



Overview of Telemedicine during COVID-19

Prior to the COVID-19 pandemic, only 24 percent of U.S. healthcare organizations had an existing telemedicine program. The pandemic dramatically accelerated the growth of telemedicine, providing necessary care to patients while minimizing the transmission risk of coronavirus to healthcare personnel and patients.

The Centers for Medicare and Medicaid Services (CMS) relaxed telemedicine restrictions during the pandemicⁱ. The flexibilities, unless made permanent by the agency, will last for the duration of the federal government's Public Health Emergency (PHE) declaration, which is currently extended through January 16, 2022 (view current [Public Health Emergency Declarations](#)). In addition to relaxing restrictions on where telehealth is available and how it can be delivered, CMS is reimbursing healthcare providers for telemedicine services at the same rate as in-person visits for all diagnoses, not just those related to COVID-19. More information about the CMS COVID-19 Waivers and Flexibilities can be viewed at <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>.

In both the 2021 and 2022 Medicare Physician Fee Schedule final rules, CMS adjusted its telehealth policies to make permanent or otherwise formally extend some of the current PHE flexibilities. For hospitalists, this included adding subsequent observation care (99224-99226), observation care discharge (99217), and hospital discharge (99238-99239), and critical care services (99291-99292) as Category 3 (available through December 31, 2023) on the List of Medicare Telehealth Services.ⁱⁱ

Telemedicine can benefit and increase value in hospital medicine practices. Benefits include risk reduction, increased patient experience, improved care coordination and timeliness, staffing efficiencies and retention, especially for nocturnists, and related revenue savings. Telemedicine can also be used to increase training and education opportunities among students, residents, and staff and provide wellbeing interventions for both clinicians and patientsⁱⁱⁱ.

Telemedicine Use Cases: New and Adapted for COVID-19

Tele-hospitalists provide flexibility for staffing.

- Provide coverage during surges to help with admission, rounding, and discharge when local resources are not sufficient^{iv}.
- Provide coaching, education, and supervision for trainees, nurse practitioners, and physician assistants during off hours^v.
- Tele-nocturnists answer cross-cover pages and calls at night, allowing on-site hospitalists to focus on admissions, improving nurse satisfaction, and physician retention. Tele-nocturnists can also admit patients remotely supported by appropriate telemedicine platforms^{vi}.

Transitional care can be supported to prevent ER visits, readmissions, and increase patient and family comfort and compliance^{vii}.

- High-risk patients are followed by tele-hospitalists after discharge to ensure they are improving with appropriate medications refilled. Tele-hospitalists may also support home health nurses during in-person patient visits when the clinical condition worsened.

- Remote patient monitoring (RPM) with mobile and wearable devices to assess patients post discharge and provide insight into their clinical status.
- Tele-hospitalists work with on-site nurses and staff to regularly round on residents in skilled nursing facilities and rehabilitation centers^{viii}.

Advanced care planning can be supported with tele-medicine, enhancing communication with patients and family, particularly when visitors may be restricted or limited.

- During palliative care and end-of-life discussions patients and family are quickly connected with the care team, ensuring the Physician Orders for Life-Sustaining Treatment (POLST) or equivalent forms are properly prepared in advance of adverse outcomes^{ix}.

Virtual consultations minimize risk of exposure to COVID-19 and provide connections to specialists in areas where such care is not routinely available^{x,xi}.

- Applications include virtual diabetes service, pulmonary, infectious disease, endocrinology, psychiatry, and dermatology^{xii}.

Hospital at home can potentially free up hospital beds for other high-acuity patients, lowering costs, and resulting in better outcomes than traditional inpatient settings^{xiii,xiv}.

- Treating acute conditions at home e.g. COPD, asthma, CHF, etc. with the help of in-person visits by registered nurses or paramedics.
- With the CMS waiver, qualifying patients can be admitted into the program from the emergency department or inpatient care after an in-person exam. Daily rounding by physicians can be facilitated via telemedicine.

Challenges

Hospitalists serve populations that have varied access and literacy to telemedicine. In the United States, 21 million individuals lack broadband access^{xv}, 19 percent of the population do not own a smartphone^{xvi}, and demographics differ extensively by age, race/ethnicity, education, socioeconomic, urban/rural, and primary language spoken. These patient characteristics impact their connection to the healthcare delivery system, particularly via telemedicine, and often leave the most vulnerable patients behind, exacerbating current healthcare disparities^{xvii}.

As telemedicine services continue to expand, an awareness of the digital access, literacy, and needs of patients must be known to provide safe and equitable delivery of care^{xviii}. These needs will be important to ensure the telemedicine benefits and use-cases mentioned above are achieved equitably, especially as patients are discharged and transitioned to home and other facilities from hospitalist services.

For more discussion about telemedicine, visit the [SHM Health IT Special Interest Group on HMX](#).

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- ⁱ Led by COVID-19 surge, virtual visits will surpass 1B in 2020: report <https://www.beckershospitalreview.com/telemedicine/led-by-covid-19-surge-virtual-visits-will-surpass-1b-in-2020-report.html>
- ⁱⁱ Centers for Medicare & Medicaid Services. List of Telehealth Services. Accessed via: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>.
- ⁱⁱⁱ CARES Act: AMA COVID-19 pandemic telemedicine fact sheet <https://www.ama-assn.org/delivering-care/public-health/cares-act-ama-covid-19-pandemic-telemedicine-fact-sheet>
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- ^{vii} FAQ on Transitional Care Management (AAFP) <https://www.aafp.org/family-physician/practice-and-career/getting-paid/coding/transitional-care-management.html>
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- ^{xi} 2020 State of Telemedicine Report <https://c8y.doxcdn.com/image/upload/v1599769894/Press%20Blog/Research%20Reports/2020-state-telemedicine-report.pdf>
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