



## The Future of Telehealth: Balancing Security and Ease of Use

**With healthcare organizations starting to think about what telehealth can – and should – look like after the COVID-19 pandemic subsides, there is a growing focus on balancing competing needs**

In March 2020, the COVID-19 pandemic led to a quick and widespread adoption of different telemedicine platforms across the healthcare industry. The social-distancing and infection safety mandates associated with the virus finally did what no amount of stakeholder championship, congressional research committees or technological advances had previously been able to do: COVID-19 removed the long-term obstacles barring extended use so that provider organizations could quickly deploy telehealth applications to address healthcare during a massive public health emergency.

Now that providers and patients have seen the value of telehealth applications, healthcare organization (HCO) leaders are starting to consider where, when and how such technologies can be used in the future. In fact, despite connectivity challenges and reimbursement unknowns, Frost & Sullivan predicts a compound annual growth rate of nearly 40% in the telehealth technology market over the next five years.<sup>1</sup> But, as HCOs of all shapes and sizes look at their current telehealth investment – and ponder what could be – a big question remains: What will telehealth look like after the pandemic subsides?

### A brief history of telehealth and obstacles to its adoption

While telehealth is by no means a new technology – the first telephone-based applications were available more than 30 years ago – Lea Sims, Marketing Lead for Healthcare, Insurance and Life Sciences, Verizon, said COVID-19 “opened the door” so provider organizations could quickly pivot to new solutions that supported virtual patient visits and remote patient monitoring applications.

“Historically, the biggest obstacles for telehealth adoption have been regulatory. To start, there was minimal, if any, reimbursement for tele-enabled clinical visits. There were often barriers to utilization due to state licensure laws around physician practice. HIPAA privacy and security concerns around video collaboration certainly contributed,” she

explained. “Put them all together and there was very little incentive for clinicians to invest and adopt in capabilities that do not drive bottom-line revenue.”



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Lea Sims | Marketing Lead for Healthcare, Insurance and Life Sciences | Verizon



“Most patients, at this point, have learned to use video conferencing to communicate with their families. But to continue telehealth use, any platform you invest in has to be extremely easy to use. We need to keep things secure, of course, and to protect patient health information. But if the platform itself is getting in the way of providing healthcare to the patient – if patients can’t easily access and use those solutions – then we are doing it wrong.”

Timothy Bickel | Director of Telehealth | University of Louisville in Kentucky

With some of those regulatory obstacles removed, remarkably, provider organizations across the country were able to deploy telehealth applications within weeks to meet emerging patient needs during the early months of the pandemic.<sup>2</sup> Now, as the COVID-19 vaccine is beginning to be distributed to HCOs and administered to patients throughout the U.S., organizations are turning their eyes toward the future.

“COVID-19 forced change and the adoption of telehealth,” Sims said. “But as the situation evolves, we are still waiting to see how wide the door will open, and if it will stay open, after the pandemic is more fully under control.”

### Considering usability factors

Certainly, for a large part of 2020, HCOs were consumed with overcoming technical challenges as they deployed new or expanded existing telehealth applications. Their focus was on harnessing adequate connectivity and hardware to sustain and scale pandemic-related offerings.<sup>3</sup> Yet, as noted in the recent HIMSS Market Intelligence report, *Future of Telehealth: Post-Pandemic Expectations*, that focus is evolving.<sup>4</sup> The vast

majority of survey respondents (85%) reported that the ease of technology use, for both patients and providers, was a key factor in driving good outcomes from telehealth.

