

All of Your Questions about Using Telehealth, Answered

With providers switching to virtual visits during the coronavirus pandemic, here's what you need to know before your first Telehealth appointment.

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Along with **work**, celebrations, **social gatherings**, and **fitness events** going virtual, doctor's appointments have also gone online. Everything from check-ups to **chiropractic visits** to **therapy** can now be done virtually. The virtual visits, known as telehealth or telemedicine, aren't necessarily new, but the rate at which the coronavirus pandemic has forced hospitals and doctors offices to build out their offerings has been rapid. So you might be wondering what to expect at your appointment. Whether or not you've already had your first telehealth appointment, here are some common questions answered.

What, exactly, is telehealth?

According to the **Center for Connected Health Policy**, a nonprofit that works to integrate telehealth services into the health care system, "telehealth encompasses a broad variety of technologies and tactics to deliver virtual medical, health, and education services. It is a collection of means to enhance care and education delivery." So you can expect a lot of services to fall under the heading of telehealth, all geared towards helping you get medical care without going into your provider's office.

What qualifies as a telehealth appointment?

Dr. Lee Schwamm, director of the Center of Telehealth at Massachusetts General Hospital, says you've probably already taken part in a telehealth service before, whether you think you have or not. According to him, there are two different types of telemedicine. The first is what he calls an asynchronous visit, which covers a range of interactions with your medical provider that doesn't involve a live communication with your doctor. It's typically an exchange of information that happens either through a portal, over the phone, or between your doctor and a specialist.

"These visits are usually for simple things like refilling a prescription or telling your doctor you have a runny nose and a fever so they can get you prompt help without coming in for a full visit," Schwamm says. "Or your doctor will consult another doctor, saving you a trip to see a specialist." The other type of telemedicine is called synchronous. This is a doctor's appointment that takes place over a live video conferencing call with your doctor, and is the type of telemedicine that

has drastically increased in the past couple of months due to the coronavirus pandemic—which is the type we’re focusing on in this explainer.

What can and can’t be done through a telehealth appointment?

“The first thing to realize is that a big portion of what happens in the doctor’s office is listening and explaining to your doctor what is going on and making decisions together,” Schwamm says. “And that’s pretty well suited for virtual visits.” He says if you need to have a more extensive examination done, you’ll have to go into the office in person. That should be a conversation you have prior to any visits with your provider’s office.

Dr. William Harvey, chief medical informatics officer at Tufts Medical Center, says a telehealth appointment can really be broken down into four processes: reviewing your health history, talking about your current illness, a physical examination, and rendering a medical opinion or form of treatment. For certain specialties, and appointments where the physical examination can easily be done over video, then it’s probably a good appointment for telehealth. Harvey says many specialties can actually get by with a telehealth appointment—it really depends on how much of the physical examination will have to take place via touch or reading vitals. And the specialties that can be managed virtually might surprise you—Harvey is a rheumatologist, and says that he’s able to do a lot more than he thought he would be able to over the computer because he can watch his patients move their joints. But you’ll have to trust your doctor’s judgment on whether your ailment can be diagnosed from afar, or if it requires something closer. He says it’s important to note, however, that all hospitals in Boston and state-wide have taken extraordinary measures to keep patients safe from the spread of COVID-19. So don’t avoid going to an in-person appointment if your doctor thinks you need one.

“We actually might face a second wave of illness, unrelated to the coronavirus,” Harvey says. “Rather, related to the exacerbation of deferred care. If your doctor thinks you should come in, you should come in.” Telehealth is a helpful service, but it doesn’t solve every problem.

What if I need vitals taken or blood drawn?

Most of the time, if a doctor needs your vital signs, you don’t need to go their office to get them measured. Services like the CVS MinuteClinic can do that for you, Schwamm says. A visiting nurse could also come to your home and draw blood, if that’s something your doctor is requesting. That information can be sent to your doctor before or after your telehealth appointment, depending on when your doctor requests it. Harvey adds that at-home equipment can be used for things like blood pressure, if your equipment is reliable. Some insurance companies even cover the cost of renting equipment.

