



# The Promise of Telehealth for Addressing COVID-19

MAY 2020

With the emergence of the coronavirus in 2020, many routine activities, including health care services, have been disrupted. Doctors, nurses, and other health care professionals have been able to provide services remotely in some cases. This is safer for both patients and providers and also can improve access to care.

While some of these practices were in place before the COVID-19 crisis, the use of *telehealth* has increased during the global pandemic. The word *telehealth* is sometimes used interchangeably with *telemedicine*, but these terms mean different things. In this brief, you'll learn more about those differences, how remote health care services work and for what conditions, and what policy changes have occurred to expand access to remote health care.

*Telemedicine* specifically refers to the delivery of health care by a professional to a patient who is not in the same room. Typically, this occurs through a live video interaction between a patient and a health care provider. However, telemedicine can also include care that is not delivered in real time.

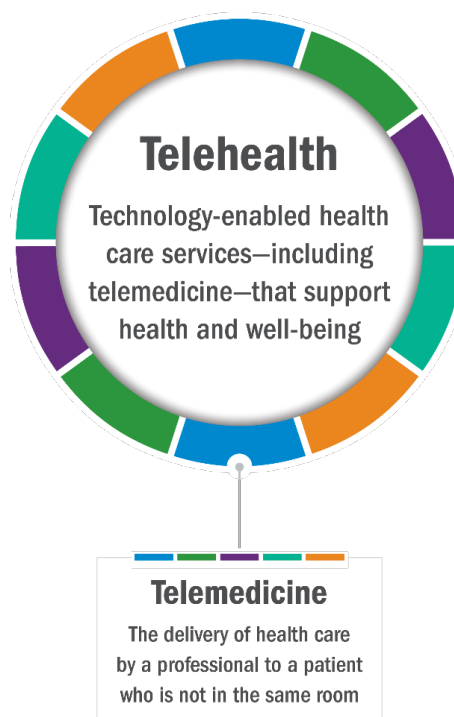
*Telehealth* encompasses technology-enabled health care services—including telemedicine—that support health and well-being. *Telehealth* can be delivered without a video camera (e.g., monitoring a patient's health using digital devices) or in circumstances that do not involve a live video presence (e.g., reviewing a medical image). Telehealth can include remote consultation between providers without the patient (e.g., communication between an emergency room doctor and a critical care provider to determine how to triage patients).

Providers use telehealth differently based on the setting and type of medicine they practice.

## Telehealth Settings

Telemedicine is typically provided to a patient in a medical setting such as a hospital, clinician's office, or nursing home by a clinician who is not in the same facility. In the past, telemedicine was not usually delivered to a person at home. With the emergence of the coronavirus pandemic, telehealth (including telemedicine) is now frequently used to deliver

### Distinction Between Telehealth and Telemedicine



care where people reside. Care in the home setting ranges from live video consultations (including through personal mobile devices) to symptom tracking. Field hospitals and homeless shelters are other settings for telehealth during the COVID-19 crisis.

## Telehealth Services

Telehealth can be used to deliver a wide array of medical services. It allows access to specialists during emergency situations when timely diagnosis can be lifesaving (e.g., a potential stroke), and it can expand access to care in communities with a limited number of providers (e.g., rural communities). Telehealth also has become more common in behavioral health care services, from psychiatry to individual and group counseling, and it can be used to provide rehabilitation services, such as physical, occupational, and speech therapy.

In addition to care delivered remotely by a provider, telehealth technology can be used to manage patients' health conditions over time by transmitting health information on a regular basis. This can include data that are actively sent by the patient to a health care provider, such as daily blood pressure readings, or data that are transmitted by wireless devices, such as a wearable heart rate monitor.

## Telehealth and COVID-19

The most important consideration during this public health crisis is ensuring that telehealth is used appropriately and understanding what services can and should be provided by telehealth, and what types of care require an in-person visit with a health professional. Providers cannot diagnose COVID-19 through telehealth because proper diagnosis requires a laboratory test. However, telehealth can be particularly valuable during the COVID-19 pandemic in several ways.

- **Screening.** Through a series of questions, health care providers can determine whether a patient's symptoms align with those typical of COVID-19. Patients can answer questions in a video interaction with a provider, or they can respond to questions on an electronic device. Depending on the patient's responses, a provider can rule out a COVID-19 diagnosis or refer the patient to another provider for a more comprehensive assessment and possible testing.
- **Expanded Capacity.** Telehealth can be used to offset the shortage of health personnel caused by the increased demands coronavirus has placed on our health care system. Patient disease symptoms can be tracked remotely using digital tools to monitor temperature, blood pressure, and oxygen levels. This way, health care providers can receive these data wirelessly and then are more easily able to monitor care for a large patient volume. Providers can consult with patients by video when symptoms indicate medical intervention is needed. For patients with acute symptoms that require hospitalization, remote interactions between providers at the patient's bedside and off-site specialists trained in critical care medicine ensure that this expertise is more widely available both within and across hospitals, especially those lacking critical care units.
- **Education.** Information about COVID-19 and effective treatments continues to evolve. Because providers are working around the clock to save patients' lives, they may not have access to the latest information. Through brief consultations, providers can access information on best practices and the latest evidence to help ensure that they are providing the best care based on the most current information.

Telehealth, if used correctly, has several benefits for patients and providers during the pandemic. Using telehealth can *reduce exposure* to the coronavirus for those patients who do not need an in-person visit. By serving as a first-line encounter to screen for COVID-19 or triage other health conditions like chronic disease, telehealth also can *reduce patient volume* in health care settings like emergency departments. Given limited health supplies to meet the demands of the COVID-19 pandemic, telehealth can support more *efficient management of medical supplies*. Telehealth can ensure that personal protective equipment (e.g., face masks, gloves, disposable gowns) is used only for patients who require an in-person visit and available tests for the virus are used only for individuals who are likely to be infected.

## Policy Changes to Expand Use of Telehealth During COVID-19

Although telehealth has been available for decades, its use has been very limited for a number of reasons. For instance, many states prohibited a physician in one state from providing telehealth to a patient in another state. Physicians also were required to discount the cost of medical care delivered via telehealth. As a result of the COVID-19 pandemic, federal authorities have lifted restrictions on telehealth policies, thus encouraging greater use of care delivered remotely. These less restrictive policies remain in effect until the United States is no longer under a state of emergency.

1. **No restrictions on geography.** Under the temporary COVID-19 guidance, approved telehealth services can be provided in any location across the United States.
2. **No restrictions on setting.** During the COVID-19 crisis, telehealth can be delivered to patients at any location, including the patient's residence.
3. **Reimbursement at same rate as in-person care.** Providers delivering care through telehealth will be reimbursed at the same rate as the traditional, approved fee for an in-patient office visit. While patients are still required to cover any copayments, the government has waived cost sharing for telehealth visits.
4. **Expanded set of approved services and technology tools.** The number and types of services approved for delivery via telehealth have been expanded to include services that previously were not approved, including audio telephone consultations and secure messaging. In addition, patients can access their doctor using a wider range of communication tools, including personal mobile phones.
5. **Direct interactions between patient and provider.** Medicare has waived a prior requirement that there be a second "presenting" clinician at the location at which the patient is receiving care.
6. **State licensure requirements.** Many states have modified their state licensure requirements, allowing providers without a state-specific medical license to provide patient care through telehealth. A full list of states that have modified their in-state licensure requirements is available [here](#).



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