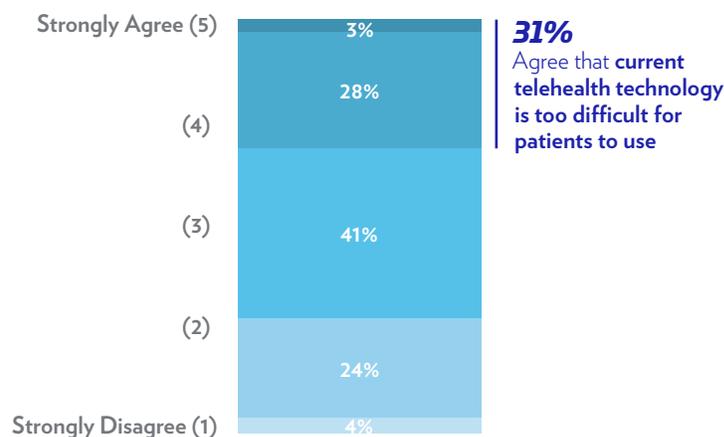
Provider acceptance has been a second large barrier to telehealth adoption. But, with the quick rollout of so many new virtual visit solutions, it’s clear that the long-term use of telehealth simply won’t work unless patients are satisfied, too, according to Timothy Bickel, Director of Telehealth at the University of Louisville in Kentucky.

“Most patients, at this point, have learned to use video conferencing to communicate with their families,” he said. “But to continue telehealth use, any platform you invest in has to be extremely easy to use. We need to keep things secure, of course, and to protect patient health information. But if the platform itself is getting in the way of providing healthcare to the patient – if patients can’t easily access and use those solutions – then we are doing it wrong.”

The research results support the idea that many telehealth solutions are challenging for patients to successfully navigate. Nearly one-third of respondents in the *Future of Telehealth*:

Figure 1. Opinions about existing telehealth technology in terms of user difficulty

What is your agreement level with the following statement: *Current telehealth technology is too difficult for patients to use.*



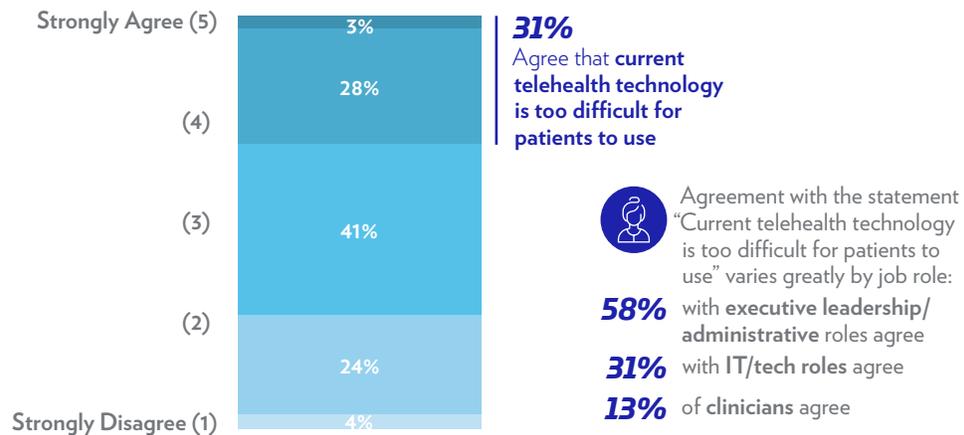
On a scale of 1-5, where 1=Strongly disagree, and 5=Strongly agree, what is your agreement level with the following statement. Current telehealth technology is too difficult for patients to use.

Base: Total Respondents: n=103

Source: HIMSS Market Intelligence. November 2020. Future of Telehealth: Post-Pandemic Expectations. Chicago: Author.

**Figure 2.** Opinions, based on job title, about existing telehealth technology in terms of user difficulty

*What is your agreement level with the following statement: Current telehealth technology is too difficult for patients to use.*



On a scale of 1-5, where 1=Strongly disagree, and 5=Strongly agree, what is your agreement level with the following statement. Current telehealth technology is too difficult for patients to use.

Base: Total Respondents: n=103; Executive leadership/Admin: n=31; IT/Tech: n=26; Clinicians: n=46

Source: HIMSS Market Intelligence. November 2020. Future of Telehealth: Post-Pandemic Expectations. Chicago: Author.

*Post-Pandemic Expectations* survey agreed that current telehealth technology is too difficult for patients to use (Figure 1) – with almost 60% of those respondents falling in executive leadership or administrative roles (Figure 2).

