



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

APhA–APPM

Telehealth in the year of the pharmacist

After the discovery of severe acute respiratory syndrome coronavirus 2, the novel virus that causes coronavirus disease 2019 (COVID-19), there was a vast acceleration in the use and acceptance of telehealth and digital technology. While COVID-19 hastened the adoption of telehealth, remote health care was on the rise before the pandemic because of a growing older population, rise in diagnoses, volume of chronic illnesses, shortage of medical personnel—especially in underserved ZIP codes and rural areas—and the use of and access to better and less expensive technology.

According to a report by McKinsey,¹ patient adoption increased rapidly, from 11% of U.S. persons using telehealth in 2019 to 46% currently using telehealth to replace in-person visits. Health care providers, including pharmacists, had to rapidly pivot their practice models to increase telehealth visits 50–175 times the number of patients via telehealth than before the pandemic.²

The terms telehealth, telemedicine, and telepharmacy are frequently used interchangeably among health professionals. However, it is important to note that there is a difference between these 3 terms. Telehealth is a more all-inclusive term that covers all health services delivered using telecommunications technology.³ Telemedicine is “technically” a subset of telehealth and refers specifically to clinical services. It is a specific kind of service that involves a clinician providing medical services. By definition, a way of using technology to remotely provide health care services such as diagnosis, treatment, and disease prevention.⁴ Telepharmacy, as defined by the model state pharmacy act and model Rules of the National Association of Boards of Pharmacy, is specifically the “Provision by a pharmacist of patient care activities with or without the dispensing of drugs or devices, intended

to achieve outcomes related to the cure or prevention of a disease, elimination or reduction of a patient’s symptoms, or arresting or slowing of a disease process.”⁵

Therefore, it is important when speaking and working within our health care team that we should use the umbrella term of telehealth, as it encompasses a broader scope of remote health care services than telemedicine and telepharmacy.

Before the pandemic, federal and state regulations limited the scope of telehealth practices, particularly for pharmacist services. Some of the initial barriers include a requirement for an in-person visit from the patient before going through telehealth and a provider from the same geographic area as the patient. Centers for Medicare & Medicaid Services (CMS), pursuant to authority granted under the Coronavirus Aid, Relief, and Economic Security Act, broadens the waiver authority under section 1135 of the Social Security Act; likewise, the Secretary has authorized additional telehealth waivers.⁶

The pandemic generated some silver linings for the pharmacy profession by expanding the scope of practice with COVID-19 tests, vaccines, therapeutics prescribing, testing, and vaccine delivery. Pharmacists and pharmacies embraced telehealth and digital technology that lessened the risk of community spread by reducing unnecessary health care visits and ensuring real-time access to medical providers and pharmacy services for millions of Americans. Pharmacist diabetes educators worked feverishly with APhA and the Association of Diabetes Care and Education Specialists to inform CMS about the availability and use of pharmacists during the COVID-19 public health emergency pandemic. Specifically, pharmacists’ ability to continue to deliver accredited diabetes self-management training programs and pharmacy-based diabetes prevention programs through telehealth, telephonic, and/or digital technologies.⁷ It was also an opportunity to demonstrate that passionate and persistent advocacy efforts with government agencies and public health departments benefits patients and the profession.

In addition, each state pharmacy group worked toward expanding telehealth and digital health service regulations that would grant more patients to receive care and the opportunity for more providers to deliver care through telehealth during the public health emergency, and in some states, permanently.

As with many other aspects of modern life, new technologies profoundly impact the health care delivery system in the United States. Health care and technology now work more harmoniously than ever before. Today, it’s become a norm for patients to use online platforms to book an appointment, request a prescription refill, or obtain test results. Similarly, many people count their steps, keep track of what they eat, and monitor their heart rate from a smart device.

Telehealth technology is especially poised to have a tremendous impact on the way patients interact with providers and receive care. It plays a critical role in meeting the health care needs of the country long into the future. Telehealth and digital technologies increase access, reduce costs, and provide a more convenient delivery channel for patients and providers alike. Health professionals who embrace the technology now will protect themselves from increasing competition, develop closer relationships with patients, increase profitability, and help their patients stay healthier.

Telehealth is also helping communities that do not have access to health care. Some patients now prefer virtual office visits, as medical providers have been less resistant to this change and more likely willing to administer remote care from an Internet-enabled device.

Looking to the future, patients will continue to expect their health care team, including pharmacists, to have telehealth capabilities. After the pandemic, the world will be more digitally connected than ever before, and health care is no exception.

Research shows that giving patients access to their clinical information by knowing their numbers empowers them to increase their engagement and improve health outcomes. Increasing patient engagement methods through telehealth and digital technology also provides better communication and access to care for health care providers and patients.⁸



Haydon-Gratting

The National Association of Community Health Centers recently released a report on their survey of community health centers to assess their telehealth experiences over the course of the public health emergency. Their report noted that telephonic services helped improve access to services for individuals who lack access to broadband Internet services. Because 44% of low-income Americans do not have access to broadband Internet at home, telephonic forms of telehealth may be the only achievable modality for accessing care virtually. The value and necessity of audio-only was also stressed throughout the survey. Benefits of audio-only telehealth included reduced no-show rates, improved patient-provider relationships, better coordination of care among providers and families, and improved chronic care management.⁹

In effort to continue to move pharmacy and pharmacists forward to achieve expanded provider status, the profession is in a unique position—in this “year of the pharmacist”—to take hold of the COVID-19 opportunities and show patients and stakeholders that pharmacists are promise keepers. Pharmacists are and have been early adaptors with all technologies to maximize their reach with their patients and optimize their operations for improved medication safety. Who better than pharmacists, student pharmacists, and pharmacy technicians to drive the technology bus with state-of-the-art telehealth!

For more information and resources, go to www.pharmacist.com/Membership/Get-Involved/Special-Interest-Groups/Medication-Management-SIG, and if you are interested in joining the Medication Management SIG’s Telehealth Committee, contact APhA Director of Health Policy, Karin Bolte, at kbolte@aphanet.org.

References

- McKinsey and Company. Growth in a crisis: lessons from hospitality CEO Omar El Hamamsy. Available at: <https://www.mckinsey.com>. Accessed July 9, 2021.
- Koonin LM, Hoots B, Tsang CA, et al. Trends in the use of telehealth during the emergence of the COVID-19 pandemic—United States, January–March 2020 [published correction appears in *MMWR Morb Mortal Wkly Rep*. 2020;69(45):1711]. *MMWR Morb Mortal Wkly Rep*. 2020;69(43):1595–1599.
- Center for Connected Health Policy. What is telehealth? Available at: <https://www.cchpca.org/what-is-telehealth/>. Accessed November 6, 2021.

- American Academy of Family Physicians. What’s the difference between telemedicine and telehealth? Available at: <https://www.aafp.org/news/media-center/kits/telemedicine-and-telehealth.html>. Accessed November 6, 2021.
- National Association of Boards of Pharmacy. Model pharmacy act/rules. Available at: <https://nabp.pharmacy/resources/model-pharmacy-act/>. Accessed November 6, 2021.
- Centers for Medicare and Medicaid Services. COVID-19 emergency declaration blanket waivers for health care providers. Available at: <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>. Accessed November 6, 2021.
- CMS. COVID-19 Frequently asked questions (FAQs) on Medicare Fee-for-Service (FFS) billing, 2020. Available at: <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>. Accessed November 6, 2021.
- Chen J, Mullins CD, Novak P, Thomas SB. Personalized strategies to activate and empower patients in health care and reduce health disparities. *Health Educ Behav*. 2016;43(1):25–34.
- Bureau of Primary Health Care, Health Resources and Services Administration. Health Center COVID-19 survey collected April 2, 2020–June 25, 2021. Available at: <https://bphc.hrsa.gov/emergency-response/coronavirus-healthcenter-data>. Accessed November 6, 2021.

Starlin Haydon-Greatting, MS-MPH, BSPHarm, CDM, FAPhA, Director/Owner, SHG Clinical Consulting; and Director of Clinical Programs and Population Health, Illinois Pharmacists Association, Springfield, IL; E-mail: starlin-tcoyh@ipha.org

APhA–APRS

Telehealth by the numbers

After a decade of modest growth, the telehealth sector exploded during the coronavirus disease 2019 pandemic. Estimates from various sources are that telehealth utilization jumped 50–75 times during the height of the pandemic, with the majority of outpatient visits being conducted by telehealth in the spring of 2020.^{1,2} Approximately 80% of providers engaged with telehealth during the pandemic, as did 22% of consumers.¹ While the waning of the pandemic is leading to a resurgence of in-office visits, telehealth continues to play a much more significant role in health care compared with the prepandemic world, with more than 20% of outpatient visits being delivered



Nau

through telehealth during 2021.² The medical specialty seeing the highest usage of telehealth is psychiatry.²

The majority of providers are now comfortable with telehealth for selected situations. A recent survey of 1040 clinicians in Michigan found that 72% agreed that they can replicate the quality of care of an in-person visit through a video visit.³ Similarly, 75% agreed that they can build the same level of rapport with patients over video as they can in-person. A survey by McKinsey² also found that the majority of physicians would like to continue offering virtual visits provided that the reimbursement for these visits is similar to in-office visits.

A survey by Sykes⁴ in April 2021 detailed the extent to which Americans are warming to telehealth. Of note, 85% of respondents said that telehealth has made it easier to get the care they need; 62% said that they were afraid of going to the physician, but those fears were eased during their telehealth visit; and 51% say that they are able to see their physician more often. More than 87% of respondents said that they want to continue using telehealth consultations for nonurgent situations after the pandemic. However, a different survey indicates that older adults may be more hesitant to engage in telehealth.

In June 2020, the University of Michigan National Poll on Healthy Aging surveyed a national sample of U.S. adults aged 50–80 years about their experiences related to telehealth visits.⁵ When comparing office visits with telehealth visits, the majority of respondents perceived office visits as providing better communication with health care providers (54%) and higher overall quality of care (56%). However, telehealth visits were thought to be more convenient than office visits (56%). Another national survey found that 86% of telehealth users were satisfied with their visit, although satisfaction was lower among rural and low-income respondents.⁶

There is evidence that care delivered through telehealth models is as effective as that through in-office visits. Multiple evidence reviews supported by the Agency for Healthcare Research and Quality (AHRQ) have found that telehealth is especially useful for remote, home monitoring for patients with chronic conditions, such as chronic obstructive pulmonary disease and congestive heart failure, communicating