How the COVID-19 Pandemic May Shape the Future of Telehealth

Telehealth has been used for years to remotely connect caregivers with patients. It has improved access to healthcare and distributed specialized care to remote areas where there was no suitable alternative. The expansion of telehealth has been slow due to a number of barriers, but the COVID-19 pandemic has dramatically increased acceptance and recognition of the value of telehealth technologies.

We talked to Steve Torbett, Product Manager about how telehealth is expected to grow in all care settings, how it might be used, and requirements for successful deployments.

Q: *How has telehealth historically been used in different care environments?*

Torbett: Many of the early and most successful applications of telehealth were to improve access, distributing specialized care to remote areas, or to critical emergency cases where there was no suitable alternative. Telehealth was used in local health clinics, for patients to consult with remote specialists, without having to travel long distances.

Other uses include enabling emergency medical technicians and paramedics to consult with ER physicians to receive authorization to administer specialized care and medications, and for airplane crews to consult with physicians while in-flight, to provide care to passengers. Custom portable telemedicine communication kits were developed for these use cases.

Another common telehealth use case is for translation carts. It is impossible for hospitals to cover all the languages they will encounter, so having access to a breadth of languages with real-time translation services, is of value to patients and their families.

Q: *How has the COVID-19 pandemic changed the course of telehealth, from the regulations, to its acceptance of providing value in patient care?*

Torbett: There have been many obstacles to the expansion of telehealth. Regulations were complex, with different states having different rules, and legislation was not written to anticipate the emergence of telehealth. Reimbursement policies also heavily constrained the deployment of telehealth, as it was difficult to assess the value of telehealth versus traditional care. Other complex healthcare regulations also presented obstacles, including FDA medical device regulations, and patient data privacy regulations with HIPAA and PHI.

The barriers to telehealth have been gradually eroding, but the COVID-19 pandemic disrupted traditional care models, and dramatically increased the acceptance of telehealth technologies. Health systems and government agencies quickly reached for telehealth as a way to efficiently and safely address many strains placed on the traditional healthcare system. Regulations were quickly relaxed and revised to accommodate immediate use of telehealth

Q: *How has telehealth been utilized to facilitate patient care during the COVID-19 pandemic?*

Torbett: Initially patients were instructed to consult online with caregivers for COVID-19 triage before going in for testing. In some cases, triage occurred at testing sites, and remote technologies became a way to minimize the exposure of physician resources to infected patients. Additionally, telehealth enabled the recruitment and use of valuable retired physician resources without putting their health at risk through direct patient interaction.

In cases where direct physical patient interaction is preferred, the risks associated with exposing caregivers to frequent direct contact with patients did not support the goals of social distancing. Caregivers quickly explored telehealth alternatives that would avoid the introduction of risk to patients and themselves.

COVID-19 patients in isolation also had no way to communicate with their families. Caregivers and hospital staff were the only people allowed into hospitals and isolation units. Connection with families was quickly improvised using FaceTime, Skype, and other platforms via tablets.

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Q: *Why do you feel telehealth is here to stay and how will it be utilized in care settings?*

Torbett. The pandemic has forced rapid changes, it reduced and eliminated obstacles, and accelerated trends that were already happening, not just in healthcare, but also other economic sectors including all businesses, retail, and education.

Steve Torbett
Product Manager

There are new segments emerging and growing fast. The triage and supplemental EMR workstations deployed in parking lots and alternative care sites during the pandemic led to deployment of basic low-cost units with lower price points.

There has been an increase in the use of tablets, driven by rapid deployments of apps for patient use for basic communications, patient education, monitoring, convenience, entertainment, and health screening. There are also many use cases related to behavioral medicine, and diverse areas such as speech therapy, nutrition, and sleep medicine.

We expect telehealth to increasingly be integrated into all point-of-care workstations and care settings as it becomes more commonplace to use it as an alternative and supplement to face-to-face communications with caregivers. It will improve quality and outcomes and improve coordination across the continuum of care and among caregivers. Extended care facilities are an area of opportunity for telehealth. It is more convenient and often safer for patients, where travel to a physician's office for residents of rehab and nursing facilities is often difficult.

Q: *What are some recommendations for selecting telehealth and ensuring successful deployment?*

Torbett: Ease of use and reliability are paramount, much more so than with other technologies. Patients need to feel comfortable with the virtual experience. When well designed, software and devices used with telehealth can offer advantages and benefits to physicians compared to a physical visit.

Software is obviously critical to success, and like all other software, it will evolve and improve rapidly. As with all improvements in healthcare, interoperability and integration with medical records and other healthcare IT systems will be a challenge.

In selecting and designing telehealth workstations, consider power and battery requirements associated with mobile use, monitors and displays, cabling and cable management, cleaning and infection control, and flexibility and ability to reconfigure. Choosing multi-purpose workstations that can be reconfigured to use different technology is important. Be sure to consider ergonomics and safety. Workstations with a lot of adjustability to adapt to each users' needs is critical to their health and satisfaction. Using workstations that are already preferred by nurses, and that they are already familiar with has a lot of advantages.

On a fleet level, there are several important factors to consider. Using workstations that are consistent with those used elsewhere provides a lot of benefits in maintaining and supporting a fleet of workstations, compared to managing non-standard custom telehealth workstations. Fleet management software that supports tracking and monitoring workstations' readiness and utilization is important.

And as is true with any healthcare technology, it is best to work with leading vendors who have experience, broad product lines, and superior service networks and logistics. Consider lifetime costs and what it takes to support the fleet of workstations. Because telehealth is often deployed to remote locations, it is best to work with vendors who have broad service coverage and reach, and who can respond to issues quickly.