BRIGHT·MD

The Ultimate Guide to Asynchronous Telehealth

What is asynchronous telehealth, how does it work, and why do health executives, providers, and patients need to know about it?

In this **Ultimate Guide to Asynchronous Telehealth**, we break down what asynchronous technology means for healthcare and its historical origins. We dive deep into misconceptions we continue to hear around asynchronous care, debunking common lines of thinking and clarifying how the technology can better patient access and streamline clinician workload.

Lastly, we look at the benefits of implementing an asynchronous care solution and how health systems throughout the U.S. are seeing efficiency improvements and cost savings as a result of technology like the Bright.md platform.

With this Ultimate Guide, you will have a solid understanding of asynchronous telehealth, the value it provides to patients and providers alike, and how health systems are implementing the technology to address today's top healthcare concerns.

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Introduction: Why asynchronous care?

Prior to the Covid-19 pandemic, telehealth was positioned as a nice-to-have for health systems. Rumblings about its potential on a direct-to-consumer basis were just beginning, as countries across the globe soon found themselves adapting to remote means of communication and care.

Today, asynchronous telehealth—such as online interview forms, or chatting with a provider—has been propelled into the spotlight, fueled in part by a consumer push for more tailored, personalized, and streamlined experiences. The challenge? Many health executives, providers, and consumers are still unfamiliar with how asynchronous technology works.

> Just 20 percent of consumers have used this type of technology prior to the pandemic, but **87 percent of patients who had an asynchronous visit with a provider say they would use it again**, proving its potential.

Here's why leading health systems have implemented asynchronous telehealth as a key tool for improving care delivery:

Asynchronous care

Due to its proven ability to improve efficiencies, asynchronous care is being used to address clinician trauma and shortages as a result of the pandemic.

✓ Asynchronous platforms help health systems remain competitive against consumer healthcare offerings growing in popularity, such as Walmart Health and Amazon Care.

✓ Asynchronous telehealth is uniquely positioned to function as both a front door to a health system, and a modality for addressing common concerns like flu symptoms, rashes, or ear pain.

✓ By streamlining clinical workflows, decreasing patient time to care, and increasing the number of patients seen, asynchronous technology can also help drive revenue and efficiency.

✓ Unlike typical virtual care services that require video, asynchronous telehealth can create efficiencies by not relying on direct interaction with a patient throughout.

> In this guide, we break down what asynchronous communication is and how it's being used in healthcare. We dive into the history of asynchronous technology in the healthcare sector, common misconceptions about asynchronous telehealth, and why Bright.md is the leading choice for asynchronous care.

What is asynchronous communication in healthcare?

Asynchronous technology is considered to be one of four modalities in telehealth. Importantly, it can standalone for effective care delivery for hundreds of low-acuity conditions, or can be paired with another modality of telehealth to streamline care, including synchronous telehealth, mobile health, or remote patient monitoring (RPM).

According to Advisory Board, asynchronous technology allows for remote, non-real-time communication between providers and patients. Unlike video-based telehealth programs that require patient and provider to be on screen at the same time, asynchronous telehealth solutions—sometimes called "store-and-forward" platforms—aren't as rigid, and instead allow a patient or provider to access a platform when and where they want.

Often, asynchronous technology stores a patient's data in a secured, cloud-based platform which is later viewed by their clinician. Based on the platform of choice, specific protocols or workflows are developed to ensure consistent, quality care. Data collected from the patient can include intake interviews, medical images, health history, allergies, or any additional health parameters. AI-powered asynchronous platforms can then generate an array of potential diagnoses for low-acuity concerns and a suggested care plan. With Bright.md's solution, there's always a provider on the other end of the technology: the provider reviews this information shared by the patient, approves or changes the diagnosis, and determines the appropriate course of patient care and follow-up.

Compared to synchronous telehealth like a video visit, asynchronous communication decouples the components of the patient-provider interaction, so they can occur at different times at the convenience of the participating parties.

Common types of asynchronous telehealth

Secure messaging emails with providers

Digital intake forms

Online chats with a human provider

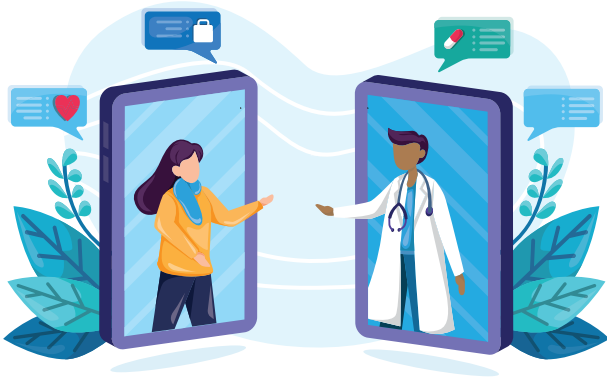Virtual clinical interviews with dynamic content

This approach is ideal for evidenced-based care, where providers are able to gather all of the information on a patient, analyze the data, match it to evidence-based care, and make an effective diagnosis.

