

Preserving access to telehealth beyond COVID-19

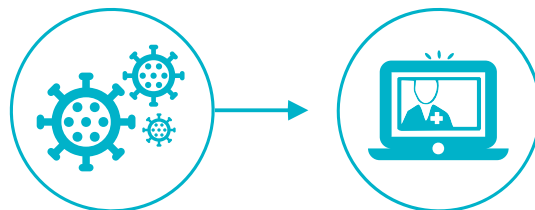


Congress should pass legislation to permanently expand access to telehealth while protecting the physician-patient relationship and promoting high-quality, comprehensive, continuous care

Background

Telehealth can enhance the patient-physician relationship, increase access to care, improve health outcomes by enabling timely care interventions, and decrease costs when utilized as a component of, and coordinated with, continuous care. Telehealth services have allowed patients and families to maintain access to their usual source of primary care, ensuring care continuity during the pandemic. It will continue to be critical as our nation recovers from the COVID-19 pandemic. Telehealth visits can also enable physicians to get to know their patients by observing them in their home environment, which can contribute to more personalized treatment plans and better referral to community-based services.

The COVID-19 pandemic has demonstrated that enabling physicians to virtually care for their patients at home can not only reduce patients' and clinicians' risk of exposure and infection but also increase access and convenience for patients, particularly those who may be home bound.



Impact of COVID-19

The Centers for Medicare and Medicaid Services' (CMS) temporary expansion of Medicare coverage and treatment for telehealth during COVID-19 has enabled physicians to rapidly pivot to providing virtual care to their patients. A return to pre-COVID telehealth policies would mean that millions of Medicare beneficiaries lose access to telehealth and would squander the time and resources that physicians have invested integrating telehealth within their practices. Congress must act to extend Medicare telehealth flexibilities beyond the public health emergency.

A nation wide survey found that patients were most willing to see their usual physician via telemedicine and most felt it was very important that the telehealth provider have access to their complete medical record.¹ Protecting and promoting continuity of care is essential to realizing the care quality improvements and cost reductions with the integration of telehealth. As Congress contemplates long-term changes to telehealth policy, it is critical to recognize that telehealth is one modality of providing care but cannot and should not fully replace in-person primary care.

According to a recent AAFP survey:

>80%

more than 80 percent of family physicians began offering virtual visits during COVID-19

~70%

nearly 70 percent would like to provide more virtual care in the future.



When it comes to telehealth, patients prefer to use telemedicine with their own doctor with whom they have an established relationship.

Solutions to Preserve Telehealth Beyond COVID-19



Any permanent expansion of telehealth benefits should be structured in a way that not only increase access to care but also promote high-quality, comprehensive, continuous care, as outlined in the [joint principles for telehealth policy](#) put forward by the AAFP, the American Academy of Pediatrics and the American College of Physicians.²

Additionally, **telehealth benefits should be designed to strengthen the patient-physician relationship** rather than disrupt it.



Congress should urge CMS to permanently cover audio-only telephone E/M visits, in addition to virtual check-ins, to preserve telehealth access for patients who may lack broadband access, have limited technological literacy, or for whom a video visit may be impractical or undesirable.

Until longer-term solutions can be deployed to address these barriers, telephone visits will be essential for ensuring that telehealth expands access to care for vulnerable populations and does not worsen health disparities.



Coverage and reimbursement should be standardized across all payers to ensure physicians continue providing virtual care to their patients.

Payment models should support the patient's freedom of choice in the form of service preferred (i.e., copays should not force patients to a specific modality). Additionally, **payment models should support the physician's ability to direct the patient toward the appropriate service modality** (i.e., provide adequate reimbursement) in accordance with the current standard of care.



Payers should cover telehealth services provided by any in-network provider and Congress should prohibit telehealth "carveouts" that only cover care provided by separately contracted, virtual-only vendors to protect patient's choice of provider and promote care continuity.

Many commercial payers temporarily expanded coverage and waived costs associated with telehealth in response to COVID-19 and flexibility provided by the CARES Act; however, coverage varies by insurance product and in some cases is limited to telehealth services delivered by preferred vendor or partners.



Ensure access to critical primary care and mental health services via telehealth.

Congress should re-introduce and pass the Expanding Access to Telehealth Act, which ensures that Medicare beneficiaries can continue to access evaluation and management (E/M) and mental health services provided via telehealth beyond the public health emergency. It also expands beneficiaries' access to essential care while protecting the physician-patient relationship.



Ensure access to telehealth services for Federally-qualified Health Centers and Rural Health Clinics.

Congress should pass legislation **eliminating the section 1834(m) geographic and originating site restrictions** to allow Medicare beneficiaries to continue accessing care at home beyond the public health emergency.

Congress should pass legislation to **ensure that Federally-qualified Health Centers and Rural Health Clinics can provide telehealth services** beyond the public health emergency.



Invest in infrastructure to promote digital health equity

Congress should introduce and pass the **Digital Health Equity Promotion Act**, to create a 5-year pilot program to fund digital health literacy programs for patients, digital health navigators, point-of-care interpretative services, digital tools with non-English language options and tools with assistive technology. Such a program would equip clinicians who serve patients in underserved communities with the tools to help them access virtual care.

1. Welch, B. M., Harvey, J., O'Connell, N. S., & Mcelligott, J. T. (2017). Patient preferences for direct-to-consumer telemedicine services: A nationwide survey. BMC Health Services Research, 17(1). doi:10.1186/s12913-017-2744 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5704580/

2. AAFP, APA, ACP. (2020, July 1) Joint Letter to Sens. Alexander and Murray. https://www.aafp.org/dam/AAFP/documents/advocacy/health_it/telehealth/LT-Congress-TelehealthHELP-070120.pdf