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The Pandemic Has Reshaped Telemedicine – And ‘There’s No Going Back’

by [Brian Bossetta](#)

The American Telemedicine Association has formed the Government Relations Special Interest Group to further the organization’s efforts to increase access to affordable virtual health.

Within the first few weeks of the COVID-19 pandemic the health care industry was rocked by a telehealth explosion of Big Bang proportions. In just the first few weeks of 2020, virtual health visits experienced a decade of anticipated growth, according to Kyle Zebley, VP of public policy at the American Telemedicine Association (ATA).

This impact, however, was not destructive, in Zebley’s view, but rather the “silver lining” of the pandemic. Lockdowns and fear of infection, especially at the pandemic’s onset, created an unprecedented need for virtual health resulting in many Americans turning to the technology for the first time.

Though telehealth had been growing prior to the pandemic, regulatory restrictions at the federal and state levels on its use were impediments to the industry’s further expansion, according to Zebley, particularly regarding Medicare reimbursement.

As Zebley told *Medtech Insight*, less than 1% of Medicare beneficiaries had access to reimbursable virtual care prior to the pandemic. After the public health emergency was declared in the US in March 2020, those restrictions were temporary lifted.

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On the state level, many legislatures moved to enact telehealth reforms that Zebley said are some of the most successful state legislative actions in the history of telehealth.

“We're not a hundred percent there,” he said, “but we've come a long way in a short amount of time into making a lot of these temporary flexibilities permanent at the state level.”

A January report from the Reason Foundation, Cicero Institute, and Pioneer Institute, which looks at telehealth policy in all 50 states, substantiates Zebley's argument while also illustrating how some states are further along than others. (Also see "[Telehealth Study Rates All 50 States On Patient Access To Virtual Care](#)" - Medtech Insight, 11 Jan, 2022.)

“So now we have rules and regulations that are finally catching up with where the technology was,” Zebley said. “We have tremendous provider and patient satisfaction with the care that's being delivered and received by virtual care services. And so I think that there's a sense that there's no going back.”

Still, telehealth faces challenges on the policy front, which is why the ATA created its new Government Relations Special Interest Group (SIG). The group, Zebley said, was born out of the need to keep pace with the expansion of telehealth, bringing together perspectives from across the health care spectrum to ensure permanent access to affordable digital health services.

SIG, he added, will work to identify the value proposition of patient-centered laws and regulations governing the use of clinically appropriate telehealth and come up with strategies on how to make these public policy aims reality.

“We have the benefit of collaborating with many of our industry's foremost leaders and with representation from all corners of the telehealth ecosystem, giving the ATA a more comprehensive and balanced perspective, and unparalleled access to decision-makers,” said Zebley, adding ATA aims to provide a clear roadmap and vision for federal and state health policy that “is technology-, modality- and site-neutral.”

Tele Mental Health

While telemedicine has a wide variety of applications, there's no area where its utility is more accepted and recognized than in mental and behavioral health. In fact, Zebley said virtual visits

are in some cases more effective than in-person care for addressing mental health, and has become one of the most popular and preferred ways both providers and patients are seeking out mental care.

And the pandemic, Zebley noted, has made the need to expand telehealth to include mental health services more important than ever.

In its final 2022 payment schedules for physicians and outpatient services, Medicare includes reimbursement for mental health services provided through audio-only means – including services furnished by Rural Health Clinics and Federally Qualified Health Centers via telecommunications technology. (Also see "[Medicare Fee Schedules Show Cuts To Physician Services](#)" - Medtech Insight, 4 Nov, 2021.)

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But while the pandemic has increased mental health needs across the country, the number of mental health care providers has decreased making access telehealth more pressing.

“There are some counties that are total droughts with no mental health providers at all,” said Zebley. “So what a burden it is for those Americans that are far removed from mental health providers to have to go in person and what an ease of access virtual care is for those seeking mental health services.”

This is especially true in rural communities for all types of health care services, Zebley said, noting the number of hospitals in rural communities that have closed in recent years.

“Geography is often your health care destiny in terms of outcomes and life expectancy and living with comorbidities,” he said. “So obviously we want to make sure that rural Americans have access to virtual care services.”

Having access to telehealth, however, especially in rural America, requires reliable internet services – “a huge priority,” Zebley added.

The expansion of broadband throughout the country has been one area of bipartisan agreement, with \$65m earmarked for broadband in the Infrastructure Investment and Jobs Act enacted last

fall. The American Rescue Plan last March also allocated nearly \$10bn in infrastructure funding, which includes investments in broadband.

Reliable broadband is also necessary for patients using at-home medical devices and sending data from those devices to their doctors.

“When we think about connected devices and remote monitoring devices, they are well integrated into the US health care system,” Zebley said, “and we’re really just beginning to scratch the surface of their potential.”

Zebley acknowledges that telemedicine is not a panacea and never will be, but believes it can complement traditional visits and elevate the level of health care for many Americans, especially in the field of mental health.

“Telehealth is not appropriate in every circumstance,” Zebley said. “But what we’ve always said is, let’s trust our licensed medical professionals to understand what the standard of care is and how to apply it to the individual needs of the patient in given circumstances. Let’s not second guess that medical professional making that judgment while understanding that there are layers of accountability in place at the federal and state level if something goes awry.”