



Telehealth's positive effects continue as visits decrease

Even as the pandemic loosens its grip and in-person visits return to normal, telehealth remains a piece of physicians' everyday approach to care delivery, evolving into part of more targeted clinical strategy.

With telehealth activity down, positive effects from its pandemic-driven expansion the past two years are still seen by physicians. In the face of community shutdowns, telehealth capabilities allowed patients to be assessed and diagnosed quicker, leading to earlier interventions and treatment, physicians said.

Primary care telehealth usage among Humana members associated with value-based providers remained higher in 2021 compared to those associated with non-value providers.

Close to 10% of all Humana MA members affiliated with value-based physicians had a telehealth visit last year, compared to 7.8% of those affiliated with a non-value-based physician. **Of all telehealth visits among Humana MA members in 2021 (1.37 million), roughly 66% were visits by Humana MA members affiliated with value-based physicians.¹**

Those figures virtually mirror the broader national trend. A study by the American Medical Association (AMA) showed that while telemedicine usage has waned over the past year, 64% of physicians continue to offer a hybrid of in-person and telehealth visits.¹

Take [Meadowcrest Family Physicians](#) in Florida, for example.

"We closed 'work-up' loops much more efficiently by using telehealth visits while minimizing patient (COVID) exposure," said Dr. Ryan Dickert, Meadowcrest's co-CEO.



"For example, a patient with intermittent chest pains may have their initial visit in-person and be sent for a cardiac work-up but, review all their testing via telehealth ... and any further recommendation can proceed from there. Overall, we decreased time to discuss, and in our opinion, time to diagnosis."

While patients and providers alike prefer in-person visits for the purposes of assessment and diagnosis, providers have seen an increase in telemedicine visits for more routine and ongoing care such as medication and chronic disease management and preventive care.

Dickert, and his co-CEO and brother, Dr. Alex Dickert, employ a similar sentiment.

"(While) we have seen a large decrease in the amount of telehealth visits we have performed since the onset of the pandemic, we do feel that its development has allowed us to reinforce the need for routine medical care and preventative medicine not seen previously, particularly for those patients who do not prefer to come to clinic regularly," Dr. Alex Dickert said.

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Dr. Ryan Dickert, co-CEO of
Meadowcrest Family Physicians

While telehealth use in numbers may have declined, nearly 56% of physicians agree they feel personally motivated to continue such services in their own practices¹. And because physicians cite the lack of technology, internet access and general digital literacy as the three most common barriers their patients face when it comes to telehealth usage¹, innovation and agility continue to be key pillars in the success of telehealth.

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[Dedicated Senior Medical Center](#) in South Philadelphia found that many of its senior patients trying to access care via telehealth experienced technical barriers that they were unable to troubleshoot themselves without the help of family members who were unavailable during the week. To better accommodate those patients, the clinic started offering “Weekend Clinics” to help ensure patients had a family member present to address connectivity issues and connect them with their doctor.

Through the weekend appointments, providers identified patients who needed more in-depth, in-person care and even arranged transportation for those unable to make it to the clinic themselves.

At Meadowcrest, Dr. Alex Dickert believes part of the success to value-based care is decreasing barriers to a patient’s direct care team.

“Healthcare has always focused on decreased time to diagnosis which is extremely important; however, we propose that to decrease time to diagnosis, we need to decrease ‘time to discussion’,” he said.

“If a member has a concern, we need to limit or even eliminate the obstacles patients must tackle to get to their care team such as phone trees, call centers, non-specific nursing or reception pools. Telehealth is a natural extension of this concept.”