

EDITORIAL

The age of telemedicine is upon us

In response to the need for physical distancing and decreased resource utilization for non-COVID-19 related care, drastic modifications have been implemented to existing medical workflows around the United States. While many of these changes will likely be scaled back, or reversed, in time, the expansion of telemedicine service is here to stay—and with good reason.

Despite its existence for over a decade, and well-demonstrated efficacy, telemedicine has for the most part remained on the fringe of Otolaryngology care delivery. Reasons for the limited adoption of telemedicine are numerous but include lack of universal billing infrastructure, laws governing interstate practice, existing dogma regarding the benefits of face-to-face interaction, and deficiencies in existing technology frameworks to allow ease of use. COVID-19 has rocked the health care system out of its comfort zone and has given a much-needed push to bring telemedicine to mainstream medicine. Vital to this endpoint are a number of recent regulatory changes including:

- Relaxation of Health Insurance Portability and Accountability Act (HIPAA) rules from U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) under “good faith” provisions
- Waiver of interstate care laws, prior authorization, and cost-sharing obligations

Equally important as relaxation of such regulations was the expansion of telemedicine services covered under Medicare and Medicaid from the Centers for Medicare & Medicaid Services (CMS). Private insurers quickly followed suite and, in some instances, even led the charge in creating integrated billing frameworks in real time. Such coordinated efforts have allowed for widespread implementation in record time. While billing codes and reimbursements are changing rapidly, current CPT codes for telehealth services include:

- Synchronous audio/visual Telehealth Visits for Evaluation and Management
- Digital evaluation of need for an in-office visit
- Collection and interpretation of data digitally stored or transmitted by the patient to physician
- Audio-only evaluation and management

Not a step behind, industry was waiting with a wide array of platforms for remote video communication. While many of the existing products

would otherwise face challenges in meeting criteria for HIPAA regulations, the flexibility allowed by HHS OCR has allowed rapid rollout, innovation, and diversity in platforms, as well as the approval to use existing nonpublic facing platforms.

Vendors and current HIPAA compliant nonpublic facing platforms grow stronger and more user-friendly by the day. Although privacy concerns remain, currently approved nonpublic-facing communication applications include:

- Apple FaceTime
- Facebook Messenger video chat
- Google Hangouts video
- Zoom
- Skype

Industry also supports several products with more stringent data protection, meeting traditional HIPAA requirements. As these products are also more robust, however, they may also require formal HIPAA business associate agreements. Such products include:

- Skype for Business
- Zoom for Healthcare—Of note, Zoom for Healthcare offers EPIC integration, allowing providers to launch Zoom from within an Epic video visit workflow
- Google G Suite Hangouts Meet
- Doxy.me
- Updox
- VSee


Much work remains to solidify telemedicine in routine Otolaryngologic care. Remote video communication platforms need to be better integrated into medical record systems as well as billing infrastructure. Medical information obtained and reviewed asynchronously for the purposes of a Telemedicine encounter will also need to be more thoughtfully reconciled. New workflows need to be established and staff trained. HIPAA compliance will need to be addressed in a systematic way, offering more guidance for long-term sustainability. Despite this and the rapidly evolving landscape, it is due time that telemedicine takes its place in the modern era of Otolaryngology care, to the benefit of our patients.

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CONFLICT OF INTEREST

The authors declare no potential conflict of interest.

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