Telehealth: Industry Trends and Predictions for 2020

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Objectives

Defining Telehealth and Demand Drivers
Major Players and Expansion Priorities
Market Trends and Reimbursement
Licensure and Compliance
Future of Telehealth
Defining Telehealth

What is “Telehealth”?

Adapted from https://www.advisory.com/research/marketing-innovation-center/resources/2018/telehealth-industry-trends

Provider Use of Telehealth

- Stroke, mental health, and primary care remain top uses of telehealth

Defining Telehealth

Provider Use of Telehealth

- Stroke, mental health, and primary care remain top uses of telehealth

Telehealth program maturity, by care setting

REACH Health, 2018 U.S. Telemedicine Industry Survey

83% Health care executives responding that they were likely to invest in telehealth in 2017
Drivers of Telehealth Use

Policy and Advocacy

- Increased FDA Approval
- CMS Expansion of Telehealth Coverage
- H.R.1301 - Mental Health Telemedicine Expansion Act
- Greater Medicare Advantage Flexibility

Drivers of Telehealth Use

Technology and Innovation

- Wearable and Ingestible Sensors
- Artificial Intelligence and Augmented Reality
- Epic Integrates Virtual Visits into Platform
- Tech Giants Move into Telehealth
Drivers of Telehealth Use

Consumer Demand and Concerns

- Sizeable Minority Already Utilizing Virtual Visits
- Ease of Access and Continuity of Care
- Concerns about Quality and Privacy
- High Interest
- Low Reutilization

Summary of Demand Drivers

Policy and advocacy
- Identify and advance telehealth legislation that supports program viability within a given market

Technology and innovation
- Adopt user-friendly, accessible technologies to integrate telehealth into daily routines
- Apple watch moving into the intersection between RPM and virtual visits
- New Epic capabilities increase opportunities to use telehealth across provider organizations

Consumer demand
- Prioritize patient population with likelihood to need or want to utilize telehealth
- Qualitative drivers include convenience, cost, and quality
- While many express interest, low repeat utilization among consumers

Notable Trends
- CMS growing more interested in expanding coverage
- Proposals to loosen restrictions and support new services

Adapted from https://www.advisory.com/research/innovation-center/resources/2018/telehealth-industry-trends
Major Players and Priorities

Overview of Major Players and Priorities

Lines between partners, competitors often blurred

Employers

Promotion of workplace health; decreased absenteeism

Clinically integrated networks

Reduced total cost of care; improved quality and operational efficiencies

Payers

Reduced cost and utilization; promotion of preventive services

Vendors and developers

Profit-enhancing partnerships; market share

Provider organizations

Enhanced competitive market position; new patient capture; transfer avoidance

Retailers

Deepening presence in the healthcare delivery market

Adapted from https://www.advisory.com/research/market-innovation-center/resources/2018/telehealth-industry-trends


Major Players and Priorities

Employers

Telehealth interest grows with desire to curb costs, absenteeism

Employee absence, demonstrable loss

$226B

Cost of absenteeism to U.S. employers

The case for savings

$6B

Estimated savings among US employers with at least 1,000 employees with virtual consults versus escalated care options

Embracing telehealth to contain costs

51%

Large employers that identify virtual health solutions as their top health care initiative in 2019

26%

Large employers that financially incentivize telehealth utilization

Adapted from https://www.advisory.com/research/market-innovation-center/resources/2018/telehealth-industry-trends

Major Players and Priorities

Payers

Payers move from new market entrants to strategic stakeholders

- **2002**: BCBS of California and Massachusetts became among the first payers to partner with a telehealth vendor
- **2014**: Humana launched telehealth initiatives for its members
- **August 2018**: Cigna became an investor in MDLive
- **2006**: Cigna and Aetna began offering telehealth through a vendor partnership
- **January 2018**: UnitedHealthcare launched a glucose management pilot program that makes wearables available to MA patients
- **October 2018**: Humana finalized agreements to give MA patients in-home RPM technology as well as virtual visits with home care providers

