



‘Stop talking about telehealth. It’s just health’

By Judd Hollander, M.D. and Stephen Klasko, M.D. | October 2, 2018

CMS’s proposed rule changes for 2019 in support of virtual care mean we can expect to be hearing a lot more about telehealth in the coming months.

Perhaps now healthcare organizations will feel free to explore mobile stroke units and hospital-at-home programs, alongside many other possibilities. And, maybe more important, physicians will feel they now have a green light to figure out how to use telehealth to enhance their relationship with patients.

Video chats and virtual check-ins will let patients access care quickly, at a price that won’t bankrupt their families. This is what we all strive for – care that is precisely tuned to patients’ needs in the moment, that addresses their illness, and that supports their overall health.

Telehealth is not a technology, and it is not a gimmick. Done right, it is our first admission that we are moving from a world where the hospital, administrator, and physician were in charge to one in which the patient is the boss. It’s time for hospitals and health systems to

embrace this future and create a consumer-centered healthcare system.

The patient as consumer

Doctors can understandably be initially offended by these ideas. We’ve heard colleagues say, “I’m not a provider, and my patient is not a customer.”

But the reality is, as patients navigate our broken system, they struggle with consumer-experience issues like lack of access, scheduling delays, contradictory treatment plans, and incomprehensible bills. Far from distracting from the physician-patient relationship, thinking of patients as consumers can actually free us up for more meaningful interactions. We think of telehealth as separating us from our patients when it can actually better connect us.

Rather than building more brick-and-mortar facilities and buying more practices, we need to embrace

telehealth reimbursement expansions so we can engage our patients where they need us – at home, at work, at play. At Jefferson Health, we call that “healthcare with no address.”

Although telehealth is not the only way to do this (think urgent care and retail clinics as two other valuable options), it does offer us a powerful option that we believe will rapidly become the primary way patients connect with clinicians.

Telehealth allows us to increase the reach of health systems and reduce the burden of travel and lost work time for patients. It can facilitate more direct and more frequent communication between patients and providers. Remote monitoring and specialist consulting can improve care and access for those with chronic conditions. And it can do it all at lower cost than current models.

With respect to emergency care, at Jefferson, we believe we can handle 75 percent of non-ambulance emergency visits via telemedicine and virtual triage – including urgent care and one-stop next-day office scheduling. It’s a surprisingly high estimate, until you understand how many ED visits are driven by anxiety, and how few result in a diagnosis and long-term plan of action. We rule out serious conditions in the emergency department, putting the patient’s mind at ease, but we can often do this faster and more conveniently via telehealth.

Dialing back chronic illnesses

Telehealth is just one piece of a larger health technology revolution. For chronic illnesses, the opportunities for technology to act as a patient concierge are exciting.

Wearable technology is already able to notify patients when it detects something abnormal, and it will not be long before your shirt can listen to your lungs, interact with your Homepod or Alexa, and tell an asthmatic patient when he or she needs more meds. Your clothes, your watch, your shoes, your kitchen – they will all talk to you. Most important, they will tell you when and where to go virtually or in-person for more care.

Of course, this future doesn’t happen just because doctors and patients want it. We live in a complex system of payments and policies. Most private payers won’t cover these kinds of innovations and, until now,

neither would CMS. Just as hospitals must become consumer-centric, so must payers and policymakers.

Permission to begin

Our choice is whether we lead or follow in the inevitable movement toward meeting patients’ need to consume healthcare in the same flexible manner in which they consume every other good. With the CMS 2019 rule, we have permission to begin. Providers, start your engines.

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