Virtual Health in a Post–COVID World: Optimizing Regulation, Reimbursement, and Regularity

The COVID-19 pandemic and its attendant social distancing spurred a sharp increase in the use of “virtual health” across the United States. This has made it possible for Americans to access healthcare at any time and from almost anywhere in the country. In “Virtual Health in a Post–COVID World,” Robert Graboyes, Darcy N. Bryan, and Lyle Berkowitz examine how such levels of availability can be made permanent.

WHAT IS VIRTUAL HEALTH?

This form of healthcare is the sum of two elements:

1. Telehealth: this refers to physicians and other providers communicating with, diagnosing, and treating patients at a distance via electronic media, primarily video, audio, or messaging. It also involves training, education, administration, and public health by remote means.
2. Autonomous health: the use of intelligent machines to communicate with patients or providers actively or passively in order to automate the processes of data collection, diagnostics, and treatment.

WHICH PUBLIC POLICIES WOULD ENCOURAGE THE EXPANSION OF VIRTUAL HEALTH?

Virtual health has been around for years, but only during the pandemic did it become a sizeable part of US healthcare delivery. As patients and providers have gotten used to the idea of virtual health, lawmakers must address the following question: Should our healthcare system return to the old ways of doing business or should we continue to expand the use of connected technologies to provide care?

If the answer to that question is continued expansion, then these “three Rs” provide the basis of an appropriate policy response in the wake of the pandemic:

- **Regulations** to support easier access to virtual care, such as making provider licensure more readily accepted across state lines
- **Reimbursement** that provides adequate incentives for appropriate care whether provided via office, video, phone, or asynchronous means
- **Regularity** associated with the social and cultural acceptance of virtual health as an essential part of our healthcare system
KEY TAKEAWAY

Innovation in healthcare can be challenging. In the case of expanding virtual health, obstacles include regulatory hurdles at the state and federal levels, poor or nonexistent reimbursement for any care outside the traditional face-to-face visit, and cultural resistance from both patients and providers to doing things differently.

Real progress will require coherent regulatory reforms, appropriate reimbursements, and cultural acceptance (regularity) to sustain a broad vision of virtual health. Such a vision would combine autonomous care with telehealth in ways that provide the best care for as many people as possible. It would do so by optimizing technologies and strategies to ensure the right care, at the right time, by the right people (or machines), in the right settings, and for the right price.