Competitive Brand Differentiation

- **Large systems grow across state lines**

- **Competitive Brand Differentiation**
- **Untapped Geographies**
- **Education and Collaboration**
- **Clinical Research**

Systems use Brand Differentiation to Attract Patients and Build Shares

- **New York Presbyterian**
  - Offers second opinion services for most specialties and subspecialties to patients in most states via Walgreens Find Care Now online marketplace
- **Cleveland Clinic**
  - Administers telemedicine services, including second opinion services, pediatric adoption, and nutritional consults, to international facilities in Toronto, Abu Dhabi
- **Mercy Health**
  - Mercy Virtual, a stand-alone tele hospital provides remote support to hospitals at the University of North Carolina and Pennsylvania State University
Major Players and Priorities

Provider Organizations – Small Systems

Smaller systems aim to beat provider shortages through telehealth

Dr. Robert Pearl, Executive Director and CEO, Permanente Medical Group

"One-third of the time when the patient is in the primary care physician's office, we're actually able to connect the specialist with the primary care physician and the patient...that's better quality, that's greater convenience, and certainly it's better outcomes with care immediately."

Adapted from https://www.advisory.com/research/market/innovation-center/resources/2018/telehealth-industry-trends

Source: Workforce Shortage Fact Sheet, Children's Hospital Association; American Academy of Neurology, Insights Report (2018); Out of Network, Out of Pocket, Out of Options, National Alliance on Mental Illness (2016); Mann, S, Research Shows Shortage of More than 100,000 Doctors by 2030, Association of Medical Colleges (2017); Service Line Strategy Advisor research and analysis.
1. Teladoc acquired international virtual care provider Advance Medical in Spring 2018
   - Allow Teladoc to develop and expand its global market into Latin America and Asia Pacific
2. AmWell acquired Avizia in Spring 2018
   - Expand American Well’s acute care capabilities and give them access to Avizia’s hospital-based cart lineup and custom workflow software for over 40 specialties
3. InTouch acquired Reach Health in Spring 2018, taking on Reach’s 200 health system customers
   - Broadens InTouch’s footprint and expands services and capability to cover programs across the continuum of care

Major Players and Priorities

Vendors and Developers

Telehealth M&A Activity 2018-19

Retailers
Major Players and Priorities

Retailers

Former Apple CEO: Remote patient monitoring, telehealth will drive future of healthcare

Jackie Drees - Thursday, July 18th, 2019

Advancements in health sensory technology will pave the way for remote patient monitoring and telehealth to dominate the future of healthcare, according to former Apple CEO John Sculley, who shared his viewpoint in Fortune.

There are two specific trends that will drive a major shift in the healthcare sector over the course of the next decade: a decrease in the number of available hospital beds and an increase in healthcare super users, which is a small percent of the population that uses the more than half of all the money spent on healthcare across the country, Mr. Sculley wrote.

The rise in telehealth services will result from advanced sensors, which will allow virtual care to push beyond urgent care situations. With telehealth, providing care to chronically ill patients in their own homes "will become mainstream practice," according to Mr. Sculley. Additionally, remote monitoring capabilities will continue to flourish, which will lead to fewer patients being re-admitted back to the hospital after discharge.

As for tech giants like Apple, Google and Amazon, Mr. Sculley predicts Apple will continue to add sensor-based applications to its Apple Watch and may even eventually launch a subscription service that can virtually connect Apple Watch users to their physicians. Google could develop medical sensors that work with its artificial intelligence-powered voice assistant to create an automated patient caregiver for home-based patients, and Amazon could continue improving its Alexa voice assistant to provide chronic care to patients at home, Mr. Sculley wrote.

Will Amazon's telemedicine program spread beyond employees?

Laura Dyrdal (Twitter) - Friday, September 27th, 2019

Amazon launched a virtual health program earlier this week to employees, offering telemedicine as well as in-person healthcare services.

The program allows employees to contact healthcare providers through its mobile app or website, and they can text nurses and receive prescriptions through the platform. While the services are only available to employees, analysts predict it could spread.