And that is how the magic happens. Asynchronous telehealth has the power to reduce the administrative burden on providers by integrating into existing workflows in their Electronic Health Record (EHR). This means providers can deliver quality care to patients in about three minutes or less on average with asynchronous telehealth, compared with more than 20 minutes for a standard synchronous visit.

For patients with common conditions that make up more than half of urgent or primary care visits— think rashes, UTIs, the flu or common cold, ear or eye pain—asynchronous telehealth gives them a diagnosis and treatment plan from a provider anywhere, anytime, without having to talk to someone in real time.

The history of asynchronous telehealth

According to Smithsonian Magazine, it was Hugo Gernsback who imagined the concept of telehealth on the cover of Science and Innovation Magazine back in 1925. The name for Gernsback's device, the "Teledactyl," would be later adopted in part to describe the very concept he sought to portray on this cover. Telemedicine, telehealth, connected health, connected care, and virtual health are all terms derived from this name and are often used interchangeably. Since then, the U.S. Health Resources & Services Administration (HRSA) has defined the differences between telehealth and telemedicine.

"Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Telehealth is different from telemedicine because it refers to a broader scope of remote healthcare services than telemedicine. While telemedicine refers specifically to remote clinical services, telehealth can refer to remote non-clinical services."

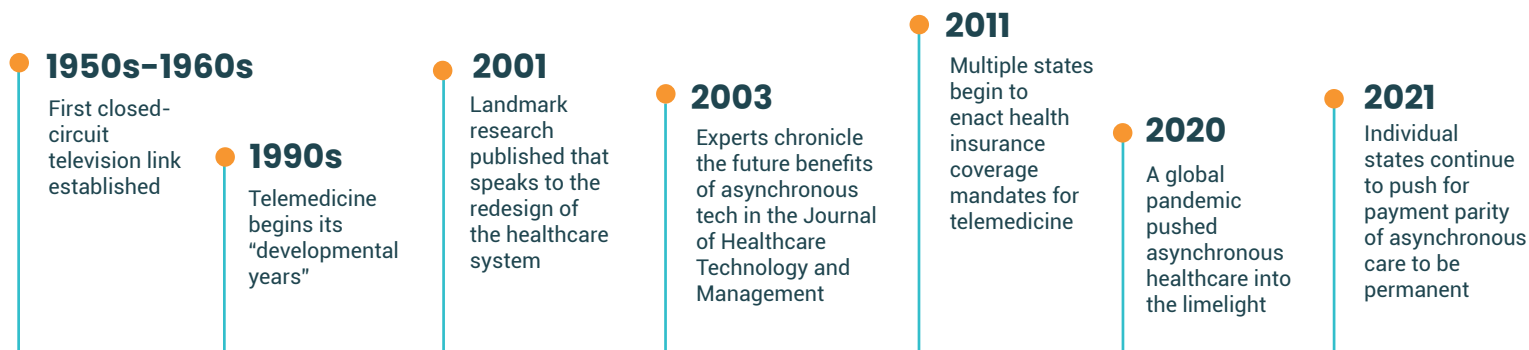— Health Resources & Services Administration (HRSA)

Between the late 1950s and early 1960s, one of the earliest and most famous use cases of hospital-based telemedicine occurred—a closed-circuit television link was established between the Nebraska Psychiatric Institute and Norfolk State Hospital for psychiatric consultations.

Although several university programs began serious planning efforts toward the end of the 1980s, reports of telemedicine consultations were far and few between. It wasn't until the 1990s that telemedicine began to see its "developmental years." During this decade, large state and system projects were created, allowing telecommunication to become more accessible and affordable. The passage of state and federal legislation also propelled the field forward by recognizing telemedicine as a reimbursable mode of care.

In 2001, a landmark paper published as part of the Institute of Medicine's Quality of Healthcare in America project titled *Crossing the Quality Chasm: A New Health System for the 21st Century*, said that "information technology must play a central role in the redesign of the health care system if a substantial improvement in quality is to be achieved." This soon led to advances in telecommunication and information technology addressing disparities among rural communities and their access to care.

