Debunking Telehealth Myths:
Sharing the Reality

Reality: Fraud in Telehealth is Uncommon

The available evidence suggests that telehealth does not have high levels of fraud.

>> An audit by the Office of the Inspector General examining Medicare Part B claims of March – November 2020 **revealed that the majority of practitioners adhered to Medicare billing requirements**. Instances where compliance was lacking were primarily due to clerical errors and challenges accessing records.[1]

>> In the Office of the Inspector General 2020 report, **fewer than 1% of providers were flagged for high-risk billing practices.** [2]

Reality: Telehealth Does NOT Cause Overutilization of Services

Telehealth may serve as a substitute for certain in-person encounters; **it was not additive to in-person visits. Telehealth does not increase healthcare cost** but is cost-effective.

>> The average number of primary care visits per patient remained steady among patients with commercial insurance, Medicare, and Medicaid insurance coverage.[3]

>> When patients were discharged from the hospital and went home, telemedicine appeared to substitute for in-person visits.[4]

## Reality: Telehealth is as Good as In-Person Care and Sometimes Better

Telehealth improves patient satisfaction and should be an available option for all types of healthcare delivery. The provider should determine when telehealth is clinically appropriate.

>> In-person and telehealth patients had **similar outcomes in depressive symptom reduction**; and **significant increases in self-reported quality of life** were observed in patients receiving in-person care compared to those who received telehealth treatment (n=1,192).[5]

>> A study of 1.6M U.S. adults found **modest differences in outcomes** after in-person medical visits compared with telemedicine during the pandemic, "suggesting that telephone or video telemedicine was still capable of addressing most patient clinical concern areas." [6]

Reality: Telehealth is Applicable and Utilized in Urban and Rural Areas

Telehealth has been utilized across the country, not only in rural settings but also in urban areas

>> **Eliminates barriers to care** (i.e., transportation, lost wages, care giving responsibilities).

>> When a healthcare issue is stigmatized, **telehealth can remove concerns** about being seen walking into a clinic.

>> Assists with racial and other concordant care:

- Remote monitoring and virtual check-ins **can improve management of chronic conditions**, which disproportionately affect certain racial/ethnic minorities and low-income populations.

- Telehealth tools **provide accessible health information and educational resources, empowering patients to better understand and manage their health.**
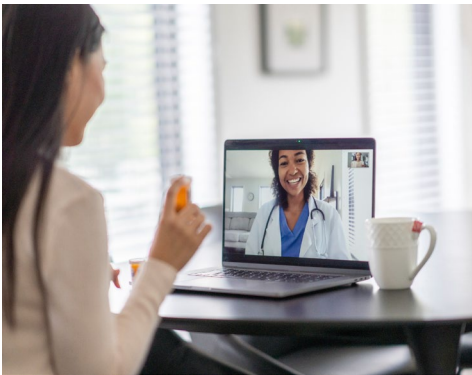
Reality: AI in Telehealth Positively Impacts the Health System and Patients

>> Artificial Intelligence (AI) helps with clinical decision-making, making electronic health data accessible and structured, overcoming drug discovery and development barriers, optimizing scheduling, patient engagement, and remote patient monitoring. [7]

>> "AI-enabled decision support systems, when implemented correctly, **can aid in enhancing patient safety by improved error detection, patient stratification, and drug management.**" Conclusion drawn from reviewing 53 articles.[8]

Reality: Telehealth Is More Than a Video Call

» AI-powered diagnostic tools
» Asynchronous store and forward
» Chatbots and secure messaging platforms
» Mobile health and digital therapeutics
» Remote patient monitoring and wearable health devices
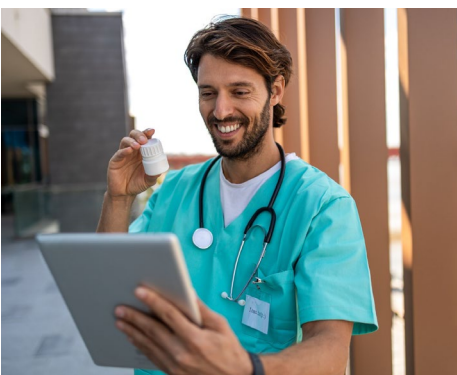» Virtual consultations and telehealth kiosks
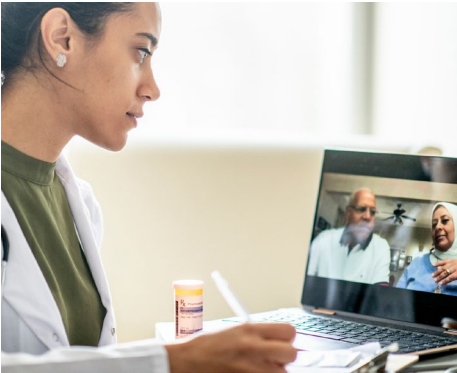
Reality: Americans Want Telehealth

>> Telehealth utilization increased 6.3% nationally in November 2023 compared to the month prior. [9]

>> **Telehealth usage is higher than prior to the pandemic**: in Q1 2020, 7% of Medicare beneficiaries had a telehealth service, compared to 15% in Q1 2023, according to Centers for Medicare & Medicaid.

References

1. Department of Health and Human Services. (2024, February). Medicare generally paid for evaluation and management services provided via telehealth during the first 9 months of the COVID-19 public health emergency that met Medicare requirements. 2. Office of the Inspector General. (2022). Telehealth program integrity risks Data Brief. https://oig.hhs.gov/oei/reports/OEI-02-20-00720.pdf 3. Dixit RA, Ratwani RM, Bishop JA, Schulman K, Sharp C, Palakanis K, Booker E. (2022, Sep. 9). The impact of expanded telehealth availability on primary care utilization. *NPJ Digit Med*.;5(1):141. 4. Bressman E, Russo A, Werner RM. (2021). Trends in Outpatient Care and Use of Telemedicine After Hospital Discharge in a Large Commercially Insured Population. *JAMA Health Forum*. 5. Bulkes NZ, Davis K, Kay B, Riemann BC. (2022, Jan.). Comparing efficacy of telehealth to in-person mental health care in intensive-treatment-seeking adults. *J Psychiatr Res*.;145:347-352. 6. Harris E. (2023). Primary Care Telemedicine Outcomes Similar to In-Person Visits in 2021. *JAMA*;330(18):1723. 7. Health IT Analytics. (n.d.). Top 12 ways artificial intelligence will impact healthcare. https://healthitanalytics.com/news/top-12-ways-artificial-intelligence-will-impact-healthcare 8. Choudhury A, Asan O. (2020, July 24). Role of Artificial Intelligence in Patient Safety Outcomes: Systematic Literature Review. *JMIR Med Inform*;8(7). 9. FairHealth. (2024, Feb. 6). Telehealth Utilization Increased Nationally and in Every US Census Region in November. https://www.prnewswire.com/news-releases/telehealth-utilization-increased-nationally-and-in-every-us-census-region-in-november-302051753.html

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