

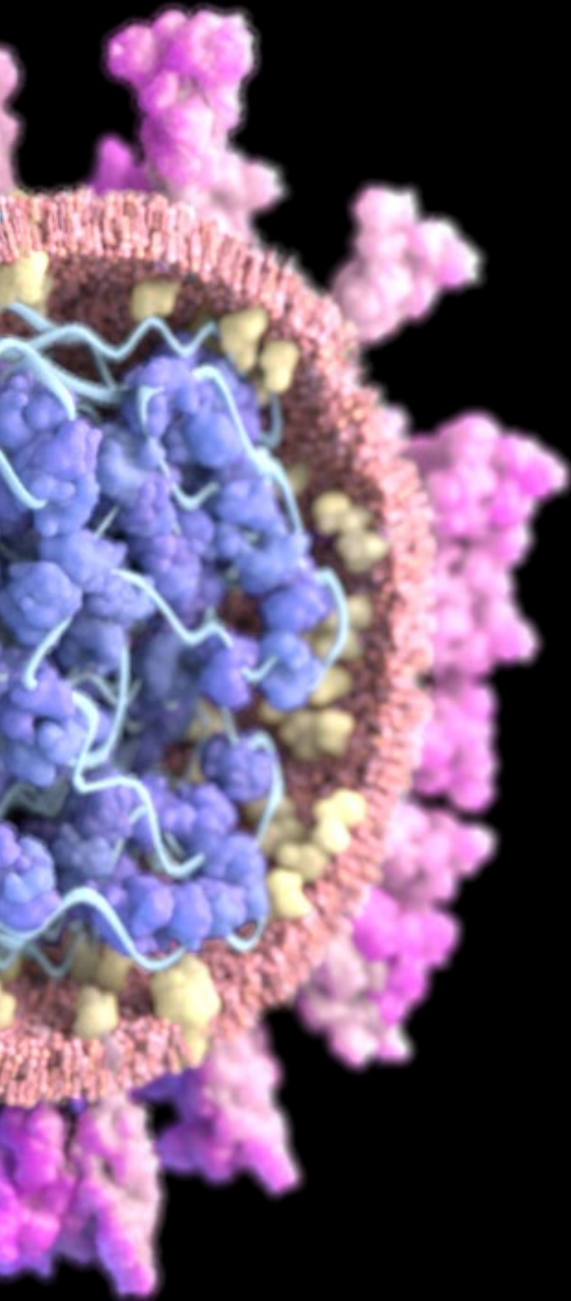
**LIFE**  
**(SCIENCES)**  
**AFTER**  
**COVID-19**



## The Doctor Will Zoom You Now

Authored by  
David Bowen, SVP, Policy & Advocacy

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HEALTH



**The piece you're about to read is from Klick Health's Life (Sciences) After COVID-19 series,** a collection of expert perspectives designed to inform and inspire the life sciences community for the coming changes and opportunities we anticipate as a result of this global health crisis.

We invite you to engage with a multitude of these viewpoints by seeking out other pieces from this series, including *A New Essential Model* and *Reimagining Creative Uses for Underutilized Resources* at **[covid19.klick.com](https://covid19.klick.com)**.

# THE INSIGHT

If you look at a picture of New York's Fifth Avenue taken on Easter Sunday in the year 1900, you will see a street jammed with traffic. Every vehicle but one is drawn by horses. The same picture taken on Easter Sunday in 1913 shows the same traffic jam—but conversely, every vehicle but one is motorized. In a very short time, the motor vehicle became the “killer app” of the early-20th century, quickly replacing the technology that came before.

It's doubtful that those drivers on Fifth Avenue could have glimpsed all the changes that mass-produced motor vehicles would bring—from dispersed suburbs and more deadly forms of warfare to global warming. What they must have known, though, is that motor vehicles had reached a tipping point, and there would be no going back to horse-drawn carriages.

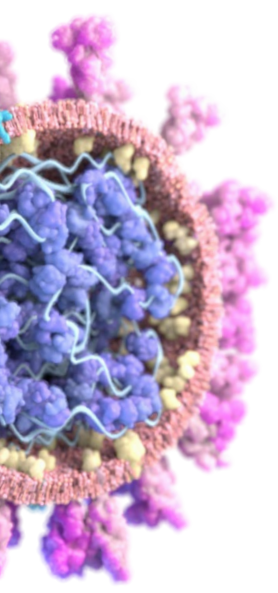
One of the myriad consequences of the coronavirus pandemic may well be to push telehealth past its own tipping point and the odds of returning to the days of largely in-person medicine may be as low as those surrounding the return to horse-drawn carriages.

