

# Ryan J. Owens and Eric C. Tempelis: Wisconsin should expedite the meaningful use of telehealth

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This year, the Tommy G. Thompson Center on Public Leadership held a series of conferences to explore ways to improve independence and quality of life for Wisconsinites. A telehealth panel, which focused on patients with special needs, convinced us of the need to expedite access to telehealth services for all Americans. Our shared experiences with the COVID-19 pandemic reinforced this conclusion.

Telehealth will rapidly change the delivery of healthcare in the years to come. Historically, healthcare required the patient to be in the same location as the provider to receive care. Advanced telecommunications, however, increasingly allow providers to communicate with patients, monitor disease symptoms and expedite treatment remotely. Common telehealth mediums include wireless communications, videoconferencing, medical devices and store-and-forward imaging.

We learned the benefits of telehealth are many. First, telehealth expedites care by eliminating unnecessary investments of time, energy, and money associated with traveling for in-person appointments when care can be provided just as effectively via smart phone or videoconference. Second, it increasingly allows providers to collect and monitor vital measures of patient health in real-time, remotely and reliably. Third, telehealth allows providers to customize care based upon direct observations of the everyday surroundings of patients.

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It's clear that Americans are ready for telehealth. A 2019 Pew study showed 96% of Americans owned a cellphone, 81% a smartphone, and 74% a computer, which are essential for telehealth access between providers and their patients. Moreover, a 2020 Sykes survey found over 96% of Americans are now open to using telehealth, while American Well found 69% of physicians surveyed are now willing to use telehealth.

What is prompting openness to telehealth? An Updax survey found more than 6 in 10 Americans preferred telehealth to in-office visits for the convenience and to avoid exposure to illness. Meanwhile, American Well found a strong majority of physicians using telehealth viewed it as desirable with respect to patient access to care (93%), efficiency (77%), the quality of communication (71%), the doctor-patient relationship (60%), and health care costs (71%).

What's more, recent surveys find telehealth increasing since the pandemic began. A Sykes survey—conducted the same week the World Health Organization declared COVID-19 a pandemic—found telehealth usage rates at 2 in 10 Americans. Similarly, a Morning Consult survey conducted one month later found 2 in 10 Americans used telehealth in response to the pandemic. By mid-May, however, an Updax survey found telehealth usage rates increased dramatically to 4 in 10 Americans. Indeed, the American Academy of Family Physicians, in telehealth guidance shared with its members in early June, noted that “telemedicine and virtual care have quickly become important tools in caring for your patients while keeping yourself and your staff safe as the COVID-19 pandemic quickly evolves.” It seems reasonable to expect growth in demand for telehealth to continue.

Not surprisingly, the arrival of COVID-19 in the United States brought special attention to restrictions impacting telehealth's advance. By late March 2020, President Trump adopted a policy of “targeted deregulation” to remove an array of existing federal restrictions on telehealth in response to the public health emergency. Within only a few months, telehealth visits for Medicare patients grew exponentially from as few as 14,000 per week to 1.7 million per week by the end of April, according to the federal Centers for Medicare & Medicaid Services. President Trump responded to the success of the first executive order by issuing another on August 3rd to make targeted deregulation of telehealth permanent at the federal level. Similarly, every state including Wisconsin issued a directive of some kind by April to expand telehealth access in response to the pandemic, according to a state-by-state analysis conducted by the American Medical Association.

To retain advances in telehealth usage, then, Wisconsin and federal policymakers should extend “targeted deregulation” policies permanently beyond the COVID-19 pandemic across all payers. Policymakers should also seek common ground in addressing historic obstacles facing telehealth which, according to the Sykes survey, include “cost of equipment, inconsistent regulation across geographies, reimbursement issues, patient access to high-speed internet and biases toward having in-person visits with physicians.” Moreover, state and federal policymakers should ensure they are collecting reliable statistics on telehealth and its meaningful use as an alternative to in-person patient visits.

To be sure, telehealth may not be a panacea for healthcare. Ten years into the electronic health record (EHR) renaissance, the Journal of the American Medical Association recently ran a piece by physicians Nathalie Jette and Churl-Su Kwon heralding EHR’s benefits, but concluding “we are still limited by the data that are elicited at the bedside and recorded in the EHR by health care professionals.” Similarly, healthcare providers, insurers, regulators and patients must reach consensus on the quality and security of patient care that can be safely, securely, and effectively delivered through telehealth as some patient visits may not be suitable for remote care delivery.

Nevertheless, given the promising technological advances and trends in telehealth adoption and its use, all Americans deserve a fuller menu of telehealth options to enhance their health and independence moving forward. In the face of the COVID-19 pandemic, Wisconsin has a unique opportunity to lead in making it happen.

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