





## telemedicine in the post-COVID-19 world

The unique and urgent demands of the COVID-19 pandemic have accelerated the use of telemedicine, which has proven to be a crucial resource. The ability of providers to care for patients remotely is helping to reduce transmission, preserve PPE, and allow continuity of care. Novel care models based in telemedicine, such as the hospital-at-home, are expanding during this challenging time. Additionally, the pandemic is exposing – in the harshest possible light – disparities in health and health outcomes that have long existed. People of color are more likely to die of COVID-19 than whites. Telemedicine can be an important tool in addressing these disparities by improving access to care and health outcomes.

### **Prior to the pandemic...**

89%

Employers offered traditional telemedicine services 77%

US workers were willing to try telemedicine



Average utilization rate when employer offered traditional telemedicine

## The benefits of virtual care during the pandemic and beyond



**Traditional Telemedicine** Episodic care provided by services such as Teladoc, MDLive or Doctor on Demand



Year-over-year utilization increase as of April 2020



Virtual Visits More complex care delivered by the patient's primary care provider or specialist

\$200M

Federal funds allocated to support providers in setting up virtual care capabilities



**Telehealth** Communication platforms that perform artificial intelligence triage and facilitate texting a provider



2019 investment in healthcare Al

Sources: Fair Health's Monthly Telehealth Regional Tracker Health Tech Magazine (https://healthtechmagazine.net/article/2020/06/ata2020-artificial-intelligence-and-its-role-virtual-care)

# 95%

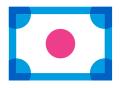
Employers satisfied with their telemedicine provider's response time and member service during the pandemic.

Source: June 2020 Mercer survey of 505 US employers (based on those with sufficient feedback to respond)



## Are we headed in the right direction?

Telemedicine utilization has increased more in a few months than was expected in five years. Employers believe telemedicine can increase access to primary care and help build a stronger, more resilient health care system – but only if all stakeholders treat it as a means to drive greater efficiency and value. They are concerned that decisions being made under the pressure of the pandemic may have unintended consequences for the future of health care.



#### **Right-sizing cost**

Congress and CMS have set reimbursement for virtual care visits at the same rate as for in-person visits. While this may have been necessary to support the need for providers to quickly ramp up virtual services, it does not seem sustainable over the long term.

- Telemedicine is generally less work (no physical exam) and the cost to practice is much lower (no office overhead).
- Using existing diagnosis codes for virtual care may result in payment for services that a provider cannot perform virtually.
- Health policy designed for Medicare may appear to be affordable, but likely translates into a very different cost impact in the commercial markets.
- Total health spending will rise if we can't realize savings from virtual care.



#### **Balancing utilization**

Telemedicine visits are more convenient than office visitsfor patients and providers. As their comfort level with telemed increases, so will utilization.

Just as virtual visits can replace some office visits, healthcare AI can replace some virtual visits. Finding the right balance will be the key to unlocking the value of telemedicine.

## The future of virtual care

Virtual care is the next wave in health care. Visionaries see a hybrid model – more virtual care, balanced with the appropriate level of in-person care – leading to better outcomes, lower costs and improved patient monitoring. This would generate greater value to both the plan sponsor and to the end user. For that vision to become a reality we will need to redesign fee-forservice payment methods to ensure equitable payment for the intensity of the service provided. And we may need to consider if all telemedicine visits are necessary. There may be a role for Al triage to screen symptoms and direct a patient to a care access point or to self-care.

### **Telehealth recommendations for policymakers**





Make permanent the provision under the Coronavirus Aid, Relief, and Economic Security (CARES) Act allowing HSAeligible highdeductible health plans to cover telehealth services on a pre-deductible basis.

Ensure that an employer's more robust offer of telehealth services does not result in violations of the ACA's market reforms to the extent the benefits provided give rise to an ERISA health plan and provide significant benefits in the nature of medical care.



Remove state barriers to telehealth care, such as requiring that patients have a preexisting relationship with the provider, and allow licensed providers to deliver services to patients in other states via telehealth.



Reject mandates that would require parity in payments to providers for virtual and in-person services and thereby impede employers' flexibility to innovate and pursue value-based care.

There's no turning back the clock. During the pandemic, many patients – and providers – tried telemedicine for the first time and had a good experience. They will expect this type of convenience going forward.