Reality: Fraud in Telehealth is Uncommon
The available evidence suggests that telehealth does not have high levels of fraud.

An audit by the Office of the Inspector General examining Medicare Part B claims of March – November 2020 revealed that the majority of practitioners adhered to Medicare billing requirements. Instances where compliance was lacking were primarily due to clerical errors and challenges accessing records.1

In the Office of the Inspector General 2020 report, fewer than 1% of providers were flagged for high-risk billing practices.2

Reality: Telehealth Does NOT Cause Overutilization of Services
Telehealth may serve as a substitute for certain in-person encounters; it was not additive to in-person visits. Telehealth does not increase healthcare cost but is cost-effective.

The average number of primary care visits per patient remained steady among patients with commercial insurance, Medicare, and Medicaid insurance coverage.3

When patients were discharged from the hospital and went home, telemedicine appeared to substitute for in-person visits.4

Reality: Telehealth is as Good as In-Person Care and Sometimes Better
Telehealth improves patient satisfaction and should be an available option for all types of healthcare delivery. The provider should determine when telehealth is clinically appropriate.

In-person and telehealth patients had similar outcomes in depressive symptom reduction; and significant increases in self-reported quality of life were observed in patients receiving in-person care compared to those who received telehealth treatment (n=1,192).5

A study of 1.6M U.S. adults found modest differences in outcomes after in-person medical visits compared with telemedicine during the pandemic, “suggesting that telephone or video telemedicine was still capable of addressing most patient clinical concern areas.” 6

Reality: Telehealth is Applicable and Utilized in Urban and Rural Areas
Telehealth has been utilized across the country, not only in rural settings but also in urban areas

Eliminates barriers to care (i.e., transportation, lost wages, care giving responsibilities).

When a healthcare issue is stigmatized, telehealth can remove concerns about being seen walking into a clinic.

Assists with racial and other concordant care:
- Remote monitoring and virtual check-ins can improve management of chronic conditions, which disproportionately affect certain racial/ethnic minorities and low-income populations.
- Telehealth tools provide accessible health information and educational resources, empowering patients to better understand and manage their health.
Reality: AI in Telehealth Positively Impacts the Health System and Patients

- Artificial Intelligence (AI) helps with clinical decision-making, making electronic health data accessible and structured, overcoming drug discovery and development barriers, optimizing scheduling, patient engagement, and remote patient monitoring.  
- “AI-enabled decision support systems, when implemented correctly, can aid in enhancing patient safety by improved error detection, patient stratification, and drug management.” Conclusion drawn from reviewing 53 articles.  

Reality: Telehealth Is More Than a Video Call

- AI-powered diagnostic tools  
- Asynchronous store and forward  
- Chatbots and secure messaging platforms  
- Mobile health and digital therapeutics  
- Remote patient monitoring and wearable health devices  
- Virtual consultations and telehealth kiosks  

Reality: Americans Want Telehealth

- Telehealth utilization increased 6.3% nationally in November 2023 compared to the month prior.  
- Telehealth usage is higher than prior to the pandemic: in Q1 2020, 7% of Medicare beneficiaries had a telehealth service, compared to 15% in Q1 2023, according to Centers for Medicare & Medicaid.

References
1. Department of Health and Human Services. (2024, February). Medicare generally paid for evaluation and management services provided via telehealth during the first 9 months of the COVID-19 public health emergency that met Medicare requirements.  