

Uneven adoption of telehealth will lead to variability in access to high-quality care: A qualitative analysis

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Abstract

Introduction: The COVID-19 pandemic led to rapid adoption of telehealth. We sought to evaluate the potential impact of telehealth on care access, patient experience, provider experience, and reimbursement for care through our hospital-based clinics (average payor mix of 40% Medicaid, 25% Medicare, and 29% Commercial).

Methods: A human-centered design approach was employed, which involves conducting in-depth interviews to develop a stakeholder-supported solution. We interviewed 69 stakeholders, including 25 patients; 20 providers in four hospital departments; 8 clinic managers; 4 department leaders; 2 C-suite executives; 3 representatives from scheduling; 2 representatives each from finance and billing; and 1 representative each from the Centers for Medicare and Medicaid Services, compliance, and government relations.

Results: Telehealth is likely to improve care access, overcoming patient-level barriers including cost of travel, time off work, personal responsibilities (e.g., childcare), and disability (e.g., limited mobility). Telehealth's increased flexibility and convenience positively impact patient and provider experience. Although the inability to perform some assessments in real-time (e.g., vitals, physical exam) may be a

barrier to high-quality clinical care for some encounters, 88% of providers reported they could safely evaluate and manage established patients using telehealth for other encounters (e.g., reviewing results of recent imaging studies). There is an average 33% revenue loss per telehealth visit compared to an in-person visit in our health system.

Conclusions: Telehealth improves some indicators of healthcare quality (care access, patient experience, and provider experience). Unless there are changes in reimbursement for telehealth, we expect telehealth to be unevenly adopted across the U.S., potentially increasing health inequities. Developing quality metrics specifically for individual telehealth visits in collaboration with payors may help create a financially sustainable path to scaling safe and effective quality telehealth services for hospital-based outpatient clinics.