Telehealth, Not the ER, Must Be the Front Line in the War on Coronavirus | Op

BY JONATHAN GRUBER ON 04/07/20 AT 6:00 AM EDT
In the United States, people with, and especially without, insurance are used to heading to the emergency room if they need care quickly. Even before the coronavirus crisis, nearly half of all U.S. medical care came from emergency rooms. A natural reaction to feeling feverish in the era of COVID-19, therefore, is to rush to the ER.

The problem is that for most people that is exactly the wrong course of action. If people don't have COVID-19 and head to the ER, they could be exposed to others who do. And those who have the virus, but who don't need hospital care, are needlessly endangering doctors, nurses and other medical workers. The ER is becoming the new cruise ship—a petri dish where the infected cross paths with the unexposed.

In China, more than 3,000 doctors got COVID-19. In Italy, at least 50 have already died. In Spain, nearly 14 percent of cases are medical professionals. In U.S. hot spots, especially New York City, hospitals are already overwhelmed, and the devastating shortage of masks and other protective gear only raises the risk of infection.

The result will be fewer doctors and fewer nurses in a system that is already under unprecedented stress, increasing the threat of health care rationing, which in Italy...
resulted in hundreds, if not thousands, of needless deaths. Many projections suggest that the situation in the United States could be just as bad—if not worse.

That is why we urgently need to turn our focus to telehealth. By having possible COVID-19 patients resolve their issues over phone or video, rather than in person, we can more effectively deploy medical resources to reduce the risk of rationing care. Doctors and nurses will be protected from exposure, and even the ones under quarantine will be able to continue their heroic work.

Yet our telehealth system is already under strain, with wait times of hours or more, and unprepared to handle such a massive influx. To quickly get the system where it needs to be, we need to address a problem that is threefold: excess demand, insufficient supply and mismatch.

The excess demand arises because providers on telehealth platforms are spending time doing things that they really don't have to, like collecting symptoms and patient characteristics, as well as attending to the worried well, who don't really need a consultation.

The insufficient supply is because providers are not responding fast enough to the need for a dramatic national shift toward telehealth platforms, but often their hands are tied: They are limited to specific platforms with which they have financial arrangements.

The mismatch arises because patients can only use the telehealth system associated with their insurance—or they have to pay a visit fee. But different insurance companies may have very different numbers of patients seeking and needing care. A Medicare Advantage plan will have much more demand, for example, than a plan covering mostly younger people. This may leave some telehealth providers overwhelmed and others with more capacity.

We can solve all three of these problems in five simple steps.

First, we create a statewide front end that becomes the first step in seeking treatment. Many companies have chatbots that can collect all relevant background and diagnostic
information from patients and provide initial triage for those who are not infected. One of these companies, Buoy Health, found that 85 percent of those using their tool did not need a consultation.

Second, the state contracts with telehealth companies to be the organized distributors for the state. As part of the contract, the telehealth companies agree to a common rate and to provide real-time updates to their wait times.

Third, the state medical professional society sets up a website where all state medical personnel can onboard to help with telehealth on an on-call basis. The state should facilitate on-boarding in every way possible and offer financial bonuses to physicians who sign up.

America's dangerous dependence on emergency rooms is increasing the risk of rationing, writes Jonathan Gruber of MIT.

ILLUSTRATION BY ALEX FINE; PHOTO BY HIRAMAN/GTY

Fourth, we must make the public aware of these resources and work to funnel all those seeking medical advice rated to COVID-19 to this front end. This could involve advertising, social media blasts and more.

these telehealth consultations should be totally free to the patient, regardless of telehealth company they use. The telehealth company would be compensate the visit from an emergency fund. The front end would track which insurance company patients have and which telehealth provider they use. After the crisis passes, there would be a reconciliation, where the fund would be reimbursed by insurance companies for any payments the fund made for their insured individuals. The state or federal government would pay the additional non-insured costs.

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Its effects will be much greater if we make it accessible to all, at no cost, with the shortest wait times possible.

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*The views expressed in this article are the writer's own.*

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