

Office-Based vs. Home-Based Telemedicine

A telemedicine bridge program can take place at a centrally located telemedicine suite (e.g., community hospital, medical campus, provider office) or from a patient’s home or other private space, provided both sites are eligible for reimbursement.

With an **office-based visit**, patients check in for their appointment and are shown to a private room where they meet with their medications for opioid use disorder (MOUD) provider, who is at another location, by video conference. A nurse or medical assistant trained in telehealth remains with the patient throughout the visit to support the use of technology, collect a urine sample, validate that the sample temperature is body temperature, and submit the sample to the lab.

With a **home-based virtual visit**, a virtual meeting is scheduled with the patient using a platform that complies with HIPAA standards. At the time of the scheduled visit, the patient can sign in with a smart phone or computer with stable internet access. The patient will be admitted to the virtual room by the provider when the provider is ready to begin the visit.

The following table gives an overview of the general favorability of various factors when considering whether to use office-based or home-based telemedicine, but these vary by individual patient.

Favorability of Office-Based vs. Home-Based Telemedicine

| Factor | Office-Based Telemedicine | Home-Based Telemedicine |
|--|---|---|
| Appointment Scheduling | LEAST FAVORABLE Very limited; may not work for patients with job/school hours | MOST FAVORABLE Very flexible; patient must sign telemedicine consent form |
| Patient Convenience | LEAST FAVORABLE Limited to office hours, which may be a few hours/week | MOST FAVORABLE |
| Patient Attendance (No Show) | MOST FAVORABLE | MOST FAVORABLE |
| Patient Privacy | FAVORABLE | FAVORABLE |
| Patient Comfort with Technology | MOST FAVORABLE Not required; staff on site to support use | FAVORABLE May limit patient panel due to concerns about tech use |

| Factor | Office-Based Telemedicine | Home-Based Telemedicine |
|--|--|--|
| Patient Internet Access | MOST FAVORABLE Not required | FAVORABLE Required; a challenge in some rural areas; community hot spots may help |
| Provider Convenience | FAVORABLE Must work around schedule of office where patient visit occurs; staff at office manage technology and urinalysis | MOST FAVORABLE Can be integrated into regular practice schedule |
| Patient Testing (Urinalysis) | MOST FAVORABLE Generally available onsite during office visit | FAVORABLE Scheduled far enough in advance for provider to receive results; coordination with lab to streamline process |
| Rental of Space | LEAST FAVORABLE Constrains appointment times; more expensive | MOST FAVORABLE None |
| Electronic Medical Record (EMR) | FAVORABLE Locations within same delivery system <u>may</u> use the same EMR version; otherwise remote/paper workaround is needed | MOST FAVORABLE Provider's home EMR |
| Telemedicine Equipment | MOST FAVORABLE Technical support generally available | FAVORABLE Patient/provider support of Zoom or other platform on smart phone or computer; must be HIPAA-compliant |
| Practice Staffing | FAVORABLE May need to identify/lease local staff; turnover and tech support challenges | FAVORABLE Provider manages visit; practice staff help with scheduling, platform, updating patients |

| Factor | Office-Based Telemedicine | Home-Based Telemedicine |
|----------------------|---|--|
| Reimbursement | <p>FAVORABLE</p> <p>May be less than in-person visit (outside COVID-19 pandemic), but generally covered by most payers</p> | <p>LEAST FAVORABLE</p> <p>May be significantly less than in-person and not covered by most payers (outside pandemic)</p> |
| Billing | <p>FAVORABLE</p> <p>Requires process for handling cash if copay collection occurs onsite</p> | <p>LEAST FAVORABLE</p> <p>Requires process for collecting and validating insurance and copay; may have greater bad debt</p> |

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