

Virtual Care/Telehealth: Topic Nomination from the LHS Panel
June 27, 2019

1. What is the decision or change (e.g., clinical topic, practice guideline, system design, delivery of care) you are facing or struggling with where a summary of the evidence would be helpful?

Health systems are seeking evidence on how to integrate telehealth to improve access to care, reduce costs, and improve clinical outcomes. More specifically, they would like to know:

- **What is the effectiveness of telehealth for patient-provider encounters?**
 - Does effectiveness vary by types of telehealth (e.g., video visits, texts, robocalls)
 - Does effectiveness vary by the patient’s acute symptoms or conditions?
 - What characteristics of patient-provider encounters (i.e., types of visits) are associated with increased effectiveness of telehealth?
- **What is the effect of telehealth on access to care for specific settings**, including post-hospital discharge (e.g., orthopedic surgery follow-up), dermatology consultation, cancer genetic risk counseling, and routine and acute primary care?

“Acute care for patients with colds and coughs accounts for millions of visits a year to the ER and primary care practices. This takes away care for others.”

-LHS Panel Member
June 6, 2019

Patient Population

- **Adults**
- **Acute care:** symptom management (i.e., common cold, pneumonia) and routine care with healthy adults; potentially focus on patients with limited access to primary and/or acute care (i.e., rural settings or those with mobility or transportation issues)
- **Chronic care:** chronic disease management, high-risk cancer patients (and family members)
- **Post-hospital discharge care** (routine follow-up and care for non-acute issues)

Interventions

- Telehealth to include texts, video visits, and robocalls between the provider and patient, taking into consideration what types of telehealth can be billed to the insurer

Comparator: In-person visits

Outcomes

- Patient experience and patient-reported outcome measures, including shared decision making and physical and mental health status
- Resource utilization (e.g., hospital admissions, emergency department visits, antibiotic prescriptions): specifically, compared to in-person visits, how, if at all, telehealth care affects prescription rates for antibiotics
- Clinical outcomes
- Provider and care team experience and satisfaction
- Practice efficiency

Setting

- Acute care
- Post-hospital discharge
- Chronic care

2. Why are you struggling with this issue?

Health systems are looking for cost-effective technology interventions that allow them to engage in meaningful interactions with their patients, improve access to care, and reduce patient burden, which is often associated with in-person visits. However, health systems are lacking evidence on (1) which patients and circumstances to “target” for telehealth, and (2) which platforms to use (e.g., videos, texts, robocalls)

NOTE: AHRQ conducted two evidence reports on telehealth; however, neither report

addressed provider-to-patient care or management of acute symptoms:

- [Telehealth for Acute and Chronic Care Consultations: A Systematic Review \(April 2019\)](#). This report focuses on telehealth provider-to-provider consultations.
- [Telehealth: Mapping the Evidence for Patient Outcomes From Systematic Reviews: Technical Brief \(June 2016\)](#). This report focuses on the types of patient populations for which telehealth is most effective and for what purposes. It found that: “A large volume of research reported that telehealth interventions produce positive outcomes when used for remote patient monitoring, broadly defined, for several chronic conditions and for psychotherapy as part of behavioral health. The most consistent benefit has been reported when telehealth is used for communication and counseling or remote monitoring in chronic conditions such as cardiovascular

“It feels like we are saying, ‘Let’s do telehealth for everything.’ It would be helpful to look at the evidence by disease. I am not convinced that telehealth options are reducing visits. [In our health system], telehealth increased demand for dermatology visits. This was not fully expected.”

-LHS Panel Member
June 6, 2019

and respiratory disease, with improvements in outcomes such as mortality, quality of life, and reductions in hospital admissions.”

3. What do you want to see changed? How will you know that your issue is improving or has been addressed?

- Improve patient experience and outcomes
- Improve access to care (e.g., fewer office visits with the same degree of optimal health outcomes)
- Improve provider experiences, including practice efficiency and burnout

4. When do you need the evidence report?

Because many healthy systems are piloting telehealth initiatives now and are making decisions about long-term investments in telehealth care now, we would like the evidence review as soon as possible.

5. What will you do with the evidence report?

Health systems will use this report to inform operational decisions related to prioritizing resources for in-person versus telehealth care (that is, for which patient populations and which service lines), with the goal of improving access to care and health outcomes. For example, operational decisions include whether to scale a telehealth initiative across the system and where to pilot a new telehealth initiative (i.e., for a new disease condition, in new setting, or new types of patients). Even without formal reimbursement policies in place, health systems can still perform internal return on investment analysis to assess benefits.

LHS Panel Champions:

