



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.

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.<sup>9</sup>

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](http://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](mailto: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](mailto: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.<sup>1,2</sup> Approximately 80% of providers engaged with telehealth during the pandemic, as did 22% of consumers.<sup>1</sup> 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.<sup>2</sup> The medical specialty seeing the highest usage of telehealth is psychiatry.<sup>2</sup>

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.<sup>3</sup> Similarly, 75% agreed that they can build the same level of rapport with patients over video as they can in-person. A survey by McKinsey<sup>2</sup> 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 Sykes<sup>4</sup> 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.<sup>5</sup> 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.<sup>6</sup>

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

and counseling patients with chronic conditions, and providing psychotherapy as part of behavioral health.<sup>7</sup> Additional evidence reviews have found that telehealth can effectively enable specialists to support remote intensive care unit and emergency medical services.<sup>8</sup> Analyses of more than 40 studies showed that patient outcomes can be improved through remote support in emergency situations. More evidence can be found on the AHRQ website at <https://www.ahrq.gov/topics/telehealth.html>.

The utilization of pharmacist-provided telehealth visits also appears to be growing. In addition to the traditional model of telephonic visits for medication therapy management, new players are offering video visits with pharmacists. For example, Aspen RxHealth has been rapidly expanding its network of pharmacists to keep pace with demand for video visits with members of several health plans. The network now has more than 5000 pharmacists and has completed more than 100,000 video encounters with patients, as shown on its website at [aspenrxhealth.com](https://www.aspenrxhealth.com).

The evidence base for the effectiveness of pharmacist-delivered digital and telehealth services is continuing to grow. A recent systematic review identified many studies of these services, but most of the studies had a small sample size or did not use rigorous research designs.<sup>9</sup> The review found that some of the digital or telehealth services were associated with positive outcomes, whereas others showed little effect. One notable study in

the United States found that pharmacists can effectively support long-term hypertension management through remote patient monitoring and telehealth consultation of patients.<sup>10,11</sup>

Former Centers for Medicare & Medicaid Services Administrator Seema Verma, MD, stated, “I think the genie is out of the bottle. . . .” when asked about the growth of telehealth during the pandemic.<sup>12</sup> The pandemic created the necessity for telehealth, but now that most people are comfortable with it and like its convenience, we will continue to have a significant portion of care delivered through telehealth. Pharmacists should see this as an opportunity to extend their reach and connect with patients who prefer this mode of communication and service.

Are you ready?

## References

1. Amwell. From virtual care to hybrid care. Available at: <https://business.amwell.com/resources/from-virtual-care-to-hybrid-care-covid-19-and-the-future-of-healthcare/>. Accessed November 16, 2021.
2. McKinsey. Telehealth: A quarter-trillion dollar post-Covid-19 reality. Available at: <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality>. Accessed November 16, 2021.
3. University of Michigan. Telehealth research incubator. Available at: <https://ihpi.umich.edu/tri>. November 16, 2021.
4. Sykes. How Americans feel about telehealth: one year later. Available at: <https://www.sykes.com/resources/reports/how-americans-feel-about-telehealth-now/>. November 16, 2021.
5. University of Michigan. Telehealth use among older adults before and during COVID-19. Available at: <https://www.healthyagingpoll.org/reports-more/report/telehealth-use-among-older-adults-and-during-covid-19>. Accessed November 16, 2021.
6. Kyle MA, Blendon RJ, Findling MG, Benson JM. Telehealth use and satisfaction among U.S. households: results of a national Survey. *J Patient Exp*. 2021;8(8), 23743735211052737.
7. Totten AM, McDonagh MS, Wagner JH. *The Evidence Base for Telehealth: Reassurance in the Face of Rapid Expansion during the COVID-19 Pandemic. White Paper Commentary. (Pacific Northwest Evidence-based Practice Center, Oregon Health & Science University under Contract No. 290-2015-00009-1). AHRQ Publication No. Rockville, MD: Agency for Healthcare Research and Quality; 2020, 20-EHC015.*
8. Totten AM, Hansen RN, Wagner J, et al. *Telehealth for acute and chronic care consultations. Comparative effectiveness Review No. 216. (Prepared by Pacific Northwest Evidence-based Practice Center under Contract No. 290-2015-00009-1.) AHRQ Publication No. 19-EHC012-EF. Rockville, MD: Agency for Healthcare Research and Quality; April 2019.*
9. Crilly P, Kayyali R. A systematic review of randomized controlled trials of telehealth and digital technology use by community pharmacists to improve public health. *Pharmacy (Basel)*. 2020;8(3):137.
10. Margolis KL, Asche SE, Dehmer SP, et al. Long-term outcomes of the effects of home blood pressure telemonitoring and pharmacist management on blood pressure among adults with uncontrolled hypertension: follow-up of a cluster randomized clinical trial. *JAMA Netw Open*. 2018;1(5), e181617.
11. Margolis KL, Asche SE, Bergdall AR, et al. Effect of home blood pressure telemonitoring and pharmacist management on blood pressure control a cluster randomized clinical trial. *JAMA*. 2013;310(1):46–56.
12. The Editorial Wall Street. The doctor will zoom you now. Available at: <https://www.wsj.com/articles/the-doctor-will-zoom-you-now-11587935588>. Accessed November 16, 2021.

**David Nau, PhD, FAPhA**, Professor, Raabe College of Pharmacy, Ohio Northern University, Ada, OH; 2020–2022 APHA–APRS President; E-mail: [davidnau21@gmail.com](mailto:davidnau21@gmail.com)