Rob Havasy, Senior Director for Health Information Systems, HIMSS, as well as a member of the PCHAlliance, said much of the lack of usability seen is due to providers being fixated on privacy and security concerns – and avoiding any potential HIPAA violations. Patients, however – particularly younger, more tech-savvy patients – tend to value convenience when it comes to telehealth. Such competing forces will continue to be at play once the pandemic subsides. When preferred provider telehealth applications require patients to download new apps or engage in elaborate sign-ins, they can quickly grow frustrated.

“Having these two different priorities when it comes to telehealth leads to friction,” he explained. “With providers being more fixated on privacy and security than patients are, they are looking toward platforms that may be more challenging for patients to use. Providers, I think, are overestimating the degree to which patients value privacy over ease of use. But as telehealth use has grown over the past year, we see, from the patient point of view, convenience will always win.”

## Managing the friction in the future

With U.S. Food and Drug Administration (FDA)-approved COVID-19 vaccines now available – and an end to the pandemic in sight – HCO leaders are considering where telehealth use will make the most sense post-pandemic. Once providers’ practice doors can fully reopen to in-person

appointments, they understand their offerings will have to evolve to provide the highest quality care and better manage their organizations’ bottom lines. On average, leaders and clinicians expect 65% of telehealth visits to be for sick or needs-based calls post-pandemic.<sup>5</sup> Havasy added that a variety of follow-up and mental health appointments would likely also stay virtual.

Certainly, telehealth visits will continue to play a role in driving outcomes after the pandemic, but Havasy said providers will have to carefully balance the return on investment as they assess which types of services will be best supported by in-person or virtual care.

“Healthcare organizations have taken quite a hit because of the pandemic already,” said Havasy. “Every single dollar matters – and while patients like the convenience of telehealth, they value it as ‘less than’ an in-person visit. They are willing to pay for telehealth, but they think they should pay less for those kinds of visits. So, at this point, if you are a provider who is considering using telehealth after the pandemic, you need to make sure the costs underlying that option are commensurate with potentially lower reimbursements for those kinds of visits.”

While the vast majority of respondents in the *Future of Telehealth: Post-Pandemic Expectations* survey expect to see their telehealth video conferencing budget grow in the next two to three years (81%) to support telehealth operations by an average of 36%, reimbursement unknowns remain top of mind. In fact, 59% of the study respondents stated this was the top pain point regarding telehealth post-pandemic.<sup>6</sup>

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Rob Havasy | Senior Director for Health Information Systems | HIMSS

Bickel said many organizations hope that the Centers for Medicare & Medicaid Services (CMS) will continue to reimburse telehealth even after the COVID-19 waivers expire. But, how payments may be handled in the future, and whether they will be made at parity to the reimbursement a provider would get for an in-person appointment, across the U.S., remains to be seen.

“Even outside the pandemic, there are dozens of different cases where it just makes more sense for providers to see patients remotely, especially when we are talking about that harder-to-access subspecialty or micro-specialty care,” Bickel explained. “Telehealth will just be one more way to deliver healthcare. It’s not the end-all, be-all for every clinical encounter. But it is an excellent tool when used correctly.”

Despite the challenges and unknowns involved with its use, it is clear that telehealth is here to stay. And, to drive successful

outcomes, both today and long into the future, HCOs will need to rely on tools that are interoperable, secure and easy for patients to access and use.

“There is a tremendous opportunity for telehealth to move from a temporary ‘gap fill’ offering during the pandemic to a truly virtual first-care model, where telehealth becomes the doorway into the care encounter pathway for clinical practice – meaning, all visits that can be done via telehealth should be,” said Sims. “But, to be successful, you need solutions that can deliver streamlined simplicity to the patient and the clinician while solving for interoperability and security needs. It’s a challenge – but it’s one we can meet.”

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To learn more about video conference solutions by BlueJeans, visit [bluejeans.com/use-cases/telehealth](https://bluejeans.com/use-cases/telehealth).

## References

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5. *ibid.*
6. *ibid.*

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