As reported by Barron's, Jaimendra Singh, Credit Suisse analyst, wrote in a note: "If the Amazon Care program is a success, the company is likely to have all willingness to expand its offerings to the broader U.S. market. Historically, Amazon has experimented with new products on its employees first, before broadening them out to the general population. Bottom line, the telemedicine industry is another addition to the list of industries for which every Amazon move will now be closely watched."

Daniel Groslight of SVB Leerink was also cited in the report. He wrote in a note that Amazon could partner with telehealth vendors to manage the network and be a potential new source of revenue. He also wrote that he "would not be surprised" if Apple and Google launched similar platforms.
Trends and Reimbursement

Market Challenges

- Transition Towards Value-Based Care
- Reimbursement of Various Care Modalities
- Licensure and Compliance
- Streamlining Consent and Data Integration

Low Reimbursement for Top-Volume CPT Codes

2019 Medicare reimbursement rates for telehealth codes

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>2017 volume</th>
<th>2019 non-facility reimbursement</th>
<th>2019 facility reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>99214</td>
<td>118,030</td>
<td>$110.28</td>
<td>$80.01</td>
</tr>
<tr>
<td>99213</td>
<td>100,293</td>
<td>$75.32</td>
<td>$51.90</td>
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<tr>
<td>90832</td>
<td>55,973</td>
<td>$68.47</td>
<td>$63.43</td>
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<td>90792</td>
<td>16,974</td>
<td>$157.49</td>
<td>$144.52</td>
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<tr>
<td>99309</td>
<td>15,839</td>
<td>$92.98</td>
<td>$92.98</td>
</tr>
<tr>
<td>99212</td>
<td>15,260</td>
<td>$45.77</td>
<td>$25.95</td>
</tr>
</tbody>
</table>

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Trends and Reimbursement

Modalities of Telehealth Services Promote Value-Based Care

Telehealth-enabled imperatives for growth, value-based care goals

<table>
<thead>
<tr>
<th>Growth</th>
<th>Value-based care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real-time virtual visits</td>
<td>Reduce costs by shifting patients to lower cost settings</td>
</tr>
<tr>
<td>Remote patient monitoring</td>
<td>Cut patient/provider travel time</td>
</tr>
<tr>
<td>Asynchronous store-and-forward</td>
<td>Reduce avoidable emergency department utilization and 30-day readmissions</td>
</tr>
<tr>
<td></td>
<td>Increase patient activation and engagement</td>
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<tr>
<td></td>
<td>Expand specialist coverage</td>
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</tbody>
</table>

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Trends and Reimbursement

Virtual Visits

Downstream revenue and patient satisfaction show most promise

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Proven results</th>
<th>Growth?</th>
<th>VB care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost savings</td>
<td>24.2% reduction in psychiatric hospitalizations in a study of 100,000 VA patients using on-demand video visits</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>
| Downstream revenue     | • 30% of patients seek in-person follow up care within 21 days of a virtual urgent care visit  
                         | • A 500-bed rural health system in the northeast served 50 new bariatrics patients per year, bringing in an estimated annual revenue of $750,000 from new system patients | ✔       | ✔        |
| Patient satisfaction   | • AveraNow program gets average 4.7/5 star score  
                         | • In HIR study, 97% patient satisfaction after first visit; 74% of patients felt that the virtual visit improved their relationship with their provider | ✔       | ✔        |

Adapted from https://www.advisory.com/research/market-innovation-center/resources/2018/telehealth-industry-trends
## Remote Patient Monitoring

Improves care adherence, reduces unnecessary health care utilization

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</thead>
<tbody>
<tr>
<td>Care adherence</td>
<td>• 85% of new mothers reported blood pressure data for 5-7 days post discharge, compared to &lt; 1% of new mothers nationally who attend post-natal visits</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Readmissions, cost-savings</td>
<td>• Geisinger lowered odds of readmission at 30 days by 44% when CHF patients were enrolled in RPM relative to earlier periods when not enrolled; estimated ROI is 3.3, with 11% cost savings during study period</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Unplanned hospitalizations</td>
<td>• In VA study of chemotherapy patients, pilot group had 57% fewer unplanned hospitalizations and 97% fewer unplanned clinic visits compared to the control group</td>
<td>✔️</td>
<td></td>
</tr>
</tbody>
</table>

