



EPISODE 1

Telemedicine Talk: 6 Telehealth Myths to Know

Becker's Hospital Review published an article in 2018 (link can be found below) that went over the Top 6 telehealth myths that hospital executives should know. As we begin working toward developing a telehealth knowledge campaign, we thought this article could help us start. We have included a summary of what the article presents and added insight from us for rural community application of telehealth.

Myth #1: Telehealth is just an on-demand consumer service (for flu, rash and runny nose).

Many people believe that telehealth services can only be used for primary or basic care services because of the virtual-ness of telehealth. While this is one of the uses of telehealth, it isn't limited to this use. Telehealth can bridge gaps between providers for consults and can link patients more easily to their providers for follow-up care. These two uses are especially important for rural communities like ours. It allows providers to extend care while addressing any transportation barriers and to provide specialty care through consults that normally would not be easily obtained due to geographic barriers.

Myth #2: Telehealth ROI equals patient volume multiplied by the cash margin. Most of the information out there about return-on-investment (ROI) for telehealth has put the margin per visit at \$15-\$20 which requires providers to see 2,000 plus patients to break even. But this formula forgets about the other applications of telehealth discussed in myth 1. Follow-up care becomes less expensive to provide, easier to achieve, and leads to reduced readmissions costs. This combined with the cost savings for the provider-to-provider consults makes the breakeven closer to 2 patients. This is especially important to our rural communities because we don't get as much money as other places do, so having health care solutions in place with such an amazing ROI is important.

Myth #3: I can buy the technology, enroll my physicians on it, and roll it out to the public.

Physicians in most health systems are pretty efficient and squeezing in a roll out of telehealth is not normally the best use of a health care's valuable resources. Therefore, most health systems that opt for telehealth contract with third-party vendors for the physicians as they are already integrated into the infrastructure of the system. This seems to work for everyone for the first couple years but around year three it becomes most cost-effective to start to integrate your own clinicians.

Myth #4: Traditional marketing will get the message out about telehealth. Where do you see current marketing for your doctor or hospital? Typically, it is all local and with telehealth being digital, traditional marketing isn't the best use of funds. Telehealth marketing requires a twenty-four hour, constant marketing network, an automated digital marketing platform. This allows for constant feedback, adjustments, and optimal use of marketing dollars and can bring marketing cost per telehealth visit down from as much as \$250 to \$0.50 per visit. In our rural areas, this type of marketing strategy not only allows for minimal cost per visit to telehealth providers – which would be felt by the consumer too – but also the destruction of so many barriers to healthcare access. It will utilize technology that, even in rural communities, most people have to advertise services that they can use that same technology to access without encountering typical geographic, resource or cost barriers.

Myth #5: Healthcare organizations know their telehealth competition. Traditionally, we know our competition by knowing our areas served. However, we need to start taking into account these providers utilizing telehealth technology as they can access our area with practically no physical footprint. Now it is harder to know your competition and it takes more to compete with them. But in rural communities, we can utilize our relationships with our community to set ourselves apart in the telehealth field. They already put their care and trust in us, so we should focus on telehealth options that allow us to cover specialties we couldn't offer before so they can stay with us.

Myth #6: You can simply submit claims and get paid. Is it ever easy to get paid? Unfortunately, with the popularity of telehealth only growing, the policies are ever-changing. Therefore it is important to maximize reimbursement and lessen the risk of claim denials that organizations moving forward with telehealth have the flexibility and expertise to handle every transaction and claim process. Additionally, we need to make our community and consumers as knowledgeable about impact to them to continue transparency and build the relationships that will set rural telehealth apart from the competition.

To read the article from Becker's Hospital Review, click [here](#).