



DIRECT TO CONSUMER (DTC) ASYNCHRONOUS TELEMEDICINE

IMPROVING ACCESS AND EMPOWERING PATIENTS

As consumers increasingly take a more active role in managing their healthcare, demand for high-quality, affordable care is rising. Listening to what patients want and need and meeting gaps in the marketplace, a new wave of healthcare providers are using innovative technology to help improve the way patients can access medical care.

Direct to Consumer (DTC) telemedicine is a consumer-initiated health care model that combines well-established clinical best practices and standard of care with cutting-edge technologies, allowing patients to connect directly with a qualified healthcare provider and receive clinically appropriate healthcare services in an affordable, convenient, and discreet manner. Many DTC telemedicine providers leverage asynchronous technologies, including adaptable medical intake forms and clinical decision trees, to securely collect and transmit patient data for consultations, prescription fulfillment, and follow-up care.¹

As consumers seek better and more affordable ways to access care when and where they need it, the ATA supports an environment that allows asynchronous telemedicine to continue providing innovative benefits to both patients and providers alike.

ATTRIBUTES OF DTC ASYNC TELEMEDICINE PROVIDERS

- Compliance with the same state and federal regulatory requirements as traditional health care providers that treat patients face-to-face
- Access to licensed and board-certified providers
- Medically appropriate uses and emphasis on clinical protocols consistent with standard of care
- Safe and secure technology including dynamic patient intake software that is based on best practices and evidence-based medicine
- Integrated technology to capture and incorporate clinically relevant medical information (e.g. photos, videos, diagnostic tests, labs, Bluetooth-enabled devices, prior medical records)
- Prescribing safeguards and strict exclusionary criteria
- Clear identification of patient and provider, alongside valid consult report and medical record

DISTINGUISHING BETWEEN DTC ASYNC TELEMEDICINE PROVIDERS & ILLEGAL OR ILLEGITIMATE ORGANIZATIONS

DTC asynchronous companies continue to attract significant interest as patients seek more convenient care, but historic legacies of “pill mills”, illegal online pharmacies – often based overseas – or illicit telemarketing schemes to defraud Medicare have rightly led to concern. It is important to note that these examples of illegal operations are not legitimate telemedicine services (asynchronous or otherwise). It is critical to differentiate between DTC Async providers and fraudulent outfits as the latter can threaten public confidence in new technologies and care models that benefit growing numbers of patients and providers.

The ATA is passionate about ensuring people get care where and when they need it and that when they do, they know it is safe, effective and appropriate. We are closely monitoring this growing space and are working alongside the DTC Asynchronous telemedicine community to standardize best practices and develop a Code of Conduct. This will help patients, providers, and regulators to better differentiate between good and bad actors, and importantly, help improve patient safety.



WHY ARE CONSUMERS CHOOSING ASYNCHRONOUS TELEMEDICINE?

ACCESS

For many consumers, carving out time to visit a doctor's office in person has become so challenging that many chose to forego the care they need – especially when multiple appointments and co-pays are required. Further, a significant portion of the population living in rural areas and underserved communities are struggling because access to care is increasingly scarce.

This is exacerbated in part because health care provider shortages and clinician burnout are at historically high rates and continue to diminish the pool of providers.² While synchronous video-based telehealth programs have helped expand access and ease these shortages, it requires both patient and provider to be online and interact in real time, while asynchronous technologies allow patients and providers to access a platform when and where they need it.

Moreover, video-based telehealth requires adequate internet infrastructure, and broadband access remains limited across large portions of the US.³ These barriers to expanding rural health care services restrict providers using audio-video from reaching patients in underserved communities, but asynchronous telemedicine technology requires far less broadband needs in comparison.

CONVENIENCE, FLEXIBILITY, AND CARE WHEN AND WHERE IT'S NEEDED

As the uninsured rate in the US remains high and more Americans than ever now relying on high-deductible health plans (HDHP), consumers have gained more control of discretionary healthcare dollars leading to a generation of patients far more informed about their health care spending.⁴ These patients-as-consumers are seeking access to more convenient and cost-effective healthcare options. They not only demand more affordable healthcare options; they deserve it.

QUALITY

Technology assisted care models, like DTC asynchronous telemedicine, drive efficiency for providers and patients by leveraging technology to deliver accurate high-quality patient interactions. Asynchronous technologies provide insight into patient histories by collecting and analyzing information beforehand and enabling providers to spend more time focused on risk factors and engaging with patients on their unique medical history and needs. Importantly, the DTC telemedicine model is a complement, not a replacement, to a patient's overall care including specialists and other primary care providers.

¹ Asynchronous telemedicine refers to the method by which patients and physicians interact. ATA defines asynchronous as a non-real time, technology-assisted exchange of structured information between a patient and provider with the intent to diagnosis, treat and/or triage.

² Reith T. P. (2018). Burnout in United States Healthcare Professionals: A Narrative Review. *Cureus*, 10(12), e3681. doi:10.7759/cureus.3681. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6367114/>

³ Intergovernmental Advisory Committee to the Federal Communications Commission. (2019). Advisory Recommendation No: 2019-2. In the Matter of State, Local Tribal, and Territorial Regulatory and Other Barriers and Incentives to Telemedicine. <https://docs.fcc.gov/public/attachments/DOC-360696A5.pdf>

⁴ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2018). NCHS Data Brief, No. 317. High-deductible Health Plan Enrollment Among Adults Aged 18–64 With Employment-based Insurance Coverage <https://www.cdc.gov/nchs/data/databriefs/db317.pdf>