Timeline

1950s–1960s
First closed-circuit television link established

1990s
Telemedicine begins its "developmental years"

2001
Landmark research published that speaks to the redesign of the healthcare system

2003
Experts chronicle the future benefits of asynchronous tech in the Journal of Healthcare Technology and Management

2011
Multiple states begin to enact health insurance coverage mandates for telemedicine

2020
A global pandemic pushed asynchronous healthcare into the limelight

2021
Individual states continue to push for payment parity of asynchronous care to be permanent

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In 2003, authors of a study published in the International Journal of Healthcare Technology and Management surmised that asynchronous communication technologies were likely to cause "major changes" in the way patients and providers communicate. "Initially, these technologies will be applied to undemanding communication uses, such as requesting prescription refills. In the longer term, however, the technologies may provide strategic benefits to healthcare innovators," they wrote. Policy advancements continued to support the evolution of telehealth during this decade. By 2010, 11 states including California had enacted some form of health insurance coverage mandate for telemedicine. Other states soon followed suit, each with varying degrees of requirements with regard to mandated coverage for telemedicine.

As the pandemic swept across the globe throughout 2020, asynchronous telehealth became a revolution of sorts. A number of factors contributed to the rise of this approach to care, including a generation of incoming providers who grew up in a digital world. With more of an appetite for on-demand communication—mixed with a global pandemic that limited in-person care—patients and providers are becoming increasingly open to the benefits of asynchronous telehealth technology.

This shift in care delivery is also making its way through state legislatures—which is critical, as policy changes and reimbursement parity are lagging behind technology when it comes to asynchronous care. For instance, in May 2021, Arizona Gov. Doug Ducey signed HB 2454, which allows patients and providers to establish a patient-provider relationship via asynchronous interactions and requires payors to reimburse asynchronous telehealth at a rate equal to an in-person visit. Colorado governor Jared Polis soon followed suit, signing HB 21-1190, which expanded the state's definition of telemedicine to include "information, electronic, and communication technologies, remote monitoring technologies, and store-and-forward transfers." Maine, Maryland, New York, Idaho and more have made similar moves, as has the federal government.

Debunking 5 common misconceptions of asynchronous telehealth

Misconception #1:
Asynchronous telehealth hinders care quality.

Fact:

According to Bright.md's Chief Medical Advisor Dr. Edward Abraham, clinicians have concerns over asynchronous technology and its ability to accurately diagnose patients and offer a quality care experience. However, it's important to note that with solutions like Bright.md, there are safety nets in place and workflows that allow clinicians to approve and/or change the platform's suggested diagnosis. "This is an adjunct to care; it's not a substitute for care at all," he said. "There are checkpoints and quality control."

Additionally, Bright.md is the only asynchronous telehealth platform that integrates clinical content, ensuring a quality experience for both provider and patient. Content is evidence-based and updated regularly based on the latest clinical guidelines, and the content is evaluated and maintained by a team of physicians, writers and editors. A Lead Clinician at one health system shared that he reviewed all of Bright.md's content in detail and was "extremely impressed", sharing that it would "take thousands of hours of clinician time to even attempt".

Misconception #2:
Physicians don't control treatment or decisions.

Fact:

With today's level of physician burnout at an all-time high, clinicians can and should consider using technology to help lift administrative burdens. According to Dr. Abraham, though, clinicians are often change resistant. "There are a lot of health systems with physicians not wanting to give up control, even though they don't need to be doing everything," he said.

However, Bright.md increases the capacity of existing clinical teams while eliminating 90 percent of clinicians' administrative work. The platform does this by automating clinical intake and pre-visit interviews, so instead of losing control, physicians are empowered to spend more time with complex patients. Plus, Bright.md acts as decision support so a provider is always the one ultimately deciding on diagnosis and treatment for any patient who uses the asynchronous platform.

Misconception #3: Asynchronous visits won't be reimbursed.

Fact:

Telehealth reimbursement is a concern among many, and rightfully so. Payment parity requires healthcare providers to be reimbursed the same amount for a telehealth visit versus in-person, and during the pandemic, many states implemented temporary payment parity.

As of August 2021, many states are considering the permanent implementation of payment parity to include asynchronous telehealth, with 18 states requiring it currently. Five states have payment parity in place with caveats, while 27 states currently have no payment parity.

Misconception #4: Patients struggle with or won't use the technology.

Fact:

As hospital systems across the U.S. continue to struggle with substantial loss in revenue in 2021, patient attraction and retention is critical, and in turn, concerns around patient uptake of technology are high. With asynchronous platforms like Bright.md, patient and provider experience is at the center of everything we do.

