

COVID Has Become an 'Accelerant' for Telehealth

By Nicole Radziewich Mertz

BETHLEHEM - The race for a COVID-19 vaccine and quick, reliable testing dominated the health headlines over the last year.

But a parallel innovation was also taking hold of health care at a break-neck speed normally not seen in such a highly regulated industry.

Prompted by the social distancing mandates aimed at slowing the spread of COVID, patients hopped on their smart phones and laptops for virtual doctor visits to receive care for upper respiratory infections, pink eye and other non-emergency care. Other patients had their temperatures and blood oxygen levels monitored from their homes.

While the technology has been around for more than a decade, the pandemic helped make telehealth more mainstream and could indelibly change the way Lehigh Valley health care providers, which are also its largest employers, operate.

Capital Blue Cross CEO Todd Shamash called the pandemic an "accelerant" for the expansion of telehealth.

"I do think telehealth and virtual care is here to stay," Shamash said this fall during a video interview with Lehigh Valley Economic Development Corporation President and CEO Don Cunningham.

While the speed of that growth depends on congressional action, industry leaders are preparing for telehealth's future post-pandemic. That could have a consequential impact on Lehigh Valley's health care and social assistance industry, which employs 60,000, and the industries that support it.

"Lehigh Valley boasts an impressive cluster of companies built around health care and life sciences," said George Lewis, LVEDC's Vice President of Marketing, Communications and Research. "We have labs processing medical tests, distributors packaging pharmaceuticals and manufacturers making medical devices. So, it is important to monitor how the health care industry is changing, especially a trend as transformative as telehealth."

More than 3.4 million telehealth services last year were accessed by Highmark Blue Shield members. A plurality of those visits – 1.5 million – were for behavioral

health services.

The rise in telehealth echoes what is happening across the nation, according to insurance claim data analyzed by the nonprofit FAIR Health. Telehealth visits went up from about .1% of the procedures and services listed on medical insurance claims in April 2019 to 13% in April 2020. By November, telehealth claim lines remained elevated but dropped to 6%. The increase was even more pronounced in the Northeast, according to FAIR Health's Regional Tracker.

Last summer, a survey by the Physician Foundation indicated more than half of the physicians planned to increase their virtual visits over the next year – though three-fourths indicated widespread use won't happen until reimbursements are comparable to in-person visits.

That could impact the footprint of health care. Medical office tenants occupy 2.8 million square feet in Lehigh Valley, according to CoStar, a commercial real estate research group.

"Telehealth can 'expand the pie' by providing increased access to health care and produce more live-care follow up visits," the report says.

Christie Musser, Senior Network Director, Operations Clinical Communications Virtual Care at St. Luke's, she expects expansions in telehealth could increase the reach of St. Luke's geographically and make health care, both primary and specialty care, more accessible.

Many service lines have started to offer some post-op surgical care virtually and the network hopes to create a "virtual surgical network" where much of the pre- and post-surgical experience is accomplished virtually either in or near their home. Patients who may have thought they lived too far away for surgery may reconsider, she said.

In addition, she also pointed out the success of St. Luke's nursing home partnerships that brought virtual specialty care to residents, decreasing transportation and disease exposure.

Telemedicine "is never going to be a replacement for in-person care, but it will complement it while transforming the efficiency, access, quality, and patient experience of our health care system," Musser said.



Dr. Dennis McGorry conducts a telehealth visit at St. Luke's University Health Network. (Courtesy of St. Luke's University Health Network)

Hearing Examines Impact of Delayed Census on District Mapping

By State Rep. Joe Emrick

BANGOR - The House and Senate State Government committees held a joint hearing on the impacts of delays to the U.S. Census caused by the COVID-19 pandemic, which could further delay the 2022 primary if new U.S. Congressional and state legislative districts aren't redrawn in time.

During the hearing, questions revolved around what can be done to ensure the new maps are complete in a timely manner and ballots are ready for the May 2022 primary election. An official with the National Conference of State Legislatures said some states are considering a special session in the fall to address the issue and create new districts. Other states are contemplating delaying the primary election.

The pandemic caused a 120-day pause in the 2020 Census, which led to the data not being available until July 2021. The deadline for when data was to be released was further delayed until Sept. 30. It typically takes eight to nine months from the time when census data is given to states to when districts are finalized. With the new deadline, and candidates able to circulate nomination petitions in February, there is a small window of time for the districts to be redrawn.

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