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## Asynchronous Store and Forward

Business case lies in avoidable (or more affordable) referrals

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<tr>
<td>Cost savings</td>
<td>• The total cost for teledermatology referrals was $89,623 or $460 per participant; this reflected an $82 difference in per-participant costs, which was statistically significant</td>
<td>✔️</td>
<td></td>
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<tr>
<td></td>
<td>• After their first 40,000 cases, HealthPartners' Virtuwell reported savings of $88 per episode</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capacity/throughput gains</td>
<td>• In one HIBR study, when a sending physician intended to refer a patient to a specialist but first virtually consulted a specialist in that field, about 50% of the time the referral was avoided</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Out of 36 primary care physicians' referrals, 69% of e-consultations were resolved without a visit to a cardiologist</td>
<td></td>
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</tr>
<tr>
<td>Downstream revenue</td>
<td>• 34% of non-system patients who used MultiCare's e-visit program sought in-person care from MultiCare within 12 months of their e-visit</td>
<td>✔️</td>
<td></td>
</tr>
</tbody>
</table>

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**Trends and Reimbursement**

**Current Reimbursement in Virginia**

<table>
<thead>
<tr>
<th>Store and Forward</th>
<th>Live Virtual Interactions</th>
<th>Remote Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICARE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare does not reimburse for store-and-forward services, except for CMS demonstration programs in Alaska and Hawaii.</td>
<td>Medicare will reimburse for real-time audio and video interactions between eligible providers and patients at select, predominantly rural, care sites.</td>
<td>Medicare will reimburse for 30-minutes or more of monthly remote patient monitoring services per patient.</td>
</tr>
<tr>
<td><strong>MEDICAID</strong></td>
<td></td>
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</tr>
<tr>
<td>Virginia Medicaid covers diabetic retinopathy screening, dermatology, and select radiology codes by store-and-forward.</td>
<td>Virginia Medicaid reimburses live virtual interactions under all fee-for-service and managed care plans; there is no Medicaid parity law.</td>
<td>Virginia provides coverage for continuous glucose monitoring for members with Type 1 or Type 2 diabetes or pregnant women injecting insulin.</td>
</tr>
</tbody>
</table>

**Licensure and Compliance**

**Licensure and Compliance Challenges**

- **Interstate Credentialing**
- **Streamlining Consent and Data Integration**
- **Malpractice**
Licensure and Compliance

Virginia Professional Regulations

Telemedicine services means the use of electronic technology or media, including interactive audio or video for the purpose of diagnosing or treating a patient or consulting with other health care providers regarding a patient's diagnosis or treatment. 'Telemedicine services' does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire.

Source: VA Code Annotated Sec. 36.2-3418.19 & Sec. 34.1-3993 (Accessed Apr. 2019).

Informed consent must be obtained and maintained.


(Effective until July 1, 2020) Practitioners prescribing controlled substances must have a "bona fide" relationship with the patient.

Requirements:
- Obtaining a medical or drug history;
- Informing the patient about the benefits and risks of the drug;
- Conducting a patient exam, either physically or by the use of instrumentation and diagnostic equipment, through which images and medical records may be transmitted electronically.

Practitioners can also prescribe Schedule II-V controlled substances under certain circumstances. Additional requirements apply for the prescription of Schedule VI controlled substances via telemedicine.

Licensure and Compliance

Virginia Professional Regulations

VA is a member of the Nurses Licensure Compact.


Telemedicine Guidance from VA Medical Board

- Prescribing via telemedicine is at the discretion of the prescribing practitioner.
- Informed consent must be obtained and maintained.
- See guidance for additional requirements.


