Social Distancing and Telehealth: The Impact of the Coronavirus

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Questions

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Meet Your Presenters

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In response to the Covid-19, there has been a boom (zoom) of need, expectation, use of telemedicine/telehealth services.

Historic barriers created by providers, payors and regulators have all but disappeared. As older patients and those with chronic underlying conditions are warned to stay at home, patients who were previously the least likely to opt for new means of receiving care are quickly becoming the largest and greatest beneficiaries of TeleHealth.
What Constitutes Telemedicine/Telehealth

• **As a general rule...**
  – Telemedicine refers specifically to remote clinical services
    • Direct Patient Care
  – Telehealth care refers to more broad remote services – non-clinical
    • Think Fitbit, Apple Watch

• **Telemedicine is a part of telehealth**

• **But the bottom line is...**
  – It is remote health care technology that is used to deliver medical services.
  – Telemedicine is not a medical specialty, **it is a delivery method** of medicine.
Surge in demand

- Social distancing
- *Danger* associated with hospitals, ERs, physician offices
- Halting of non-emergency procedures
- Breakdown of financial barriers
  - In March - CMS start to pay for 80 additional services via telehealth including:
    - Emergency department visits
    - Homehealth
    - Remote monitoring of chronic conditions (including patient’s oxygen saturation levels)
    - Physical therapy
  - In April - Medicare agreed to reimburse equally for visits in person, by video or phone (CARES ACT)
- Relaxation on regulatory requirements and traditional licensing Issues
Incremental growth has become exponential

- Headlines indicate there may be up to 1 Billion US virtual visits in 2020 (Forester Research – CNBC Headline on April 4, 2020)

- Initial estimates of 36m general medicine telemedicine visits in 2020 up to 200m estimate by year end

- Some specific examples:
  - NYU Lagone (NYC) saw 683% growth in Urgent Care Visits between March to Mid- April and 4345% growth in non-urgent care visits
  - Moffitt Cancer Center (Tampa) saw 5000% increase in virtual visits
  - U of Pittsburgh saw visits jump from 200 in March to 7,500 in early April
Generally Three Types of Insureds

1. Medical providers
2. Software/Hardware manufacturers or developers
3. Platform hosts
1. Medical providers:

Who? Historically physicians, psychiatrists, psychologists, NPs/PA

2020- Vastly expanded with few limitations

– Seeing Providers stretch the services offered and time they are working
  • Is this within their license limits?
  • Covered within their insurance policies?
  • Are they stretched too thin?
2. **Software/hardware manufacturers or developers:**

Who? Manufacture or develop smart phones, tablets, laptops, monitors, watches, medallions, and are often start-ups

- It can be difficult to judge the actual exposure
  - Vague description of services provided
  - Do they have any implantable or life critical devices?
  - Time in business

- Covid-19 related boom
  - Apps/devices measuring oxygen saturations
  - Symptom tracker apps
  - Wellness apps
3. Platform Hosts:

- Often times platform hosts may also be employing or contracting with the medical providers
  - Is the platform host also providing the medical care? (see: provider)
  - If only hosting:
    - How many total number of hosted visits?
    - What are the physician credentialing standards that they enforce on any contract providing services on their platform?
- Can it handle the capacity during busy times?
- Is it safe/secure/reputable/encrypted/etc?
- HIPAA compliance.
  - EMR/EHR highly valuable
- Easy to use on both sides of care?
- Who is responsible for managing the tech?
Professional liability

• Standard Of Care – Traditional first question was - How, Whether, When to use technology
  – This likely looks different during Covid-19
  – But is there an onus on provider to flag/suggest limitations or advise in-person visit –
    • While better than no visit, will there be scenarios in which diagnosis is based on limitations of visit?
  – Inherent concerns/risks
    • Failure to intervene
    • Limitations of diagnostic testing (e.g. pulmonologist watching rise and fall of chest)
• “Web-side” manner
  – Harder to build rapport with patients
  – Inability to use all senses/resources available
    • e.g. use of silence during psychotherapy session
• Holistic assessment – Not “seeing” the whole patient
  – Often only hearing/seeing complaint that patient is making or that patient believes is most important
• Informality/potential lack of boundaries
• Privacy concerns – patient - are they worried about who will be listening on their end?
  – Pre-Covid- telemedicine was likely a preferable choice of care for someone who wanted privacy but fast forward to many people at home with other family members without privacy
• **What is the Standard of Care?**
  – Under what standard with medical device manufacturer, software developer and/or tech support team that provided the healthcare data be viewed
  – Strict liability?
• **Risks/concerns**
  – *Are apps/devices being used as replacement of medical care*
  – Patients/customers reliance on information
  – Patients/customers self treating
    • Medicating based on same
    • Over reliant on technology working
  – Product usage/failure
  – Informed consent/warnings labeling
Regulatory/compliance issues

- Less barriers to entry now
- State vs. Federal rules
- HIPAA
- Medicare vs. private insurance
• Breach
• Ransom Ware/Phishing
  – More than ever we are relying on ACCESS
• Fraudulent instruction
• Proper consent
• Working from home
  – Shared computers
  – Spouse walks into room during appointment
• Human error
  – More and more emails/texts
Remember This

- **Platforms, Analytics & Software**
  - Provision of healthcare and remote monitoring by healthcare professionals using information communication technology.

- **mHealth**
  - Use of mobile technology, including apps, and wearable devices by a patient to gain access to healthcare support and to assist with condition management.

- **Lifestyle & Wellness**
  - Use of mobile technology, including apps, and wearable devices by an individual to assist users with lifestyle choices and management of their wellbeing.

- **Platforms, Analytics & Software**
  - The development of IT tools, analytics, software, platforms and portals for use by medical professionals, lifestyle, coaches and others involved in health management.
Thank You!

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Thank you for your time.