What do I need to have prepared before a telehealth appointment?

Schwamm says for a virtual telehealth appointment, you need access to audio and video communication on a smartphone or computer, and access to a reliable broadband connection. “The videos for these calls kick up a lot of bandwidth, so if you’re using a cellular plan, it might eat up a lot of that,” Schwamm adds. If you don’t have access to the appropriate technology, you can see if a phone call will suffice. If you’re using a laptop, you want to make sure it’s on a secure

surface so that it's not moving around. "The doctor may also ask you to do something with your hands or have you perform different types of movements, so you want your hands free for that," Schwamm says. And of course, you want to position yourself in a well-lit and quiet place so you can see and hear on both ends. You will also want to have a notepad and your insurance information and payment method on hand, if that's necessary.

Should I be worried about the security of my health information?

"There's been a lot in the news about gaining access to secure information through these virtual calls," Schwamm says. Most appointments should be done through a secure health portal, but if you are receiving a third party link (a commercial application like Zoom, for instance), you want to make sure when it comes you'll be asked for identifying information.

Will my insurance cover the appointment?

They should. But you'll want to check for any outstanding costs, Schwamm says. The scale in magnitude of change has been vast for telehealth appointments. "Back in February, less than one percent of appointments were done virtually," Schwamm says. "In the last week of April, beginning of May, almost 80 percent were done virtually." He goes on to say that most hospitals didn't really have robust programs for this, and it wasn't covered by insurance. As the system had to change in the last couple months, so have the insurance companies.

What if English isn't my primary language? Will there be an interpreter on the call?

Schwamm predicts this will become a more widely accepted practice, but right now it isn't the case for all providers. Since places are still ironing out the kinks, this is one area where he expects to see growth. Make sure to clarify to your doctor's office if you need a translator on the call.

Can I have someone else call into the appointment with me?

You should be able to. "If you're in your 80s and your daughter normally comes to the appointments with you, find out if they can join through a three-way call," Schwamm says. "That's an important advantage for everyone involved."

What happens if I lose connection during the call?

Make sure your doctor's office has multiple forms of contact information to get in touch with you. If your video signal ends up being delayed or cuts out, your doctor can easily finish the call via a cell phone call or through email if your appointment had almost wrapped up.

Does telehealth increase access to healthcare?

You would think that would be the case, but for some populations, it decreases access. People who don't have access to the appropriate technology and those who don't speak English as their first language may have a harder time getting use out of it. But Schwamm says it's a great alternative for patients who didn't have access to in-person visits before, like those who live in rural communities or with limited physical mobility. Harvey says it allows a wider access for

specialists because it takes geography out of the equation. “Many places have also started offering weekend and evening appointments,” Harvey says. “In theory, the doctor could be offering care from anywhere. So we might also see this help the way we deliver care and preserving the mental health of physicians.”

Can I expect more of my appointments in the future to be done this way?

The short answer on this one is yes, if insurance companies follow suit. “There are two factors that really drive this,” Schwamm says. “The first is once patients have tasted the convenience and simplicity of telehealth appointments, and realizing how much of an appointment can be done virtually, they’ll be reluctant to go back to in-person visits. And the second is whether or not the insurance reimbursements will continue.”

Schwamm predicts that 20 percent of visits will remain virtual in the future. Insurance companies might be slow to hop on board, though, because, as Schwamm puts it, “they may be concerned this would be an excuse to turn every interaction into a monetized event.” There are plenty of interactions that you had with your provider’s office pre-COVID that weren’t billed to insurance, but if everything can be categorized as telehealth, it could become harder to distinguish these billable events.

“In all, they save the hospital and patient money, but it doesn’t save the insurance company money,” Schwamm says. In the abstract, we know what telemedicine’s advantages and pitfalls are. But over the next couple months and years we’ll need to understand, in a deeper way, how it affects each specialty and which specialities can rely on it more than other ones moving forward.

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