

## A Leap Forward for Virtual Health Care

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Roy Schoenberg, MD, MPH, Co-Founder and CEO, American Well Systems | June 18, 2014

Have you ever sat in a doctor's office waiting room wishing your physician could have visited you at home? In many states, physicians can now conduct evaluations directly through your laptop, smart phone, or tablet, and patients are responding with enthusiasm.

However, medical boards in some states have adhered to older rules that prevent use of telemedicine. A recent development will balance their legitimate concerns about abuse of this technology with its immense benefits, enabling states to realize the promise of telehealth in possibly reducing [health care costs](#) and improving patient outcomes.

In April, the Federation of State Medical Boards (FSMB) adopted [new policy guidelines for the safe practice of telemedicine](#). States finally have a basic roadmap for ensuring that patients are protected in this fast-changing health [care](#) delivery environment. The new guidelines provide much-needed clarity on "Do's and Don'ts" in the use of telehealth technology when practicing medicine and frame the principles of operation that must be adhered to in order to preserve patient safety and quality of care. They offer a detailed framework needed to revise outdated rules. I expect many state medical boards to tailor the guidelines to meet their own perspectives and cultures moving forward, but as a whole, health care will take these new rules as sign of the times and modernize to embrace telehealth.



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In an event such as this, it is important to take a step back and acknowledge history in the making. The unanimous ratification of these new guidelines is probably the strongest message the house of delegates of the FSMB could have sent; decisive leadership such as this is impressive and rare. Telehealth adoption will come when people gain clarity that it is a safe and valuable way to deliver care; the FSMB has done a terrific job in preparing the landscape for large-scale use of telehealth.

The fact that the FSMB did not make any changes to the definition of telehealth is not an oversight. In fact, on the contrary, it is a reflection of the great diversity in this technology. Ten years ago, telemedicine was only a construct between physicians.

Today, we have telehealth with multiple end points between patients, mobile health, wearable devices, home biometrics, health care kiosks, e-visits of sorts, etc. The FSMB tried to keep definitions very high-level in order to prevent these important guidelines from becoming obsolete over time, as many other guidelines and rules have before.

There are still barriers to the widespread adoption of telehealth. State licensure of physicians limits how helpful the technology can be to spread health care services to where they are challenged. Reimbursement by [Medicare](#) and [Medicaid](#) is essentially nonexistent, mostly because of the unknown impact on future costs. Physicians are still afraid they will be sanctioned if they don't examine a patient in-person. There are more examples like these. The good news is that these barriers are quickly eroding. Most importantly, patients – our industry's main customer – love telehealth.

In the end, the people will prove stronger than the industry's outdated rules, and the floodgates will open. In ten more years, the term telehealth will be gone, and this technology will simply be an integrated part of mainstream health care.

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