

The Evolution of Telemedicine



In recent years, telemedicine was on the path to become more than just a buzzword. According to a survey conducted by the American Medical Association, telemedicine visits had doubled since 2016. Here at TriZetto Provider Solutions, we saw telemedicine claim volume increase by more than 3,000 percent between February and April of this year – a direct result of the COVID-19 pandemic. While it was seeing a steady rise, no one could have predicted the unprecedented adoption rate seen in first half of this year.

The sudden onset of the novel coronavirus caused the country to enact social distancing measures, which affected medical appointments too. The result was a rapid mass implementation of virtual care and the AMA estimates that 60% to 90% of physicians are currently using some form of telehealth. This adoption rate is of course dependent on various factors; some medical specialties translate easier to this new format than others, and patient demographics also play a part. Regardless of the specialty, it's obvious that there has been a dramatic shift in the public's attitude toward telehealth in recent months. While there has been a slight dip in claim volume since its peak over the summer, we've seen it level out and the most recent numbers show that telehealth is here to stay.

With home and work lives still in disarray as a result of the pandemic, patients crave flexibility. Many are happy to never return to physician's office, instead opting to continue their appointments virtually. Millennials are most receptive to telemedicine for non-urgent care needs, with 54 percent likely to use telemedicine for a mental health consultation, per a report from CynergisTek. Consumer feedback shows patients have embraced virtual care, but have providers?

Uncharted Territory

Medical professionals are embracing this new way of conducting business, but there are struggles to take into account. Widespread usage has its benefits, but also raises questions. Is virtual care easier to apply to some populations better than others? How can it best be amplified in rural areas that have less traditional healthcare facilities, for example? What about its ability to manage chronic conditions

that require regular check-ins? Some services are better suited for in-person care, and the best way to manage chronic conditions through technology still needs to be defined.

Employment has also been affected by the pandemic. This – coupled with the already increasing cost of care – can cause a consumer to put off an appointment for financial reasons. The desire to limit exposure to other possibly-infected patients may also mean avoiding medical services. Whatever the reason, putting off appointments this year has experts at the Centers for Disease Control and Prevention fearing a surge in cancer diagnoses and deaths because of a decrease in routine screenings. While medical professionals recommend keeping screenings and regular appointments even during a pandemic, the question of many physicians' minds then turns to reimbursement.

Changing reimbursement rates and patient volume

COVID-19 was the catalyst for providers to make the leap to virtual care, but what will telemedicine claims look like in the future? That could very well be dependent on what providers are paid for their services. There are many unknowns, like exactly what elements of a virtual visit will be covered. Virtual visits are often less costly than traditional in-office appointments, making patients more than happy to continue with telemedicine. At the onset of COVID-19, patients were pleasantly surprised with reduced or removed copays. But will this always be the case? Will swiftly-implemented telemedicine codes launched in early 2020 be removed once the pandemic ends? While no one can be certain, the word on the street is that payers will decrease payments for virtual visits. It all may very well depend on government payers. It's often said that where Medicare goes, commercial payers will follow. And what additional policies could affect the future of telemedicine? The Centers for Medicare & Medicaid Services (CMS) recently proposed plans to expand telemedicine beyond COVID-19. This ties into the current administration's executive order regarding rural and telehealth and looks to expand access for Medicare beneficiaries. However, given the uncertainty around the future of healthcare in this country, which is tied to the upcoming election, we

have yet to see what new policies are created in the coming year.

The amount of claims also plays a part, and is dependent upon the amount of patients a provider sees. Since in-person appointments are no longer hindered by unexpected traffic or a meeting that ran over, cancelled appointments will decrease, potentially allowing for an increase in patient volume. Even if lower reimbursement rates are enacted, less overhead and an increase in daily patient counts could mean more overall revenue for providers.

So how can billing professionals ensure that claims are receiving the appropriate reimbursement? With every claim counting, proper coding is more important than ever to ensure adequate payment. Services that scrub claims for errors prior to submission are a good idea, since they lead to cleaner and claims and prevent future denials. Claims management software can also help the overall process.

The medical practice of the future

Before the claim comes the appointment, so what exactly will that look like in the future? The traditional doctor's office and its inhabitants may be a thing of the past. With telemedicine in high demand, the skillsets that health systems look for when hiring physicians will evolve. Not only will medical practitioners need to provide best-in-class care, but they also must be able to understand the latest technological advances. What about

older, less tech savvy physicians, or those who resist adoption? Will their practices suffer? Digital means of conducting medicine will not only affect those with medical degrees. The need for technical and digital skills will trickle down to front office staff too. Associates may be asked to work with up-and-coming technology that caters to telemedicine and will need to be open to changing the way they manage a practice's processes and procedures. Business models will need to be reassessed. The physical office space may also change. With less patients coming through the door, a large brick and mortar footprint may no longer be needed. Exam rooms may even be converted to telemedicine "studios," complete with photo shoot-worthy lighting and the latest equipment!

Patient-driven care

How will the future of healthcare operations be determined? By the healthcare consumer. Sure, other parties will have influence, like medical professionals and healthcare corporations. However, the bottom line is that patients will drive change. If they want to continue to see telemedicine services offered, physicians would be remiss not to comply with demand.

COVID-19 has without a doubt disrupted the industry, and the first half of the year has provided a glimpse of what lies ahead. So what can patients and providers expect to see in 2021? Like the virus itself, much is still unknown.

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