

Use of non-hospital-based provider-to-patient telehealth grew nearly 1,400%

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From 2014 to 2018, private insurance claim lines for non-hospital-based provider-to-patient telehealth grew 1,393 percent, according to a new white paper on telehealth from FAIR Health, a national, independent nonprofit organization dedicated to bringing transparency to healthcare costs and health insurance information. The study draws on data from FAIR Health's comprehensive repository of over 29 billion private

healthcare claim records—the largest in the country.

This was a greater increase than for all other types of [telehealth](#) studied and for telehealth overall. The increase was greater in urban than rural areas. Claim lines for non-hospital-based provider-to-patient telehealth increased 1,227 percent in urban areas, 897 percent in rural areas.

The four types of telehealth—the remote provision of clinical services through telecommunications technology—studied in the [white paper](#) were:

- Provider-to-patient-non-hospital-based telehealth. The provider and the patient communicate via telehealth without relation to a hospital. For example, a patient who is home and has not had a recent hospitalization has a video chat with a provider to show his or her rash.
- Provider-to-patient-discharge telehealth. The telehealth visit is a follow-up after the patient is discharged from an inpatient stay in the hospital.
- Physician-to-patient-emergency department (ED)/inpatient telehealth. The patient is in the hospital, whether in the ED or as an inpatient, communicating via telehealth with a physician.
- Provider-to-provider telehealth. The telehealth exchange involves consultation between healthcare professionals.

The telehealth white paper expands on a previous FAIR Health white paper that reported on telehealth and other alternative venues of care, such as urgent care centers and retail clinics. The new white paper provides additional details, delving into the different types of telehealth, the most common telehealth diagnostic categories and what happens to patients after a telehealth visit.

Among the findings of the new study:

- Claim lines related to telehealth overall grew 624 percent from 2014 to 2018.
- In 2018, non-hospital-based provider-to-patient telehealth accounted for 84 percent of all telehealth claim lines, compared with 52 percent in 2014.
- In the period 2014-2018, the age group most associated with telehealth overall was that of individuals age 31-40, who accounted for 21 percent of the distribution of all telehealth claim lines. But most of the claim lines (82 percent) for discharge-related provider-to-patient telehealth were associated with individuals 51 and older.
- Sixty-five percent of all telehealth claim lines in the period 2014-2018 were associated with females. But for telehealth visits associated with a hospital discharge, 53 percent of [claim](#) lines were submitted for females.
- The top three reasons individuals sought treatment from a provider via non-hospital-based telehealth, from most to least common, were acute upper respiratory infections, mood (affective) disorders, and anxiety and other nonpsychotic mental disorders.
- In 2018, the telehealth diagnosis with the highest rate of patients who had an in-person visit within 15 days of a non-hospital-based provider-to-patient telehealth visit for the same or a very similar diagnosis was heart failure.

Dr. Martin A. Makary, Chief of Islet Transplant Surgery and Professor of Surgery at Johns Hopkins, stated: "FAIR Health has released an excellent study of an emerging type of care and its impact on the healthcare landscape. The analysis reveals aspects of telehealth that have not previously been studied in this level of detail."

FAIR Health President Robin Gelburd commented: "As telehealth continues its [rapid growth](#), we are pleased to use our unparalleled data

repository to uncover layers that have been difficult to study. We offer the information in this report for the benefit of all healthcare stakeholders with an interest in the emergence and contours of telehealth."

More information: A Multilayered Analysis of Telehealth:
[s3.amazonaws.com/media2.fairhe...g/whitepaper/asset/A%20Multilayered%20Analysis%20of%20Telehealth%20-%20A%20FAIR%20Health%20White%20Paper.pdf](https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/A%20Multilayered%20Analysis%20of%20Telehealth%20-%20A%20FAIR%20Health%20White%20Paper.pdf)

Provided by FAIR Health

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