Licensure and Compliance

Interstate Credentialing

Specialty Licenses
- Nine states issue special licenses related to telehealth
- Could allow an out-of-state provider to be granted privileges

Interstate Medical Licensure Compact
- Twenty-nine states, D.C., and the territory of Guam have all adopted the Federations of State Medical Board’s Interstate Medical Licensure Compact (excluding Virginia)

Nurses Licensure Compact
- Thirty-one state members (including Virginia)

Physical Therapy Compact
- Twenty-five members (excluding Virginia)

Psychology Interjurisdictional Compact
- Nine members (excluding Virginia)
Licensure and Compliance

Interstate Credentialing

Streamlining Consent and Data Integration

- Consent and Data Integration Issues
  - Increasing system complexity and interaction of multiple systems
  - Level of Health IT capability impacts functionality of telehealth program
    - Example: electronic transfer v. need to manually transfer and enter patient data
  - Key Considerations
    - Function
    - Integration
    - Network interoperability – including medical devices, EHR/EMR, personal health records
    - Usability
    - Reliance on software
    - Security
    - Technology management
    - Assurance
    - Certification

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2993051/

https://www.cchpca.org/sites/default/files/2019-02/TELEHEALTH%20POLICY%20BARRIERS%202019%20FINAL.pdf
Malpractice

- Unauthorized medical practice can result in disciplinary action in the physician’s own state and potential prosecution for unlicensed medical practice in the patient’s state

Differing Standards of Care

- Liability laws
- Statutes of limitations
- Standards of care
- Damage caps

Malpractice Insurance

- Unresolved jurisdictional issues – difficult for insurance companies to assess financial risks
- Providers should confirm that medical malpractice policies tailored for in-office encounters include telemedicine
- Many malpractice policies exclude unlicensed activities – physicians must understand state licensing provisions and coverage requirements in other states
### Telehealth Policy Profile for Virginia

#### Licensure and Compliance

**Geographic & Patient Setting Requirements**
- Eligible originating sites for Medicaid reimbursement include provider offices, local education agencies, rural health centers, federally qualified health centers, hospitals, nursing facilities, health department clinics, renal units, community services boards, and residential treatment centers

**Licensure & Eligible Practitioners**
- Providers must be licensed in Virginia
- Effective March 2015, licensed providers may be located outside of Virginia, but must be located within the continental US to deliver telemedicine services; providers of psychiatric services must be physically present in Virginia during the telemedicine encounter
- Eligible providers include physicians, nurse practitioners, nurse midwives, psychologists, psychiatrists, clinical nurse specialists, physical therapists, marriage and family therapists, school psychologists, substance abuse practitioners, clinical nurse specialists, clinical psychologists, clinical social workers, and local education agencies (for speech therapy)
- One of a few states to include specific Medicaid coverage of obstetric and gynecological services, including ultrasounds
- Virginia’s guidance document on telemedicine dictates that evidence of appropriate patient informed consent must be obtained and maintained in the patient’s medical record
- For Medicaid, telepresenter must attend the consultation with a patient unless the reason for a telepresenter’s absence is documented in patient record notes

#### Licensure and Compliance

**Prescribing & Practice Standards**
- Law permits the use of telemedicine to remotely prescribe Schedule VI controlled substances under certain conditions
- Practitioners must obtain medical or drug history and conduct patient examination before prescribing remotely
- Physician-patient relationship can be established via telehealth

**Care Innovations**
- With a child receiving speech therapy, Virginia offers reimbursement for the speech-language pathologist at the distant site and a qualified school aide serving as a telepresenter at the originating site
- The Center for Telehealth of the University of Virginia and the Virginia Telehealth Network will establish a telehealth pilot program to expand access to and improve the coordination and quality of health care services in rural and medically underserved areas through the use of telehealth services

#### Evaluation Key
- **Very Supportive**: Few barriers to adoption
- **Somewhat Supportive**: Few decreasing barriers to adoption
- **Not Supportive**: Many barriers to adoption

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[Links to documents and resources related to telehealth in Virginia]

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[Source: Data and resources from HealthLynked and Virginia Telehealth Network]
Future of Telehealth

