

AAMC Data Snapshot

Teaching Hospitals Lead in Telehealth Adoption

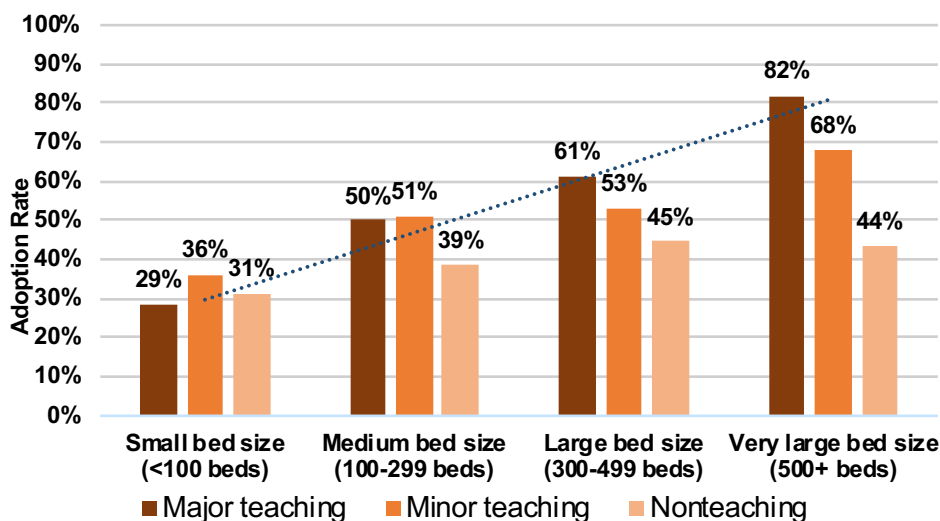
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The AAMC recently analyzed data from the American Hospital Association and found that teaching hospitals are increasingly implementing telehealth programs and could be uniquely positioned to be leaders in this rapidly growing field. Telehealth — also known as telemedicine, digital health, virtual care, or connected care — is the use of technology to deliver care at a distance.

Large, major teaching hospitals have high telehealth adoption rates.

Telehealth Adoption Rate by Hospital Bed Size and Teaching Status

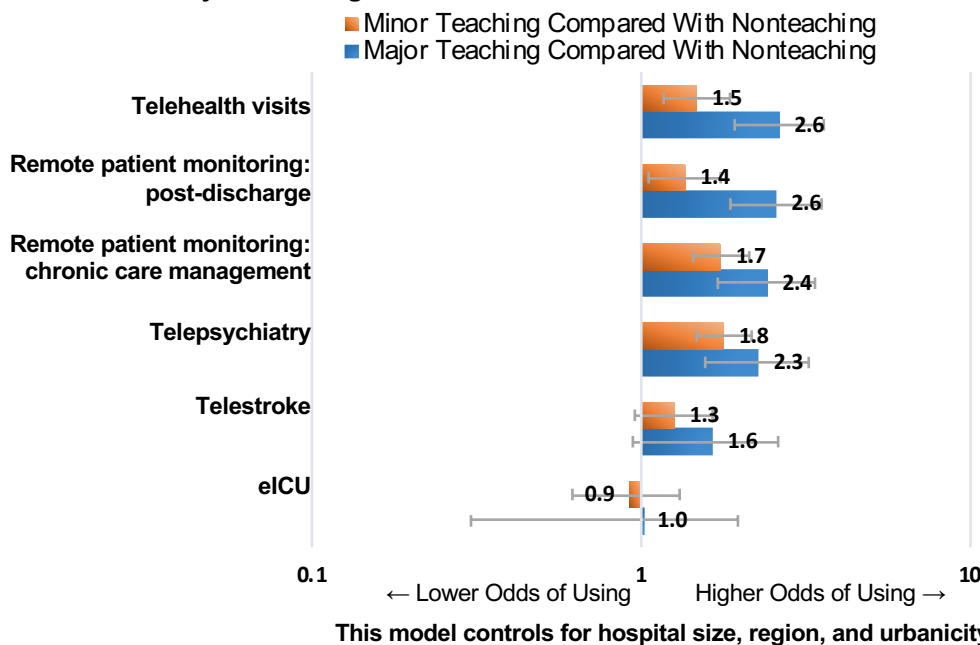


Key Findings

- Large and very large minor and major teaching hospitals have the highest adoption rates — higher than nonteaching hospitals of similar size.
- Among hospitals with 500 or more beds, 82% of major teaching hospitals and 68% of minor teaching hospitals report offering some telehealth service.
- The difference between teaching and nonteaching hospitals grows more substantial as hospital bed size increases.

Teaching hospitals are more likely to offer many types of telehealth services compared with nonteaching hospitals.

Odds Ratios and 95% Confidence Intervals for the Association of Minor and Major Teaching Status With Select Telehealth Services



Key Findings

- Major teaching hospitals have 2.6 greater odds of offering telehealth visits and post-discharge remote patient monitoring compared with nonteaching hospitals.
- Minor teaching hospitals have 1.8 greater odds of offering telepsychiatry compared with nonteaching hospitals.
- Overall, major and minor teaching hospitals have higher odds of offering many types of telehealth services compared with nonteaching hospitals.

Summary

Data from a recent American Hospital Association survey indicate that teaching hospitals tend to have higher adoption rates of telehealth, particularly those teaching hospitals with over 500 beds. Compared with nonteaching hospitals, both major and minor teaching hospitals have higher odds of offering telehealth visits, post-discharge remote patient monitoring, chronic care management remote patient monitoring, telepsychiatry, and telestroke. The only exception is eICU, with no significant difference when comparing nonteaching hospitals with major and minor teaching hospitals.

Notes:

- Odds ratios for hospitals with minor or major teaching status are relative to nonteaching hospitals, the reference group. Odds ratios greater than one represent higher odds of each outcome compared with the reference group, nonteaching hospitals. Statistical significance at the 95% confidence level is defined as having a confidence interval that does not cross 1.
- Each model controls for the bed size categories used above, census region (West, Midwest, Northeast, South), and urbanicity levels, defined by the rural-urban community area (RUCA) codes, where a code of 10 is rural, 7 through 9 is small town, 4 through 6 is micropolitan, and 1 through 3 is metropolitan.
- Major teaching status is defined by an intern-and-resident-to-bed (IRB) ratio of 0.25 or greater, while minor teaching status is defined by an IRB ratio greater than 0 and less than 0.25, using the Medicare Inpatient Prospective Payment System (IPPS) FY 2019 Final Rule Impact File.
- The data include short-term general service hospitals only and include 4,342 hospital observations.