AMERICAN ACADEMY OF FAMILY PHYSICIANS

March 28, 2022

Dr. Alondra Nelson
Director
White House Office of Science and Technology Policy
1600 Pennsylvania Ave NW
Washington, DC 20500

Re: Strengthening Community Health Through Technology; Request for Information

Dear Director Nelson:

On behalf of the American Academy of Family Physicians (AAFP), which represents 127,600 family physicians and medical students across the country, I write in response to the request for information, *Strengthening Community Health Through Technology*, as requested by the January 5, 2022 Federal Register.

Successful Models within the U.S.

Telehealth and other digital health technologies are most valuable as part of the patient's medical home, used to supplement in-person care rather than replace it. When telehealth is provided by a patient's usual primary care physician, it enhances the patient-physician relationship, increases timely access to quality care, and improves health outcomes. Telehealth services provided by direct-to-consumer (DTC) companies are usually not integrated into patients' primary care or coordinated with the primary care physician and can result in care fragmentation. Health insurance benefit designs should not incentivize enrollees to use DTC telehealth services, for example, by offering lower copays for those services. As such, federal policies should facilitate patients' access to telehealth services from their usual source of care.

Barriers

Patients must have access to modern high-speed internet in their homes to benefit from video visits. The lack of modern broadband infrastructure has proven to be a primary barrier to equitable telehealth and digital health access for rural Americans, who are 10 times more likely to lack broadband access than their urban counterparts, leading to fewer telehealth visits, and less access to patient portals and remote patient monitoring. Many patients also do not have adequate technology to use telehealth services or may not feel confident in using it for telehealth due to low digital health literacy. Patients of color, low-income patients, rural patients, and patients in underserved areas are more likely to experience these barriers.

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Uncertainty surrounding permanent telehealth coverage and payment policies is another barrier to equitable telehealth adoption. Coverage and payment should be standardized across all payers and payment models should support the patient's and physician's choice of the appropriate modality of care. In the absence of equitable, robust access to broadband internet, coverage of audio-only telehealth services must be included in permanent telehealth policies.

Threats to patient privacy and data security are a major barrier to equitable digital health adoption, but physicians are unequipped to ensure the privacy and security of patient health data and apps or educate patients on app security. Privacy and security can be even more concerning for patients with less experience using technology and patients with limited English proficiency. Additional federal action is needed to protect patient privacy and security as health data becomes more interoperable.

The lack of standardization across EHR platforms burdens physicians and inhibits effective information sharing and care coordination across the patient's care team. The AAFP has long supported efforts to advance interoperability and data sharing standards. We encourage the administration to continue this work and prioritize reducing physicians' administrative burden.

Trends from the Pandemic

The use of telehealth has increased remarkably during the COVID-19 pandemic and will continue to be an important part of primary care after the PHE ends. According to internal AAFP surveys, fewer than 15% of family physicians were providing virtual visits to their patients before COVID-19, and during the PHE that number surged to more than 90%. More than 80% of family physicians provide telehealth services through phone calls. Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) also began providing telehealth services as part of the comprehensive primary care they provide to underserved patients. While telehealth is an efficient method of supplemental care delivery there are limits to what can be addressed through telehealth and in-person follow-up may be necessary.

Since the pandemic began, physicians have absorbed unique costs and resources to integrate telehealth software into existing clinical workflows and EHRs, hire additional staff or increase staff compensation to cover both in-person and virtual visits, assist patients in using telehealth correctly, respond to sharp increases in electronic messages from patients, and ensure physician malpractice or liability insurance covers telehealth. Payment for telehealth and other digital health services must account for these costs and support the integration of telehealth into the medical home.

Health Equity

When implemented intentionally and appropriately, digital health technology can advance health equity by enabling patients with transportation, time, distance, and language barriers to connect with their trusted primary care physician. Similarly, enhancing interoperability of EHRs improves care coordination and enables primary care physicians to address unmet needs.

However, not all patients have equitable access to telehealth services or confidence in using digital health technologies. Access to broadband for Black and Hispanic Americans is an

estimated 10 years behind that of white Americans and video telehealth rates are lowest among those without a high school diploma, older adults, and Latino, Asian, and Black individuals. Older patients and non-English speaking patients have had lower rates of telehealth use overall. Low digital health literacy and concerns among older adults with being able to see and hear their physician when using telehealth are barriers to use of telehealth and EHRs. Further, many mobile health apps are above the recommended reading level for patient materials, and many are not available in Spanish. To ensure that all patients can access digital health, policymakers must expand and support programs that distribute technology along with effective patient education on how to use digital health technologies.

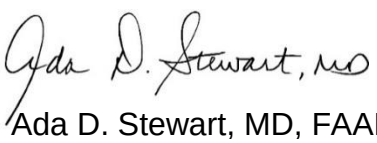
Proposed Government Actions

The AAFP recommends the following policy actions for the immediate future.

- Adopt appropriate telehealth coverage and payment policies that facilitate and encourage equitable access to high-quality telehealth services within the medical home and support physicians' ability to choose the most appropriate modality of care.
- Maintain telehealth flexibilities, including Medicare coverage of audio-only services, for at least one year after the PHE ends to avoid sudden interruptions in care delivery.
- Continue to study and analyze the data and evidence on the use of telehealth services, how physicians can be best financially and technologically supported to provide this modality of care, and the impact of telehealth and broadband on health care access and equity by ensuring data collection and evaluation include key demographic factors.
- Expand federal programs that provide all patients with the resources needed to successfully conduct video visits or access their EHRs, including the Lifeline Program, the Emergency Broadband Benefit Program, and the Affordable Connectivity Program.
- Work with Congress to create a pilot program to fund digital health literacy programs for patients, digital health navigators, point-of-care interpretive services, digital tools with non-English language options, and tools with assistive technology.
- Implement appropriate payment for electronic communication and evaluations that physicians provide for the medical management of their established patients, such as the time and work spent engaging in inbox messaging through EHRs.
- Work with ONC to allow health care organizations and certified EHR technology developers to implement needed safeguards to ensure patient privacy and security.
- Improve the EHR experience for physicians by investing in interoperability and reducing the complexity of inputting data.

Thank you for the opportunity to provide comments. Should you have any questions, please contact Erica Cischke, Director, Legislative and Regulatory Affairs at ecischke@aafp.org.

Sincerely,



Ada D. Stewart, MD, FAAFP
Board Chair, American Academy of Family Physicians