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Telemedicine in the Post-Pandemic Era: Navigating Challenges for Sustainable Adoption and Future Growth

Connor Perlin and Jeffrey Y. Wang

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As the COVID-19 pandemic swept across the globe, the landscape of patient care underwent a profound transformation. In response to concerns about viral transmission, particularly the highly contagious COVID-19, restrictions on in-person visits necessitated a substantial surge in the utilization of [telemedicine](#). This broad term encompasses a range of remote healthcare services, including synchronous visits conducted through audio or video calls, secure messaging between patients and healthcare providers, and even remote patient monitoring from the comfort of one's own home.

Telemedicine emerged as a clear solution with evident benefits during these unprecedented times, primarily by mitigating the risk of COVID-19 exposure through virtual medical visits. While the primary objective was to ensure patient safety, telemedicine presented additional advantages, including the ability for individuals to attend appointments from any location, even across state lines, eliminating geographical barriers. Moreover, [telemedicine minimized work absences](#) for patients, alleviated the need for transportation and childcare services, and mitigated the risk of contracting other illnesses in traditional healthcare settings. Another crucial advantage was the expanded access to non-local providers, which proved particularly valuable in areas facing shortages of healthcare professionals or specialists. While the peak of the pandemic has passed, a 2021 survey conducted by the National Center for Health

Statistics indicated that [37% of respondents still utilized telemedicine over the past 12 months](#), suggesting that telemedicine visits are still popular, likely due to the aforementioned benefits.

However, despite the numerous advantages, the path forward for sustaining pandemic-era adjustments poses several challenges. The easing of pandemic restrictions reached its conclusion on May 11, 2023, marking a significant milestone. As the COVID-19 public health emergency draws to a close, a 151-day transition period will commence, during which certain policies will be gradually phased out. Currently, telehealth changes remain in effect, set to expire in [December 2024](#). Beyond this point, the future of expanded telemedicine remains uncertain, offering an open path to explore its potential in the days to come.

To maximize the benefits of continued easing of telemedicine restrictions, it is crucial to address certain areas to ensure the well-being of all individuals involved. Firstly, further studies are necessary to determine if telemedicine appointments maintain the same level of care quality as in-person visits. One particular challenge in implementing telemedicine is the reliance on internet connectivity and the capability of cameras to accurately capture the patient's physical condition and overall appearance. Patients with limited access to stable internet connections, inadequate lighting, or low-quality cameras may experience longer appointment durations, leading to inefficiencies and potentially compromising the effectiveness of care. This is often exacerbated by difficulties in the provider's ability to see and communicate with the patient seamlessly. Moreover, certain diagnoses require physical examinations or maneuvers that cannot be performed effectively through virtual calls, highlighting the importance of in-person interactions in such cases. Furthermore, [disparities in the usage of telemedicine must be addressed](#), which could include maintaining the use of [audio-only visits](#). From the provider's perspective, establishing a robust infrastructure is essential for determining the suitability of

patients for telemedicine appointments. While the pandemic prompted a shift towards virtual visits, it is crucial to identify cases where in-person visits are more appropriate. Simultaneously, it is necessary to establish a suitable schedule for providers to see these patients. Some healthcare facilities may hesitate to allocate clinic space for virtual appointments, as integrating virtual and in-person appointments throughout the day can disrupt the flow and efficiency of the clinic. This arrangement may lead to providers constantly transitioning between different clinic spaces, placing additional strain on supportive staff members such as medical assistants, nurses, and scheduling staff who assist with these appointments. However, offering both practice settings could potentially enhance patient satisfaction and increase physician satisfaction by allowing them to work from home on certain days. Moreover, it is vital to ensure that the continued use of telemedicine does not result in an increase in the overall number of appointments. Access to healthcare is already limited in some areas, and introducing redundancies, such as requiring an initial telemedicine visit before an in-person visit, may lead to operational inefficiencies.

The surge in telemedicine utilization during the COVID-19 pandemic has opened doors for its continued growth in the future. However, several challenges must be overcome to achieve widespread acceptance from legislators, patients, and providers. These challenges encompass determining coverage policies, establishing appropriate scheduling protocols, addressing disparities in care, and ensuring the suitability of care settings. While these factors may seem minor in the grand scheme, their successful resolution is crucial for the sustained adoption of telemedicine. Nevertheless, if these challenges can be effectively addressed, telemedicine has the potential to become a long-term and integral part of healthcare delivery.

The authors have no conflicts to report.