



# Evaluating the Efficacy of Tele health Services in Managing Chronic Conditions in Elderly Patients during the COVID-19 Pandemic

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## INTRODUCTION

The COVID-19 pandemic has catalyzed significant transformations in healthcare delivery, prominently marked by an accelerated adoption of telehealth services. For elderly patients, who are at heightened risk for both COVID-19 complications and chronic conditions, the transition to telehealth has been both a necessity and a challenge. This article evaluates the efficacy of telehealth services in managing chronic conditions among elderly patients during the pandemic, examining the benefits, challenges, and outcomes of this paradigm shift.

Before the pandemic, telehealth was an underutilized resource, often hindered by regulatory, financial, and technological barriers. The pandemic-induced necessity for social distancing and minimizing in-person contact prompted a rapid overhaul of these barriers, leading to an unprecedented rise in telehealth utilization. According to the Centers for Disease Control and Prevention, telehealth visits increased by 154% in the last week of March 2020 compared to the same period in 2019.

Telehealth has enabled continuous management of chronic conditions, such as diabetes, hypertension, and heart disease, without the need for elderly patients to leave their homes. This has been crucial in reducing the exposure risk to COVID-19. Telehealth services have improved accessibility for elderly patients, especially those with mobility issues or those living in remote areas. This has been facilitated through various platforms, including video calls, phone consultations, and remote monitoring devices [1-3].

Receiving medical care from the comfort of their homes has enhanced patient satisfaction and compliance with medical advice. Elderly patients often feel more at ease in familiar surroundings, which can improve communication with healthcare providers. Telehealth can reduce the financial burden associated with frequent in-person visits, including transportation costs and the need for caregivers to accompany elderly patients.

A significant portion of the elderly population faces challenges with using digital devices and navigating telehealth platforms. Issues

such as lack of digital literacy, internet access, and appropriate devices can impede the effective use of telehealth services. Ensuring the privacy and security of patient information in telehealth interactions is paramount. The shift to digital platforms has raised concerns about data breaches and the protection of sensitive health information.

While telehealth offers many benefits, it may not always provide the same quality of care as in-person visits. Physical examinations, diagnostic tests, and certain treatments are difficult to conduct virtually, potentially leading to gaps in care. Despite temporary relaxations in regulations and reimbursement policies during the pandemic, there remains uncertainty about the long-term sustainability of these measures.

## DESCRIPTION

Research and anecdotal evidence have shown mixed outcomes regarding the efficacy of telehealth in managing chronic conditions in elderly patients. A study published in the Journal of Medical Internet Research found that telehealth consultations for chronic disease management resulted in similar, if not improved, clinical outcomes compared to traditional care. Patients reported high satisfaction levels and appreciated the convenience and reduced travel time.

Conversely, some studies have highlighted the limitations of telehealth, particularly for patients requiring comprehensive physical assessments or those with complex health needs. The lack of physical interaction and the potential for miscommunication can sometimes lead to suboptimal care.

The COVID-19 pandemic has demonstrated the potential of telehealth to transform healthcare delivery for elderly patients with chronic conditions. While there are clear benefits, significant challenges must be addressed to optimize the efficacy of telehealth services. Future efforts should focus on improving digital literacy among the elderly, enhancing the security of telehealth platforms, and developing hybrid care models that integrate both telehealth and in-person visits.

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**Received:** 01-April-2024, Manuscript No. jggr-24-25827; **Editor assigned:** 02-April-2024, Pre QC No. P-25827; **Reviewed:** 16-April-2024, QC No. Q-25827; **Revised:** 22-April-2024, Manuscript No. R-25827; **Published:** 30-April-2024, DOI: 10.35248/2167-7182.2024.13.724

**Citation:** Brellent C (2024). Evaluating the Efficacy of Tele health Services in Managing Chronic Conditions in Elderly Patients during the COVID-19 Pandemic. J Gerontol Geriatr Res. 13: 724.

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The lessons learned during the pandemic offer a valuable blueprint for the future of telehealth. By continuing to innovate and refine telehealth services, we can ensure that elderly patients receive high-quality, accessible, and patient-centered care, regardless of future health crises. The rapid shift to telehealth during the COVID-19 pandemic brought about significant changes in regulatory and reimbursement policies. These changes were crucial in facilitating the widespread adoption of telehealth services, but they also highlighted existing challenges and areas needing reform. This section delves into the regulatory and reimbursement issues encountered during the pandemic and explores the implications for the future of telehealth. To respond to the urgent need for remote healthcare services, various regulatory bodies implemented temporary measures to ease restrictions on telehealth. Many states temporarily allowed healthcare providers to offer telehealth services across state lines without requiring additional licensure. This move aimed to address provider shortages and improve access to care [4,5].

The U.S. Department of Health and Human Services issued a notice of enforcement discretion regarding HIPAA compliance for telehealth. This allowed providers to use popular communication platforms like Zoom, Skype, and FaceTime, which were not fully HIPAA-compliant, to deliver telehealth services without the risk of penalties. The Centers for Medicare & Medicaid Services expanded the list of services reimbursable under telehealth, including more types of medical consultations, therapy sessions, and preventive health services.

Regulatory agencies collaborated with telehealth platforms and technology providers to ensure that the necessary infrastructure and support were in place for the surge in telehealth usage. Before the pandemic, reimbursement for telehealth services was limited and often varied by payer and state. Several states enacted or expanded telehealth parity laws, which require insurers to reimburse telehealth services at the same rate as in-person services. This move was essential in encouraging providers to adopt telehealth practices.

## CONCLUSION

CMS implemented temporary policy changes to allow Medicare and Medicaid beneficiaries to access a wider range of telehealth services. These changes included higher reimbursement rates for telehealth visits, eliminating geographical and originating site restrictions, and allowing audio-only consultations for certain services. Many private insurance companies also adjusted their reimbursement policies to align with the expanded use of telehealth, often mirroring the changes made by CMS.

## ACKNOWLEDGEMENT

None.

## CONFLICT OF INTEREST

None.

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