



American Academy
of Pediatrics



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July 1, 2020

The Honorable Lamar Alexander
Chair, Senate Health, Education,
Labor and Pensions Committee
Washington, DC 20510

The Honorable Patty Murray
Ranking Member, Senate Health, Education,
Labor and Pensions Committee
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray,

On behalf of the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Physicians (ACP), and the patients our physicians serve, we would like to thank you for hosting the full committee hearing entitled “Telehealth: Lessons from the COVID-19 Pandemic.” Our members have rapidly changed the way they practice to meet the needs of patients during this crisis, including an unprecedented increase in telehealth services to promote social distancing and infection control. While our organizations generally support continued flexibilities for telehealth during and beyond the public health emergency, we wholeheartedly agree with Chairman Alexander’s assertion that, “personal relationships involved in healthcare...cannot always be replaced by remote technology.” Therefore, as the Committee considers permanent changes to telehealth beyond the current public health emergency, we urge you to ensure that the flexibility to offer telehealth services be balanced with safety and quality, in addition to promoting and supporting the medical home.

Recent legislative and regulatory changes have expanded coverage, increased payment, and added flexibilities of telehealth services that have enabled pediatricians and family physicians to transform how they practice during the COVID-19 pandemic. For example, in March 2020, the AAP launched a COVID-19 Expanding Capacity for Health Outcomes (ECHO) project to increase clinician knowledge, comfort and competence regarding emergency readiness and response through the lens of COVID-19, with the aim of building capacity for primary care providers to care for children and their families affected by COVID-19. A recent survey of AAFP members found that 81 percent of family physicians started providing virtual visits for the first time during the COVID-19 pandemic and 69 percent indicated that they are interested in continuing to provide more virtual visits in the future.

Telehealth services have allowed patients and families to maintain access to their usual source of primary care, ensuring care continuity during the pandemic and will continue to be critical as our nation recovers. Even as physician practices resume in-person care, many patients may be reluctant to come for in-office visits until a COVID-19 vaccine is widely available. Also, the uncertainty around future waves of COVID-19 outbreak, which could lead to new stay-at-home orders, means that physicians need to be able to quickly pivot between providing in-person and virtual care. Our organizations are calling on Congress and private payers¹ to act quickly to avoid an abrupt interruption in coverage and reimbursement for telehealth services when the public health emergency ends.

¹ <https://downloads.aap.org/DOCCSA/Telehealth-Expansion.pdf>

Telehealth, when implemented thoughtfully, can improve the quality and comprehensiveness of patient care and expand access to care for vulnerable populations. Through a virtual visit, physicians can observe their patient's home setting which may help them identify environmental factors affecting their patient's health that they may not have in an office visit. This can aid in communicating safety concerns to caregivers and connecting patients with community-based services to address social determinants of health, among other benefits. Additionally, virtual visits increase access and reduce barriers to pediatric subspecialty care, including for Children and Youth with Special Health Care Needs (CYSHCN) that require care from multiple specialists and care coordination with the patient's primary care physician.

However, while quality telehealth care promises to increase access and mitigate barriers to care for patients, this must be done in support of and integrated within the medical home, not in place of it. Any permanent expansion of telehealth services should be coupled with an intention to provide care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety.² Expanding telehealth services in isolation without any regard for previous physician-patient relationship, previous medical history, or the eventual need for a follow-up hands-on physical examination can undermine the basic principles of the medical home, increase fragmentation of care, and lead to the patient receiving suboptimal care.^{3,4}

Our organizations are in agreement that Congress should permanently remove the current section 1834(m) geographic and originating site restrictions to ensure that all Medicare patients can access care at home, and other appropriate locations. As permanent changes to telehealth are contemplated beyond the current public health emergency, we outline the following principles for lawmakers to consider:

- Telehealth coverage and payment is essential for ensuring that our physicians have the capacity to care for patients in current and future public health emergencies. Physicians who deliver health care services through telemedicine, as well as referring clinicians and participating facilities, should receive equitable payment for their services to increase the availability of health care services for all children and families. Physicians should receive payment for services that are reasonable and necessary, safe and effective, medically appropriate and provided in accordance with accepted standards of medical practice; payment should not be determined by the technology used to deliver these services. Patients should have access to telehealth services regardless of their geographic location.

² The Use of Telemedicine to Address Access and Physician Workforce Shortages COMMITTEE ON PEDIATRIC WORKFORCE Pediatrics Jul 2015, 136 (1) 202-209; DOI: 10.1542/peds.2015-1253: <https://pediatrics.aappublications.org/content/136/1/202#ref-15>

³ Shi, Zhuo et al. "Quality Of Care For Acute Respiratory Infections During Direct-To-Consumer Telemedicine Visits For Adults." *Health affairs (Project Hope)* vol. 37,12 (2018): 2014-2023. doi:10.1377/hlthaff.2018.05091

⁴ Sprecher, Eli, and Jonathan A. Finkelstein. "Telemedicine and Antibiotic Use: One Click Forward or Two Steps Back?" American Academy of Pediatrics, American Academy of Pediatrics, 1 Sept. 2019, pediatrics.aappublications.org/content/144/3/e20191585.

- Telehealth should enhance the physician-patient relationship, not disrupt it. Any permanent expansion of telehealth services should promote coordinated and continuing care provided by the medical home and not limit or steer patients to receive services provided by vendors disconnected from a patient’s usual source of care. Health plans, including self-funded ERISA plans, Medicare Advantage plans and Medicaid managed care organizations, should cover virtual services provided by any in-network provider and should be prohibited from “carving out” telehealth services to only cover care provided by separate vendors. Waivers of cost-sharing or deductible should apply equally to both virtual and in-person primary care services.
- Congress should increase and financially support ongoing and future research and demonstration projects, like Project ECHO, to test the ability of telemedicine to address workforce needs, expand patient access to care, improve quality of care, reduce health care costs, and ensure patient/family and clinician satisfaction. Congressionally directed studies of telehealth utilization and impact should distinguish between virtual care provided by a patient’s usual source of care and services provided by separate vendors.
- Equitable access to broadband internet is critical to the promotion of health equity and quality of care outcomes through telehealth. Congress should provide support for further broadband deployment to reduce geographic and sociodemographic disparities and access to care.

We thank you for your leadership on this issue and your continued commitment to expanding access to care for patients. If you have any questions, please email Erica Cischke (ecischke@aafp.org) at the American Academy of Family Physicians, Stephanie Glier at the American Academy of Pediatrics (sglier@aap.org), and Jared Frost (jfrost@acponline.org) at the American College of Physicians.

Sincerely,

CC: The Honorable Charles Grassley, Chair, Senate Finance Committee
The Honorable Ron Wyden, Ranking Member, Senate Finance Committee
The Honorable Frank Pallone, Chair, House Energy and Commerce Committee
The Honorable Greg Walden, Ranking Member, House Energy and Commerce Committee
The Honorable Richard Neal, Chair, House Ways and Means Committee
The Honorable Kevin Brady, Ranking Member, House Ways and Means Committee