Predicting the immediate consequences of a technological change is important but straightforward—whether that's smoggier air (but cleaner streets)



as cars replace horses, or greater need for broadband as telemedicine increasingly supplants in-person care. What's more interesting—and much harder—is to speculate on the secondary changes from a technological innovation. These are notoriously difficult to predict, even by experts. Thomas Edison, for example, thought that the major use of the phonograph would be to record business transactions. Instead, recorded music revolutionized an art form, bringing all kinds of music to billions of people.

This paper looks into an admittedly cloudy crystal ball to try to predict the changes that broader use of telemedicine will bring.



# THE EVIDENCE

COVID-19 and the need for physical distancing brought enormous pressure on regulators to alter rules that had inhibited the uptake of telehealth services. The changes adopted by regulators in recent months have been profound<sup>1</sup>:

- The Centers for Medicare and Medicaid Services (CMS), which sets reimbursement policies for those two federal programs, has begun to pay telemedicine visits at the same rate as in-person visits.
- CMS will now pay for services provided in any location, including the home, and has waived the restriction only to “established” patients.
- The Department of Health and Human Services will adopt “enforcement discretion” on good faith violations of the HIPAA privacy rules committed while using non-compliant video conferencing platforms.<sup>2</sup>
- Several states have relaxed restrictions on the practice of medicine by out-of-state healthcare providers facilitating telehealth.

This more permissive regulatory environment, coupled with the strong drive among patients to avoid going to physical medical facilities has already produced profound changes in the adoption of geographically distanced medicine. Some examples:



## 200,000 Virtual Visits in March

Prior to the pandemic, Cleveland Clinic typically recorded about **3,400** virtual visits a month. In April, that number was estimated at about 200,000.<sup>3</sup>



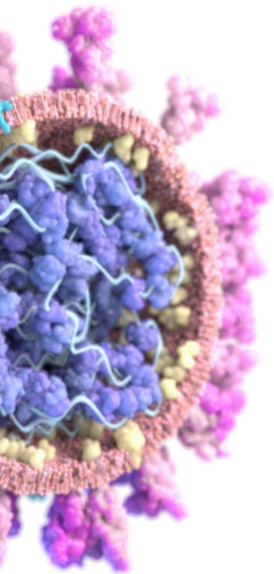
## 900 Telehealth Visits a Day in March

New York University Langone Health typically has about **50** telehealth visits a day. In March, that number was 900.<sup>4</sup>



## 6,000 Telemedicine Visits per Week

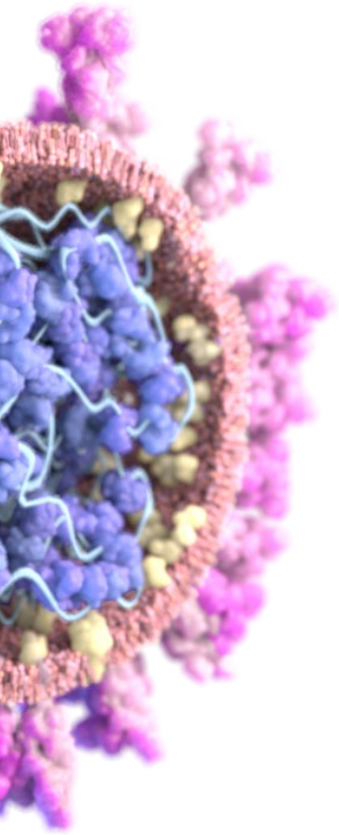
A New Orleans-area hospital system reported an increase in telemedicine visits from **60** per week to 6,000.<sup>5</sup>



While the evidence for primary changes brought about by telehealth is clear, the evidence for broader secondary changes that expanded telehealth will bring is more inferential, but we are already seeing trends to which telehealth will contribute:

- Financial pressures on independent physicians, which existed prior to the pandemic, but have been exacerbated by it, seem likely to accelerate the trend away from mom-and-pop physicians' offices and toward more integrated care models. While three quarters of U.S. physicians were partners or owners of independent practices in 1983<sup>6</sup>, only half were doing so by 2012, and less than a third by 2018. According to a recent survey by the Primary Care Collaborative, only half of primary care practices had enough cash on hand to stay open another month.<sup>7,8</sup>
- A survey conducted on behalf of the Physicians Foundation found that 14% of physicians plan to change practice settings as a result of COVID-19 and a further 18% plan to retire, temporarily close their practices, or opt out of patient care.

