The proponents of telemedicine are obvious, especially with the Centers for Medicare & Medicaid Services (CMS) issuing dramatically expanding billing codes for telemedicine, states allowing physicians to practice across state lines, and our patients adopting telemedicine on their phones and computers. Through the issuance of the 1135 waivers, CMS also has expanded the ability of surgeons to use platforms that previously were prohibited—platforms such as Skype or FaceTime. In other words, the reticence of the last 15 years to use telemedicine disappeared in March. In fact, one might claim telemedicine is now the de facto standard of care during this pandemic.

Third-party payors are increasing and expanding payment for telemedicine. Large academic medical centers are rapidly escalating and transitioning all face-to-face outpatient clinics to as many telemedicine clinics as fast as possible. Institutions are leveraging quarantined physicians to practice telemedicine from home. These trends point to a compelling future for telemedicine.

It should be no surprise that telemedicine is here now. The consumer-electronics market transformed our society forever in 2007 when the iPhone and broadband appeared. It is difficult to project what wireless cell phone capacity will be and what smartphones will look like in two years. However, at present, patients are fundamentally enabled through consumer electronics to participate in live video visits and remote patient monitoring. Although telemedicine comes in a variety of forms, such as telediagnosis, tele-pathology, live video visits, remote patient monitoring, and early attempts at surgical tele-mentoring, these multiple forms of telemedicine all point to the practice of “virtual” health care.

Numerous concerns regarding the use of telemedicine have been debated in the last 15 years, including its effects on hospital credentialing, licensure of out-of-state telemedicine providers, and the ability to bill for telemedicine outside rural or underserved areas. Within the last month this entire landscape has changed at the federal level, at the state level, and at the hospital level. The traditional concerns of the medical staff office, state medical boards, and CMS have largely evaporated. Many of these entities are endorsing telemedicine for the safety of the surgical workforce and patient care during the pandemic. It is difficult to predict the new standard of care after the worst of the pandemic has passed, but, undoubtedly, telemedicine will be an integral part of health care in the future.

A prime example of telemedicine is a standard postoperative visit. Traditionally a patient might drive 20 minutes to several hours to a clinic to see a surgeon. During that appointment the surgeon asks the patient questions, performs an exam, and offers guidance about postoperative care. With telemedicine, a surgeon conducts virtual visits, either through a telemedicine platform or using a video-enabled electronic health record (EHR) connecting to patients at home. And, typically, the surgeon is at home. This ability to safely and securely connect with our patients in a scheduled, high-fidelity fashion is how many surgeons conduct postoperative visits during this pandemic.

Telemedicine video visits can be conducted using a large enterprise vendor, such as American Well, Teladoc, or MD Live. Many EHRs also have video capabilities so that when surgeons view their schedule, they can click on the video icon and connect with a patient’s smartphone or computer. A real benefit for everyone involved during this pandemic is preventing COVID-19 exposure. However, there also are significant savings to the patient in terms of unnecessary driving time and travel costs.
Surgeons now see that telemedicine works, it is useful, and it is safe for clinical work. The American College of Surgeons and its members and partners need to define our virtual future and identify the gaps in our workflows and the technologies, so we can quickly adapt the hardware necessary to meet our needs. This crisis presents an opportunity, much like laparoscopy once did, for surgeons to be at the forefront of transforming the landscape of patient care. The College will play an integral role in this process.

Telemedicine is here forever, and certainly at a very intense level right now. We need to lead this evolution to ensure that this technology is adopted at community hospitals and among rural surgeons in an equitable fashion.