The platform is developed using ongoing feedback and conversation from customers, while our product roadmap is driven by customer challenges and user testing. Customers turn to Bright.md as a trusted thought partner on innovation, which leads to impressive numbers around patient satisfaction and loyalty—Bright.md has a 96 percent patient satisfaction rate, while 90 percent of patients who have used the Bright.md platform say they want to again.

Misconception #5: Asynchronous care isn't thorough.

Fact:

Fact: As the industry continues to better understand asynchronous technologies and their benefits, it's important to recognize what asynchronous technology is not—chat bots and symptom checkers are tools that are not truly asynchronous platforms because there is no provider. Unlike other AI-symptom and triage platforms that struggle to prove value throughout the entire patient/provider experience, Bright.md combines proprietary content with a streamlined experience that still leaves ultimate control—diagnosis and treatment—with the provider.

The platform uses proprietary clinical content to help automate and streamline clinical workflows, pre-visit interviews, and patient intake, ahead of any in-person or virtual appointment. The platform has 41 modules that cover conditions that make up more than 50 percent of primary and urgent care visits, with 500 ICD-10 codes and 110 diagnoses.

Common conditions treated effectively with asynchronous care

Cold, cough, flu

Skin rash

Urinary tract infection

Ear infection

Depression & anxiety

The benefits of implementing an asynchronous telehealth platform

The benefits of implementing an asynchronous telehealth platform are many. From reduced costs to streamlined workflows, a solution like Bright.md is a staple for those looking to develop a true hybrid care model post-pandemic.

Check out five of the benefits of implementing asynchronous technology in your organization.

1. Improve patient access to quality care.

If used correctly, asynchronous technology can help improve access to quality care, and at Bright.md, that remains at the core of our product. Bright.md's asynchronous platform addresses key barriers to access, including transportation, language, technology, cost, wait times, health literacy and inclusivity. A top-tier asynchronous platform allows for on-demand and virtual access through web or mobile, while health literacy is enabled with clinical content that's free of medical jargon. An asynchronous platform that helps with care access should also allow for connection without broadband—Bright.md operates on any device with an Internet connection.

Additionally, Bright.md's asynchronous platform results in reduced wait times, with patients hearing from their doctor in an average of six minutes. Lastly, our team of developers, writers and clinicians constantly ensure the platform is built and maintained for a diverse patient population and is continually updating the interface to be inclusive of gender identities, socioeconomic background and other factors.

2. Reduce costs and gain efficiencies in treatment for common primary and urgent care conditions.

With an asynchronous platform like Bright.md, health systems are able to reduce the costs associated with expensive ER trips by using the solution to deliver care for low-acuity conditions. In fact, a key cost saver is ER avoidance—Bright.md helps redirect patients with urgent, low-acuity needs to our solution, as opposed to the patient going to an ER. Across Bright.md users, approximately two percent have said they would have visited an emergency room if they didn't have access to Bright.md. The platform helps reduce the costs to deliver care for these kinds of conditions, while decreasing provider time required to treat.

Additionally, patients using the Bright.md platform are charged between $0 and $49, depending on the customer. This is in contrast to a $130 price tag for a traditional appointment.

3. Stay competitive while attracting and retaining patients.

With the rise of self-service consumer-facing applications like Netflix, patient expectations have shifted and the landscape for healthcare is becoming increasingly competitive. Patient experience has become a key factor to consider when determining what technology makes sense for your hybrid care strategy, and as a result, the concept of a strong "digital front door" is resonating with those looking to attract and retain patients. Combine that with decreased revenue as a result of the pandemic, and the case for technology that drives patient loyalty is as strong as ever.

With Bright.md, we pride ourselves on using customer and patient feedback to drive product development. Developers are constantly evolving our products and platforms based on ongoing feedback, and as a result, 90 percent of patients who have used Bright.md say they want to use it again. Our team collects patient feedback after every interview and uses those insights to shape improvements to UX/UI and our product roadmap. And as a result, patient feedback has centered on ease-of-use, short wait times, and a better sense of control over their healthcare experience.

4. Eliminate administrative burdens on providers.

It's no secret today's clinicians are facing feelings of burnout at an unprecedented level. As stress levels skyrocket and providers prepare for possible second waves of Covid, they're often pressed for time and resources while struggling to use clunky EHR interfaces. According to Bright.md's Dr. Edward Abraham, an asynchronous platform can help eliminate administrative burden for providers and improve the qualityof care because of its consistency and thoroughness.