This confluence of economic and technological factors will transform how medicine is done in the near future.





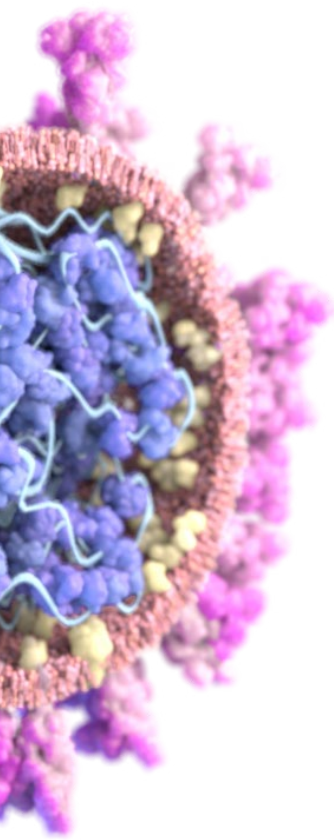
# THE POSSIBLE FUTURES

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The most easily predictable future from these early events is one in which telehealth becomes a vastly more extensive part of healthcare than ever before. As the required physical link between patients and their physicians begins to decouple, at least for some areas of medicine, and as financial pressures continue to drive down the traditional model of small practices, what then does the medical practice, or the academic medical center of 2025 or 2030 look like?

- **Harvard Yard in your backyard**

Initially, physicians' patient bases will be drawn from their current geographic catchment areas, but there's no reason to believe that this will remain true indefinitely. With telehealth, a specialist in Boston can see patients in Montana, or even Mongolia, virtually. Will telehealth finally begin to erode some of the geographic disparities of care for rural and remote areas, or for medically underserved urban ones? Conversely, will physicians locate themselves or non-patient-facing services in low-cost areas but continue to see patients in high-cost ones to maximize revenue? Telehealth could even mitigate the shortage of medical professionals by enabling partial shifts and flexible hours in ways not possible when tied to a physical clinic.



- **WeWork model comes to healthcare**  
As practices become more divorced from physical clinics, what will become of the traditional model of a health practice with a few physicians, more nurses and physicians assistants, and administrative staff all clustered in one facility? Will there be more and more remote facilities where patients can self-administer basic screenings—or, one step up in complexity, a staffed WeWork model, where non-MD professionals would perform physical exams and video consult with physicians drawn from any medical center in the country? If this trend becomes widespread, what are the implications for the economies of cities where, in many cases, a hospital is the largest employer and where hospitals occupy prime (and heavily subsidized) central real estate?
- **The virtual medical center**  
As distance collaboration takes deep hold, the entire concept of a medical center may change—from a landscaped cluster of marble buildings to a network of practitioners and scholars, who are physically distant but united in a community of thought, practice, and curiosity. This change, if it occurs, will profoundly alter the meaning of a medical or academic community.
- **Medical call centers**  
Many businesses that can work remotely have shifted operations not only to lower-cost regions, but to lower-cost countries.

Thanks to practice restrictions and other regulatory barriers, medicine has been largely immune from this trend, but will the expansion of telehealth cause medicine to take the ultimate step and offshore medical services?

## Making the case for...

Most of the recently adopted regulatory changes to encourage the use of telemedicine are ostensibly temporary measures applicable only during the pandemic. But as physicians get used to seeing patients virtually, a complete reversion to prior norms seems unlikely, especially on payment for telehealth services, which are proving popular with doctors and seniors, two potent political groups. It is hard to imagine the Administration curtailing those payments in an election year, or Congress allowing them to do so if they tried.

In further support of the idea that these changes are here to stay are the statistics cited above that show a huge upsurge in telehealth. In many ways though, the most convincing evidence of a permanent change is the reaction to the new structures. To take just a few quotes from recent days:

- “The genie’s out of the bottle... there’s absolutely no going back.”<sup>9</sup>  
– *Seema Verma, CMS Administrator*
- “Obviously, telehealth has cemented itself into modern medicine at this point.”<sup>5</sup>  
– *Dr. James Craven, President of Our Lady of the Lake Physicians Group*

- “Initially my clients and even I were resistant to tele-mental health (which was new to me), but within weeks the training wheels have come off, and I am treating clients efficiently and effectively.”<sup>10</sup>  
– *Meaghan Stewart, a mental health counselor in Florida*

