

# What Is the Future of Telehealth Policy?

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Telehealth dramatically changed during the pandemic, benefitting those with neuromuscular disorders. With eased regulations and policies, patients could see specialists anywhere in the country, even if they couldn't leave their homes.

Now that is in jeopardy as the state of the pandemic has changed. Shafeeq Ladha, MD, a neurologist at the Barrow Neurological Institute in Phoenix, Arizona, sheds light on what this could mean for patients and how providers would like to shape telehealth policy for the future.

## Benefits of telehealth

The greatest advantage of telehealth is that it gives patients access to healthcare regardless of their mobility level or geographical location.

"Telehealth has allowed us to fill in the gaps in healthcare formed by geography and public health emergencies like COVID-19 and has dramatically improved access to care in the United States," Dr. Ladha says.

This has been possible because insurance companies changed the definition of what would qualify for reimbursable telehealth. "Before the pandemic, you could only see a patient by telehealth if they were in another medical facility," he says. "You couldn't see them at home unless it was something like a nursing home. Now we can see them in their home and get reimbursed."

To illustrate the benefit, Dr. Ladha points to a patient with amyotrophic lateral sclerosis (ALS) from Alaska whom he treated via telehealth. "To my knowledge, there isn't an ALS specialist in the whole state," Dr. Ladha says.

While insurance companies continue to reimburse for telehealth, there is concern that those policies could be reversed. And state medical board policies allowing doctors to see patients in other states via telehealth have already been rolled back.

Dr. Ladha can no longer see the patient in Alaska. "She is not getting any ALS care right now," he says. And he notes that the policy change disproportionately affects patients in remote parts of the country. "If you need to go to another state for care, that isn't a problem in Rhode Island because you're right near Massachusetts. But what if you're in Wyoming or Montana? Not all geography is equal in what it offers medically, and I think people aren't always putting themselves in the shoes of those in a more rural part of the country."

## Working with limitations

While telehealth can be an essential tool to increase access to healthcare, it does have limitations, especially when it comes to physical examinations.

Some telehealth providers are developing apps to help record vital signs, like blood pressure and temperature, during a virtual physical exam.

However, neuromuscular disease exams involve tests that can be hard to conduct virtually. “The patient can adjust the camera for the provider to see how they walk, and you can watch them raise their arms over their head,” he says. But measuring strength is difficult via video. “A common test is to push against their arms and see if they can keep raising them,” he says. “You also can’t check reflexes or sensation, which are important diagnostic tools.”

Dr. Ladha prefers to use telehealth in combination with in-person visits. Depending on a patient’s disease state, he may only need to see that patient in person once a year. “Seeing them every three months through telehealth, other than that annual in-person visit, reduces the burden on them,” he says. “In Arizona, you might have to travel five hours to get to the neuromuscular disease specialist you need. That’s a whole day, and patients and family members may need to take time off work. Let’s face it: telehealth can decide whether people are getting their scheduled visits done at all.”

## Looking forward

In the future, Dr. Ladha would like to see telehealth policies that make the most of the medium’s advantages while acknowledging its limitations.

This means continuing current telehealth reimbursement policies and allowing telehealth between states when there is a complicated rare disease, if not for all medical conditions.

“People who have really complicated diseases have complicated care,” he says. “They deserve proper medical care no matter where they live.”

Dr. Ladha believes telehealth can reach patients in remote areas and help them comply with their care regime, both of which are barriers to care for patients with neuromuscular diseases. “The technology has been there a long time,” he says. “What is lacking at times is changing with the times.”

To keep up with telehealth best practices and policy changes, visit [telehealth.hhs.gov](https://telehealth.hhs.gov).