



Telemedicine: The 2020 House Call

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One of the silver linings in the horror of the coronavirus disease 2019 (COVID-19) pandemic is the evolution and proliferation of telemedicine. According to the Centers for Medicare & Medicaid Services, “Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient’s health” (1). Since the start of the pandemic, telemedicine services have proliferated. The American Academy of Family Physicians estimated that the rates of telemedicine among its membership rose from 13% in March 2020 to 94% in May 2020 as a result of COVID-19 and related policy changes (2).

Some of the benefits of telemedicine during the pandemic include:

- Access to care without fear of infection
- Continuity of care with existing patients and engagement with new patients
- Coordination with specialists

Other benefits include opportunities for increased patient access, “house calls” (being able to see a patient’s environment and potentially his or her pantry and refrigerator), and improved ability to review medications and glucose logbooks that might have been left at home during a traditional office visit.

Liberalization of CMS rules in response to the COVID-19 pandemic have granted regulatory flexibility and expansion of the use of telemedicine (1). Key changes made effective in March 2020 for the duration of the COVID-19 pandemic include:

- Reimbursement of televisits at the same rate as in-person visits

- Payment for professional services furnished to beneficiaries in all areas of the country and in all settings
- No geographic restrictions for virtual check-in services for established patients
- Flexibility to use everyday videoconferencing platforms (i.e., not just those compliant with the Health Insurance Portability and Accountability Act)

Many professional societies have developed telemedicine guidelines in response to the COVID-19 pandemic and resulting liberalization of CMS reimbursement policies. These include the American Academy of Family Physicians (2) and the American Medical Association (3). The American Diabetes Association also has a brief video discussing a rural physician’s experience with telehealth (4).

As we all learn best practices and enhance our “websites manner,” it is apparent that this new normal offers the opportunity for enhanced care and possibly improved outcomes.

This is definitely a long overdue silver lining in an extremely cloudy and dangerous medical sky.

DUALITY OF INTEREST

No potential conflicts of interest relevant to this article were reported.

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