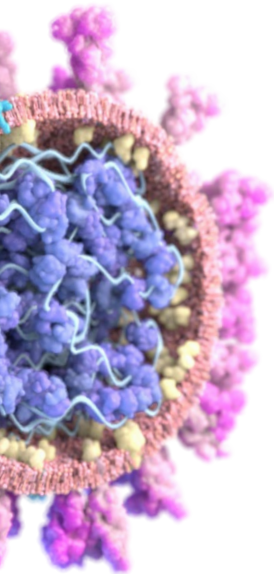
It is hard to imagine the AMA allowing changes in licensing rules that would allow doctors outside the U.S. (or at least not certified within the U.S.) to practice medicine. Equally unlikely is that any medical specialities will disappear entirely, although almost all will need to adapt.

## Making the case against...

While many healthcare professionals have embraced telehealth, there is, of course, a substantial amount of medical care that is literally hands-on, so there will always be a residuum of care that cannot be done remotely. It is possible that some of the innate conservatism of medicine may inhibit the pandemic-fuelled expansion of telehealth.

It is also conceivable that regulatory agencies may stick to their word and limit the scope of the permissive environment created for telehealth just to the period of the pandemic – although that period alone may be considerable. While curtailment of some of the new regulations seems possible, it is less easy to imagine the reforms being rolled back entirely, and the medical establishment is mobilizing its considerable political weight to expand them further.

One element of the possible future that seems more unlikely is the fullest exploration of telehealth, which is the offshoring of medicine. While there might be an economic incentive to do so, and it may occur to an extent, the American Medical Association (AMA) is not called the most powerful labor union in America for nothing.

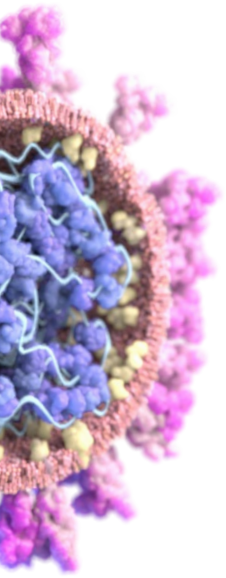




# THE ACTION PLAN FOR LIFE SCIENCES LEADERS

Life sciences leaders should assume that a vastly expanded telehealth environment is here to stay, and plan accordingly.

- Better, more secure, more adaptable communication platforms will continue to be essential, as will platforms that are adapted for people with health challenges, such as cognitive deficits or difficulty with fine movement. Platforms are often designed by and optimized for 20-something software engineers in good health and will need to be modified to truly serve the broader population of patients and providers using them for medical consultation. In addition, there are significant demographic disparities in access to broadband, impacting the ability of many patients to receive telehealth services, at least at home. Since many of the groups with least access to broadband also have relatively poor health status, it will be vital to ensure that telehealth does not exacerbate existing disparities in care and health status.



**What is your organization doing to enable or support use of adaptation of technology by healthcare providers with limited experience on these platforms and by patients with physical or cognitive disabilities? How will your organization avoid contributing to health disparities through use of telehealth?**

- There will be significant opportunities for training, as healthcare professionals strive to optimize their use of new technologies. Think about how your company can make life easier for health professionals and/or patients accessing care remotely.

**What is your organization doing to train personnel, in whatever part of the healthcare system you inhabit, for a more virtual patient and professional experience?**

- Already, physicians report making new observations about their patients by observing them remotely, whether that means seeing a disordered home environment or noticing new features of their condition via close-up video.

**How is your organization planning for new patterns of care that may result from new modes of provider/patient interactions?**

- As medical care becomes more dispersed and more flexible, and as the very nature of a medical center changes, industries from real estate to telecoms to life sciences will need to adapt.

**How will your organization change the ways it interacts with patients and providers as healthcare becomes more dispersed?**



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# David Bowen

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David is a specialist in policy and public health with over 20 years of experience leading change in health and health policy in government, at foundations, and in the private sector.

As policy director for the US Senate health committee, David had a key role in writing major US health laws, including the Affordable Care Act.

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*David provides insights and strategies for clients based on deep understanding of the public policy context that shapes health and healthcare.*

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David is an elected member of the National Academy of Social Insurance and serves on the North America board of Medicines for Malaria Venture.



While change can create challenges, it also opens the door to new opportunities. Join us as we explore the many imaginable paths to post-pandemic growth. We welcome you to start a dialogue with the author of this piece:

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