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Overcoming Licensing & Credentialing Bottlenecks for Telehealth Providers

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Breaking through the licensing & credentialing bottlenecks for telehealth providers

Now that virtual care is here to stay, the same systems put into place to ensure physician compliance and patient safety have created bottlenecks that limit telemedicine expansions. These restrictions not only create inefficiencies for our healthcare system, but also restrict patients' ability to access new modes of care.
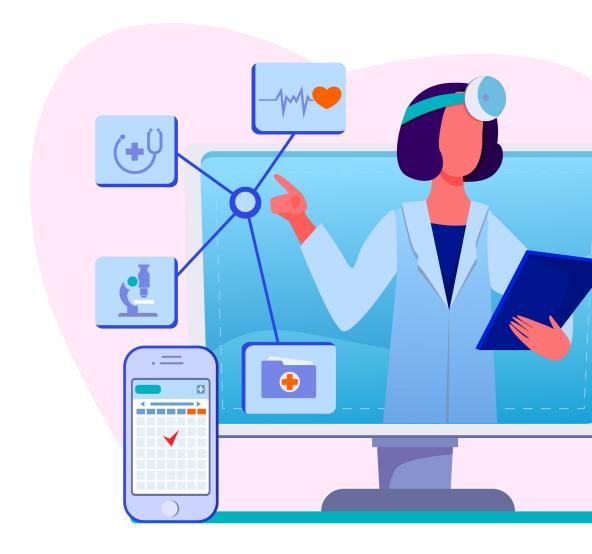
Virtual care is here to stay

The rapid acceleration of telemedicine use during the COVID-19 pandemic has transformed the path of healthcare delivery, effectively expanding patient access and changing the way many patients perceive the quality of virtual care. Since 2017, investment in virtual care and digital health companies has attracted 3x the level of venture capitalist investment, leading Mckinsey & Company to project that up to $250 billion of U.S. healthcare spend could potentially be shifted to virtual or virtually-enabled care.

Another recent McKinsey study further reinforces that virtual care is now an essential part of the care continuum. Telehealth utilization has stabilized at levels 38x higher than pre-pandemic.

Yet, even with the inroads made by telehealth technology, provider willingness to embrace virtual care modalities, and an increase in patients seeking telemedicine visits, the industry continues to battle outdated licensing and credentialing processes that threaten its progress.

Now that the future of medicine has arrived, the same systems put into place to ensure physician compliance and patient safety have created costly bottlenecks that limit telemedicine expansions. These restrictions not only create massive inefficiencies within health systems, but also restrict patients' ability to access new modes of care.

More importantly, this waste inhibits the ability of health systems to reinvest into its healthcare infrastructure, potentially leaving underserved patients — including those who are low-income, differently-abled, immunocompromised, elderly, or without transportation — behind. These investments will be needed as the population continues to age and put a strain on our healthcare systems.

One thing is certain: the pandemic has revealed cracks in the fault lines. As telehealth adoption approaches nearly 20% of all outpatient and office visit claims, health systems and ACOs can benefit by taking advantage of a modern approach to licensing and credentialing and closely monitoring regulatory changes that could transform the telehealth landscape for good. Whether that happens this year or next, it's time to break through licensing bottlenecks for telehealth providers, now.

Telemedicine Issues

With the increase in customer demand, many health systems are struggling to navigate the labyrinthine process of medical licensing for onboarding new providers.

At the heart of the issue is states' geographic requirements. Currently, states require physicians to obtain a medical license in the state where they intend to practice. While many states moved to waive licensing restrictions and streamline credentialing during pandemic emergency orders to promote telehealth visits, these temporary measures are posed to lapse, creating an uncertain landscape for patients and providers alike.

And although an out-of-state patient can often be seen in a doctor's office, that same doctor cannot have a virtual visit with the same out-of-state patient. We've all heard the heartbreaking stories of patients driving across state lines just to meet with providers virtually.

Many of these mandates defy common sense. Since the pandemic, this has created confusion for telemedicine providers applying for multistate licensure, and an increasingly hodge-podge assortment of federal and state requirements surrounding the practice. For example, while Connecticut suspended license requirements for out-of-state providers without needing to register in the state during the COVID emergency (so long as they maintained good standing in other states), Massachusetts required physicians to obtain a license verification from the state's medical board before they could deliver telemedicine services to a resident in that state.

According to Contemporary Pediatrics, which addressed the uncertainty regarding licensure, the varying rules "almost certainly resulted in cases of non-compliance … [where] providers may not always be in a position to determine the patient's location at the time of the encounter, thereby inadvertently running afoul of a state's medical practice and licensure regulations."

The regulatory risks for providers and health systems is one of the reasons why many are calling for telemedicine licensing and credentialing reform and the topic has tumbled into the national spotlight. In addition to ensuring telemedicine visits are treated and reimbursed the same as in-person visits, there are several legislative bills, such as the Telemedicine Act, as well as initiatives like the Interstate Medical Licensure Compact, which all seek to improve telemedicine parity on a more permanent basis.

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A modern approach to managing provider networks

Even when special measures are accounted for, the amount of regulatory complexity surrounding telemedicine credentialing and licensing remains confounding. With the current process, provider credentialing can take anywhere from 60-120 days and require up to 20 hours of work per each provider application.

Still, many health systems continue to rely on manual administrative processes to facilitate provider licensure, such as using spreadsheets to manage provider data, serving as yet another critical drawback.

The snail pace has slowed many companies' otherwise forward momentum into telemedicine. More importantly, the back-and-forth delays providers' ability to start delivering patient care.

We know telemedicine is here to stay, and the current framework for credentialing and licensing providers simply can't keep pace. The question then becomes, how do we optimize telemedicine' benefits for patients across the health ecosystem?

At Medallion, we believe the key to expanding patient care starts with removing the red tape that is holding health systems back. By leveraging advanced technologies, such as AI and analytics, our automated network management platform enables our healthcare partners to license providers in multiple states, and verify and monitor credentials to ensure strict compliance, no matter how state or federal regulations may change.

Our technology also makes it possible for health systems to funnel cost-savings into digital infrastructure developments, such as better technology to power virtually-enabled visits and tools to protect patient privacy.

By eliminating administrative inefficiencies, Medallion is helping providers spend less time on paperwork — and more time providing care to patients, wherever they may be. If you'd like to learn more about what Medallion can do for your organization, **request a demo today.**

About Medallion

Medallion is the first solution for healthcare companies to fully offload their clinician operations—state license management, payor enrollment, credentialing, and more—in one modern management platform. Since inception in 2020, Medallion has saved more than 100,000 administrative hours for leading healthcare companies like Cerebral, Ginger, MedExpress, Oak Street Health, and hundreds more. Medallion has raised $50M from leading investors like Sequoia Capital, Optum Ventures, BoxGroup, Susa Ventures and the founders of Ro, PillPack, Carbon Health, Nurx, One Medical, and more.

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