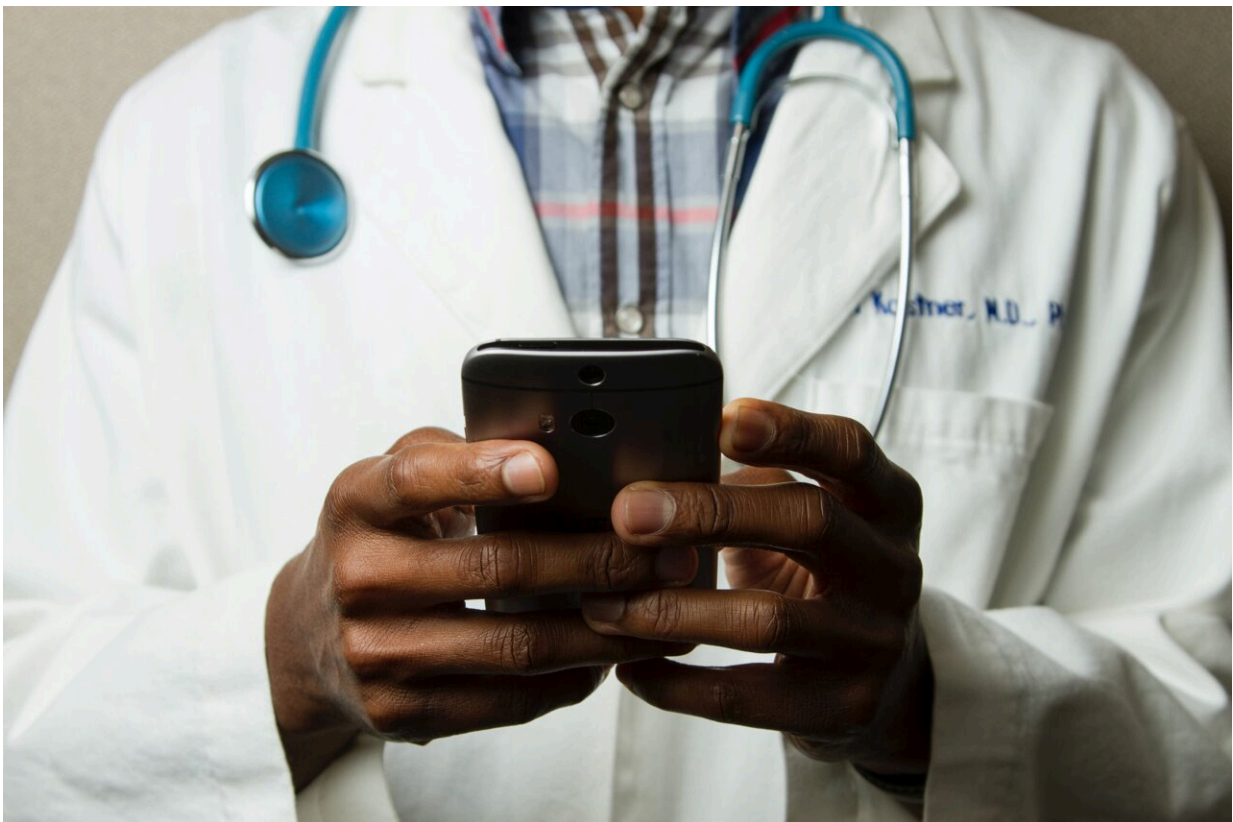


Perspective: Audio phone visits with medical providers remain crucial links to delivering equitable health care

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Writing in the latest issue of the *New England Journal of Medicine*, two telemedicine experts and a historian at Johns Hopkins Medicine say

audio-only telephone visits are an essential link to health care providers for patients without access to video visit options. Insurance coverage enacted during the pandemic for certain types of audio-only visits, they say, should continue, and without it, health care providers risk widening disparities in care experienced by people who are often marginalized.

Much like remote workplace environments that have become commonplace, telehealth is here to stay, says the trio of researchers.

However, while the potential of telehealth became more visible during the pandemic, they say, not all patients have [equal access](#) to devices and [internet access](#) for remote care. Audio-only telephone visits for certain types of medical care, not simply follow-up calls or reminders, became eligible for Medicare and Medicaid reimbursement early on in the pandemic.

In their report, the researchers documented that more than 240,000 [telemedicine](#) visits out of more than 1.4 million in total at Johns Hopkins Medicine during the past two years were audio-only visits. Across all telemedicine visits at Johns Hopkins Medicine, 16% were conducted by audio only, including 28% of mental and behavioral health care visits and 17% of oncology visits.

In addition, the researchers report increases in audio-only visits among people who self-identify as Black and those whose primary language is Spanish. Nearly 60% of telemedicine visits with adults older than 65 in ZIP codes near the predominantly Black and urban neighborhoods near The Johns Hopkins Hospital were conducted as audio-only visits. Reliance on audio-only visits also was high in some rural Maryland counties too, according to the researchers.

"The choice between audio-only and other forms of telehealth shouldn't be an either/or situation," says Jeremy Greene, M.D., Ph.D., the William

H. Welch Professor of Medicine and the History of Medicine and director of the Department of the History of Medicine at the Johns Hopkins University School of Medicine. "Everyone should get equal benefit from the telemedicine suite of options available to health care providers."

Greene authored the report with Helen Hughes, M.D., M.P.H., medical director of the Office of Telemedicine at Johns Hopkins Medicine and assistant professor of pediatrics at the Johns Hopkins University School of Medicine, and internist and pediatrician Brian Hasselfeld, M.D., who also serves as senior medical director of digital health and innovation for Johns Hopkins Medicine.

"It has been exciting to see telemedicine become a part of routine care across the country in response to the pandemic, but it's clear that many patients cannot access video-based [telemedicine visits](#)," says Hughes. "Until significant strides have been made to make [digital tools](#) more accessible to all, audio-only visits are an important and simple tool for connecting patients to their providers when clinically appropriate for certain types of care."

The researchers say that [health care providers](#) should continue building equity and simplifying systems in telehealth.

"As health care practitioners, we should be asking ourselves whether the modality of care can handle the issue at hand and whether we can be appropriately trained to understand the limits of that modality," says Greene, also a primary care provider at Johns Hopkins.

For those who say audio-only visits are ripe for fraud and waste, Greene says risks apply to all modes of health care.

"If insurance funding were eliminated for audio-only visits, then a

substantial part of the population would lose the only form of telemedicine available to them," says Greene.

More information: Helen K. Hughes et al, Health Care Access on the Line—Audio-Only Visits and Digitally Inclusive Care, *New England Journal of Medicine* (2022). [DOI: 10.1056/NEJMp2118292](https://doi.org/10.1056/NEJMp2118292)

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