

## **Telehealth in Iowa**

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### **Objective:**

The 2020 ILEND Telehealth Project is an opportunity to analyze the question of whether telehealth is an effective and acceptable care model to address problems with access to care in Iowa.

### **Background:**

The COVID-19 pandemic has profoundly changed the way Iowans live, work, and learn. Acute concerns about access to safe health care have spurred widespread federal and state support for telehealth, although some providers have been utilizing telehealth for many years. In Iowa and other rural states, telehealth has been proposed as a solution to healthcare barriers for people with disabilities and their families, as well as for people in underserved communities. It remains unclear, however, whether the emergency provisions enabling expanded implementation of telehealth options will remain in place after the pandemic has passed. More information is needed to determine where and how telehealth can be appropriately implemented

### **Methods:**

The ILEND 2020-2021 cohort were divided into five research groups led by core faculty members to conduct a literature review regarding the following goals:

Goal 1: Learn about the current status of telehealth service provision in Iowa (pre-COVID and currently), with a focus on billing and reimbursement.

Goal 2: Learn about traditional health care and services within Iowa, including community access and barriers to obtaining quality health care for Maternal and Child Health (MCH) populations.

Goal 3: Learn about current Iowa telehealth laws and models and compare Iowa's status to other states, particularly with regards to MCH populations.

Goal 4: Learn about the history of telehealth practice in Iowa, best practice guidelines for telehealth, and current barriers clinicians face in telehealth implementation.

Goal 5: Learn about research evidence for telehealth (in Iowa and nationally) as a clinical service model.

The findings of each literature review were combined and used to formulate a presentation to state legislators, a policy brief, and a poster presentation to be presented at the 2021 ILEND Research Symposium.

**Results:**

Telehealth has been around in Iowa for many decades; however, as technology advances and demands change, telehealth is constantly forced to adapt (Nickelson).

Telemedicine parity laws are established on a state-by-state basis and vary in how reimbursement for private healthcare payers will work. Iowa has a comprehensive parity law that took effect January 1, 2019 (EVisit, 2020). In 2015, Iowa established telehealth parity for its Medicaid program. These parity laws only cover live-video telehealth, but not remote patient monitoring or store-and-forward (Iowa Telemedicine & Telehealth Reimbursement Overview). There is no coverage for telephone visits or emails.

Despite the push to propel telehealth forward, there have been several barriers that have limited both the use of telehealth services and the research done to determine current results backed by both evidence and experience in the diverse field of healthcare. However, current interdisciplinary research does suggest clinician confidence, acceptance, and satisfaction towards using telehealth services (Cottrell et al., 2018). Additionally, the literature reports that a large majority of patients were very satisfied with both the quality of the health care they received and the clinical outcomes from that care. For both of these components, patients rated telehealth as equal to or better than a traditional visit. Patients were also very satisfied with their understanding of telehealth and the convenience offered (Polinski et al., 2016).

The research conducted by the Iowa LEND cohort revealed that telehealth has many promising attributes and empirical evidence to support it as a continued practice. However, it was also revealed that there are many current barriers facing clinicians and clients alike that prohibit telehealth from reaching its full potential. Although emergency measures have granted greater access to telehealth services – including those provided by Rural Health Clinics and Federally Qualified Health Centers – as well as the ability for more healthcare disciplines to provide telehealth services, there is significant uncertainty for providers and clients surrounding the continuation of these emergency policies. Looking to the future of telehealth, it is critical to understand the perspectives and experiences of the clinicians administering telehealth as well as the clients receiving the care. This information can be used to update and modify our telehealth practices and develop evidence-based standards and guidelines designed to keep pace with the ever-changing fields of technology and healthcare.