

While COVID-19 shined a brighter spotlight on telehealth the reality is telehealth is the new normal of healthcare. Remote delivery of services by healthcare providers – clinicians and specialists – is increasing as a primary means of enabling physicians to give patient care. Telehealth care benefits the patient by greatly shortening the time between evaluation and on-site treatment and benefits the provider who is struggling with physician and specialist staffing shortages.

As U.S. migration expands outward from cities, critical time windows for physician care are an issue. Outside of major cities, for example, it may not be possible to find a designated stroke center. Saving a stroke patient’s life is dependent on fast response. This is where telehealth can be a valuable resource. Similarly, in rural regions in the Middle East or South America, fast response via a telephysician specialist is literally the only answer to a positive patient outcome.

Besides the lifesaving contribution of telemedicine, there is a practical, financial benefit as well. Hospital providers are under constant budget pressures these days. For example, round-the-clock neurologists can cost an estimated \$1.2 million. Contrast this with using a telephysician specialist on-demand service and the same patient coverage can cost just under \$100,000.

Operationalizing the New Normal

Remote working, and in parallel, remote delivery of healthcare services, is moving from a COVID-19 response mode to a more systematic approach to the way people will work and manage their health for the long term. ROI will be enhanced for the patient needing timely response to a health issue, and for budget constrained providers needing to find efficiencies wherever possible.

Operationalizing telehealth requires further integration into the health care system by re-examining in-place systems and processes to see where telehealth can provide benefits in terms of better patient outcomes, alleviating physician staff shortages, and providing a safe environment for staff and patients. It also involves looking at existing systems to identify where equipment can be repurposed to support telehealth services to help control budget expenditures.

Telehealth considerations include:

- **Experiencing a new perspective on staffing.** The traditional principle of ‘boots on the ground’ needs to be re-examined. Healthcare provider staffing shortages and a lack of specialists in many regional healthcare systems dictate the need to consider

supplementing staff with telehealth-based physicians. The COVID pandemic has made it painfully clear hospitals are being overwhelmed with critical care caseloads. It illustrates how telehealth specialists, working remotely, can help healthcare providers continue serving patients in all disciplines, thereby helping hospitals to be able to focus on pandemic-related cases. Hospitals across the U.S., for example, have postponed elective surgeries but patients with chronic conditions that need care are candidates for telehealth services. In these cases, telehealth can help prevent cases from becoming critical.

- **Adding telehealth to improve specialty care.** The AAMC (Association of American Medical Colleges), estimates a U.S. shortage of between 54,100 and 139,000 physicians, including shortfalls in both primary and specialty care, by 2033. Telehealth can help alleviate these staffing shortages, particularly in providing 24x7 on-demand specialists.
- **Leveraging existing equipment and resources.** Achieving better ROI and patient outcomes can be accomplished by surveying where equipment can be repurposed to support telehealth services. For example, in response to the increase in COVID-related patients, [Banner Health](#), a nonprofit health system, worked closely with Intel and the telehealth technology company VeeMed to begin transforming nearly 1,000 in-room televisions into virtual care endpoints. The solutions—which combine advanced telehealth software from VeeMed and small-compute hardware from Intel— are being deployed in all 28 Banner Health acute-care hospitals and soon will be set up in emergency rooms, enabling staff to provide fast, safe, and effective patient care during and after the pandemic.
- **Strengthening safety of staff and patients.** Even after the current pandemic subsides, the issue of better protection against contagion will continue. Banner Health was able to use existing patient room TV monitors to help solve the crisis of treating so many potentially contagious patients. Staff did not have to enter patient rooms to conduct check-ins, which reduced their risk of infection and need for use of PPE. It also saved Banner Health millions of dollars. Small, powerful solutions were mounted on televisions at a fraction of the cost of cart-based telehealth solutions.
- **Expanding telehealth beyond crisis care.** “[Telehealth](#) has been the missing element to how we deliver healthcare,” Mei Kwong, executive director for the Center for Connected Health Policy, is quoted as saying. She adds, “But now people are familiar with it. They now have the experience and will want to see it used more often.” While remote care has become a critical factor in safety during the pandemic, telehealth is becoming more accepted as part of everyday patient care. Further operationalizing telehealth requires a commitment within provider organizations to take the experiences learned during the pandemic and embrace the concept of telehealth services as an integral part of their service.
- **Supporting patient care at remote locations.** Outpatient care is an important aspect of telehealth. Clinics have closed due to the pandemic, and patients are wary of in-person visits. Technology advancements have made it simple for someone in their home to use their own device and connect, via one click on a secure screen, to a telephysician. From the telephysician side new advancements make it possible to integrate medical records and other patient-related data into one application, so all knowledge is available when they connect with a patient. This helps improve diagnostics and eliminates the

burdensome practice of having to use multiple applications. This form of telehealth care will be a vital means of extending the services of healthcare organizations, saving physicians travel time and providing a comfortable, safe environment for patients.

The New Normal of Telehealth

Within the next decade, the AAMC projects, more than 2 of 5 five currently active physicians will be 65 or older. This impact on staffing will be exacerbated by increased demand as the population aged 65 and over will grow by 45%. Hospitals will face the fact they need telehealth to balance out what will become a dramatic level of staff shortages. Fortunately, advancements in telehealth virtualization technology will enable more use as budget-conscious provider organizations will be able to avoid the expense of costly hardware investments by repurposing existing resources. Add to this the ROI of having telehealth specialists on demand and telehealth presents a convincing case for being part of health care now and in the future.

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