> "Clinicians are spending so much time with their EHR that they're burnt out. So from a technology perspective, they're looking for help with their daily activities; they want to spend more time having human contact."
>
> — Dr. Edward Abraham
> Chief Medical Advisor, Bright.md

Ultimately, he added, and for the sake of many clinician relationships with system leadership, "providers hope that the technologies chosen will reduce the documentation burden and allow them to be more effective care providers." With the Bright.md platform, system leaders can increase the capacity of their existing clinical teams by eliminating 90 percent of clinician administrative work.

The system does this by automating chart notes, after-visit summaries, treatment plans, prescriptions and more, along with clinical intake and pre-visit interviews—directly integrated in the EHR. In turn, Bright.md reduces provider time to deliver care from 20 minutes on average to three minutes or less for hundreds of low-acuity conditions.

5. Help develop a robust, innovative telehealth portfolio.

Many systems are in the process of reassessing their care strategy and implementing a hybrid approach to delivering care. Physicians and consumers alike recognized the value of this approach during the height of the COVID pandemic, yet many digital tools in the space only shift where care is delivered—without addressing the entire care journey for both patients and providers. In order to build a robust telehealth portfolio that supports both virtual and in-person care, solutions that consider the entire care experience are key.

At Bright.md, we aim to streamline the entire care experience by automating clinical workflows, pre-visit interviews, and patient intake ahead of any in-person or virtual appointment, removing the mundane parts of healthcare and ultimately increasing the quality of all care encounters.

Case study: How asynchronous telehealth is transforming care delivery

How one health system addressed clinician shortages and improved access to high-quality care.

The Problem

New Mexico-based Presbyterian Health Services found itself facing a shortage of clinicians, and noticed some inefficiencies in the types of low-acuity conditions being treated in their ER and their urgent care. They also needed to improve access to quality care: most of their patients live in rural areas and have limited financial resources. As the main provider for more than one-third of New Mexico's residents, Presbyterian began looking for trusted technology solutions that could enable the system to address these issues. The organization began to research solutions that would help develop a best-in-class digital care strategy, while also improving efficiency and decreasing cost of care.

Why Bright.md?

"We evaluated several vendors and found Bright.md to be the best-in-class solution. We were drawn to the company's clinical content and modules that could cover hundreds of the low-acuity conditions that we most wanted a solution to help address."

— Dr. Denise Gonzales, Presbyterian Healthcare Services

The Solution
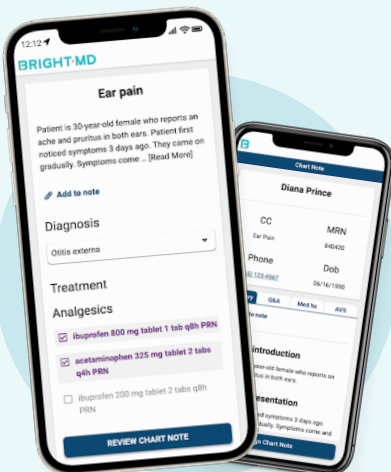
Presbyterian soon launched its Online Visits program powered by Bright.md at no cost to its health plan members. Shortly after its implementation, the system opened up the program to the general population. Since launching roughly five years ago, Presbyterian has grown its program to about 20,000 visits per year. By helping to triage low-acuity conditions with a lower-level cost of care, Presbyterian saved time and resources across its call centers, primary care, urgent care, ED and video visits. In 2020 alone, the system had 35,000 online visits conducted through Bright.md. These visits would typically have taken 20 minutes on average to complete, but with Bright.md, they were reduced to just two to five minutes, on average. About 4 percent of Presbyterian patients who completed an online visit in the last year said they would have gone to the ED if they didn't have access to the technology, while an additional 11 percent of patients would have simply "done nothing."

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About Bright.md

Bright.md is a leading virtual care solution trusted by health systems to automate clinical workflows and administrative tasks, improving patient and provider engagement and driving operational efficiencies. With its pioneering asynchronous technology, Bright.md improves how health systems deliver care, from patient acquisition through clinical interview and treatment, to reduce 90 percent of administrative workflows, lower patient wait-times to six minutes on average, and drive patient loyalty with industry-leading satisfaction ratings.

Founded in 2014 and based in Portland, Oregon, Bright.md has been named a Gartner Cool Vendor in Healthcare, a Vendor to Watch by Chilmark Research, and is the preferred choice of AVIA's Virtual Access cohort.

Bright.md won the Best Overall Telehealth Solution in the 2021 MedTech Breakthrough Awards, won Most Disruptive in the 2021 Oregon Technology Awards, and was recognized on the CB Insights Digital Health 150 in 2020.

Learn more about Bright.md and discover the benefits of asynchronous care now!