

Doctor expects telehealth to continue in future, services to improve

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Dr. Matt Lambert's career has taken him around various states and to serve in various hospitals, including the former City Hospital, now Berkeley Medical Center. A practicing emergency medicine physician and the chief medical information officer for the HCI Group, Lambert has been impressed with the swift transition to telehealth during the virus outbreak and expects it to be part of everyday medicine in a

post-virus world, believing that the services provided will continue to improve.

“This will be a part of wellness care moving forward,” Lambert said, speaking specifically on telehealth that involves audio and visual components. “I think this is going to be a much bigger part of health care moving forward.”

Lambert said that a movement toward a combination of in-person, traditional care, and telehealth will provide better care overall. It will allow for those that can't leave the house or for whom it's not safe to leave the house to be seen by doctors, and in cases of simple appointments, for example, to get simply a prescription refilled, it eases the interaction for both parties.

There's been some concern for older folks who haven't been as active in technology in using telehealth, but the numbers have shown that there's been adapting since the virus outbreak began. In a release from Lambert's team, a survey from the Better Medicare Alliance, found that 52 percent of seniors on Medicare Advantage said they are comfortable using the service while 30 percent was not. Another 18 percent was unsure.

“You can FaceTime your grandkids, and you can FaceTime your doctor,” Lambert said. “FaceTime is going to set the new bar for that population.

“Overall, I think a lot of the reception has been better than anticipated.”

The doctor added 60 percent of patients 65 years old and higher were first-time users of the technology when COVID-19 changed the world. In the release from his team, it was said that “telehealth utilization exploded from 11 percent before the pandemic to 46 percent today.”

Lambert also said that telehealth can enable better long-term wellness care when a patient has integrated diagnostic and monitoring tools. Wearing a heart-rate monitor, something to measure temperature or something to monitor oxygen levels can allow for doctors to check on patients in needed areas without actually seeing them in person.

He gave the example of remote monitoring of COVID-19 patients, saying that 80 percent of known cases are fine on their own but that low oxygen levels is one of the biggest concerns. If the patient wears a tool that monitors levels, it will enable the best care from a remote physician.

“Integrating those monitoring technologies with telehealth is going to be a critical point moving forward,” Lambert said.

He noted that of course, there will still be things that must be done in person: surgeries, emergencies heart issues like heart attacks, ICU problems and other issues. However, telehealth could potentially lessen the burden on hospitals in situations like the current one. Lambert said that there’s been studies that show patients actually do better at home rather than the “heads in beds” theory.

“COVID has forced us to rethink that,” Lambert said. “There’s something things, though, that just can’t be done virtually.”

Lambert said there will be challenges moving ahead with telehealth, as to be expected with any new regulations, technologies or plans. The Centers for Medicaid and Medicare Services, prior to the outbreak, did not have a system in place to reimburse for telehealth visits, and with COVID-19 causing the need for telehealth quickly, the CMS quickly moved to just reimbursing at brick-and-mortar rate.

“The technology’s been there a while. The two biggest barriers were patient and provider expectations and the payment structure,” Lambert said, noting that patients and providers expected care to be conducted in a face-to-face setting. “Those were holding it back, and all of a sudden, we were faced with the situation at hand.”

Lambert expects that to change eventually, a reimbursement plan to better fit different types of visits. And of course, in some areas, like West Virginia, technology plays a key factor, especially when it comes to a lack of broadband. He said that hospital at home care also has several barriers to go through, the medical field looking for ways to provide in-patient-level care virtually.

Nevertheless, he sees telehealth being a way of life in years to come, the combination of in-person and virtual care. Lambert noted that there’s even been a push for virtual specialists, just like any other specialization in the medical field.

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