Policy Trends

- Increased Participation in Interstate Licensure Compacts
- Potential Restructuring of Telehealth Reimbursement to Bundle Payments
- Bipartisan Budget Act of 2018 Implementation for Risk-Based Programs

CMS gets creative in order to expand telehealth coverage

<table>
<thead>
<tr>
<th>Key CMS decision</th>
<th>Impact</th>
<th>Implication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create new virtual services that are explicitly NOT considered to meet the technical definition of “Medicare telehealth services”</td>
<td>New virtual services are not subject to Medicare telehealth service restrictions on: Modality, Patient location, Care site</td>
<td>CMS looking for opportunities to expand telehealth coverage within bounds of their legal authority</td>
</tr>
</tbody>
</table>

Future of Telehealth

Technology Trends

Industry trends pushing adoption of virtual technologies along

<table>
<thead>
<tr>
<th>Technology feature</th>
<th>Function</th>
<th>Example use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camera</td>
<td>Image capture</td>
<td>Teledermatology store-and-forward</td>
</tr>
<tr>
<td>Video</td>
<td>Audio-visual conferencing</td>
<td>Primary and urgent care virtual visits</td>
</tr>
<tr>
<td>Bluetooth peripherals</td>
<td>Manual and automatic biometric data collection</td>
<td>Monitoring CHF and COPD patients</td>
</tr>
<tr>
<td>Smartphone, wearable-based sensors</td>
<td>Automatic biometric data collection</td>
<td>Monitoring heart rate, steps, food intake, etc.</td>
</tr>
<tr>
<td>Ingestible sensors</td>
<td>Diagnosis and treatment recommendations</td>
<td>Digestible pill for tracking medication adherence</td>
</tr>
<tr>
<td>Artificial intelligence and machine learning</td>
<td>Simulated therapy</td>
<td>Imaging interpretations</td>
</tr>
<tr>
<td>Virtual and augmented reality</td>
<td></td>
<td>Chat bot for mental health</td>
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<td></td>
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<td>Provider training</td>
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<td></td>
<td></td>
<td>Tele-rehabilitation</td>
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</tbody>
</table>
**Future of Telehealth**

**Technology Trends**

**Apple watch uses RPM to drive virtual visits downstream**

In September 2018, the FDA approved the Apple watch as a tool for detecting one of the leading causes of stroke.

To test these "built-in ECG" capabilities, Stanford launched a study with 400,000 participants.

If the apple watch detects complications in any of the participants, they get a free follow-up virtual visit from American Well.

**Negotiations to watch:**
- Because of its potential to create cost savings by preventing strokes, this new capability has led to discussions about providing subsidized Apple watches to members of certain insurance plans.
- To date, Apple has had conversations with CMS about possibilities within Medicare Advantage, and has signed deals with Aetna and United Healthcare.

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**Future of Telehealth**

**Consumer Trends**

**Although no single lever to drastically improve participation**

Patient telehealth adoption drivers include...

- **Convenience:** Guarantee of timely access to services, particularly during traditional business hours.
- **Cost Sensitivity:** Financial incentives or cost savings provided to encourage patient participation.
- **Quality guarantee:** Availability of refund based on quality of care and patient experience.
- **Physician trust:** Endorsement from regular primary care provider for virtual visit option.
- **Word of mouth:** Availability of refund based on quality of care and patient experience.

**Patients are definitely/probably willing to try virtual visits if...**

- **40%** No wait time for telehealth provider
- **39%** The virtual visit will cost less than an in-person visit
- **37%** Virtual visit comes with a satisfaction guarantee
- **35%** The person provider discovers virtual care to visit
- **28%** Friend, colleague, or family member recommends it

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Key Takeaways

- Increased telehealth use based on policy, technology, and demand
- Major market players driving expansion of telehealth
- Changes in reimbursement present uncertainties and opportunities
- Licensure and compliance challenges prevent seamless adoption of telehealth
- Technology and consumers driving the telehealth movement forward

Questions?

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