survey participants included provider groups, hospitals, specialty clinics, ancillary services, chronic long-term care management providers, and other providers.