

TELEMEDICINE

Utah Medical Association

PROS AND CONS OF TELEMEDICINE

Pro: Can easily do follow-up visits and certain care – surgery follow-up, well care visit (unless certain tests or things need to be done onsite), mental health visits, medication checks etc.

Con: Can't do all care this way – need brick and mortar office for certain care (Surgery, Anesthesia, vaccines, injections,), etc.

Pro: Very convenient for the patient

- Saves patients from taking hours off of work = increased productivity = less cost to patient = better for businesses
- Allows patients to quickly access the care usually at the time scheduled

Pro: Allows providers to extend care they are able to give to other areas – for example – Psychiatrists from Urban location to rural

PROS AND CONS OF TELEMEDICINE - CONTINUED

Con - Internet or online connections not always available to patients – the poor or indigent

Pro and Con – Takes office staff more time to manage getting a patient online and getting correct information but once that is done, is more efficient for patient

Con – Insurers are not always paying same as in office care even though the visits that are allowed are “virtually” the same care – some are temporarily

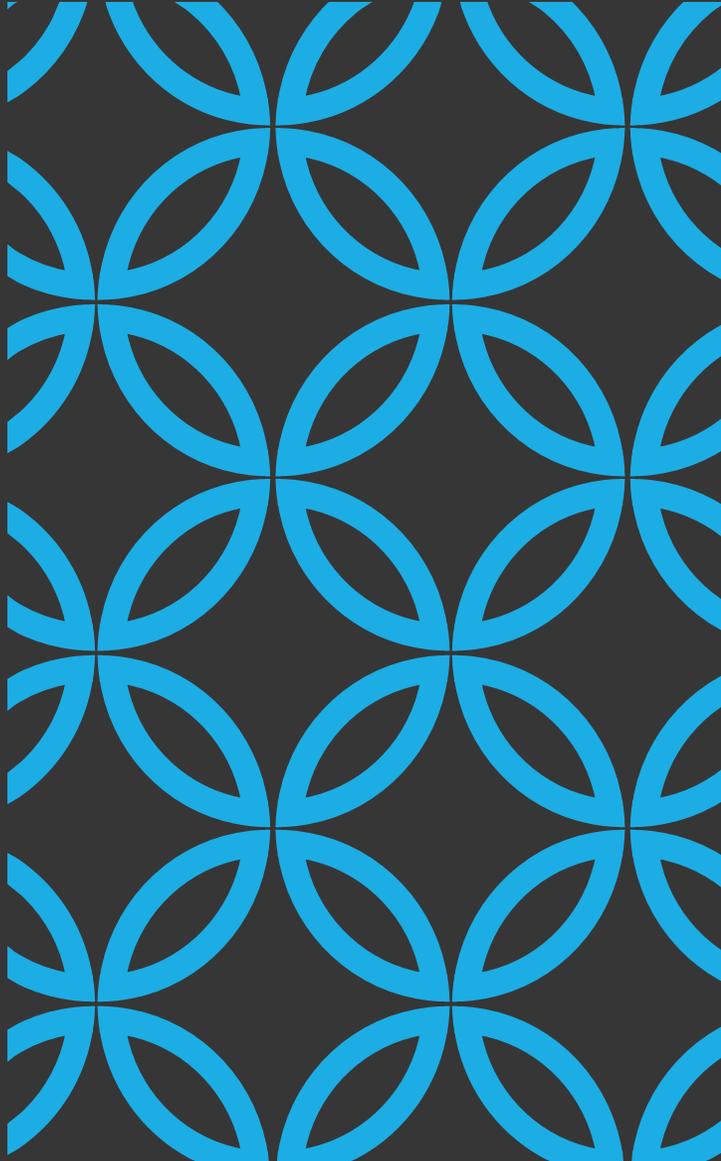
PROS AND CONS OF TELEMEDICINE - CONTINUED

Con – can't do some of the testing or other things that need to be done in a visit sometimes

Pro – moving medicine in the 21st century in using available technology

Con – not everyone comfortable using telemedicine

Con – Insurers dictating what can be done through telemedicine without input from providers on what is and is not appropriate



HOW HAS TELEMEDICINE HELPED DURING COVID-19

Provides access to care to the vulnerable without putting them in jeopardy of contracting COVID

Also protects other patients and even providers from contracting COVID from those who have COVID

Allows follow-up for patients without requiring them to come in

So far quality has been good - access to care, particularly well care = lower costs because more expensive care may not be needed

Problem, some care is not happening, cannot be done via telemedicine and costs will increase because no care being given and more emergencies or more expensive care down the line

BARRIERS TO REALIZING TELEMEDICINE FULL POTENTIAL

As mentioned, not all have access to telemedicine – internet connections, online capability, hardware to allow them to access (smart phone, tablet or computer)

Some insurers following CMS/HHS in what they allow and what they pay for and some not

- Some are paying at an in-person rate, some are not even though premiums are the same and premiums have not gone down
- Some insurers limiting who can provide telehealth services
- Not allowing full potential to be used – all providers and all appropriate services to be done



STEPS THE LEGISLATURE COULD TAKE

Funding for rural or underserved populations for access to telehealth

- This would be cheaper than getting them transportation, having them take off work, etc.

Direction to insurers that reimbursement should be equivalent to in person rates for same service – all providers where appropriate

Expand what can be done via telemedicine permanently, not just during COVID – what kind of care

Post COVID – keep in place the expanded access to providers via telemedicine

