



July 28, 2021

The Honorable Robin L. Kelly
U.S. House of Representatives
Washington, D.C. 20515

Dear Representative Kelly:

On behalf of the American Academy of Family Physicians (AAFP), which represents 133,500 family physicians and medical students across the country, I write to thank you for introducing the Evaluating Disparities and Outcomes in Telehealth (EDOT) Act.

Your legislation, which directs the Secretary of Health and Human Services (HHS) to further study telehealth utilization in the Medicare and Medicaid programs, would provide federal and state policymakers with critical data to inform long-term policy decisions. Specifically, the EDOT Act calls for an analysis of utilization and patient outcomes broken down by race and ethnicity, geographic region and income level. The AAFP has [called for](#) the collection and reporting of this data, as well as data stratified by gender and language, in order to fully understand the impact that the expansion of telehealth during the COVID-19 public health emergency (PHE) has had on different patient populations.

While the rapid expansion of telehealth has yielded many benefits for patients and clinicians, not everyone has benefited equally. Without sufficient investment and thoughtful policies, telehealth could actually worsen health disparities. Prior to the COVID-19 pandemic, evidence suggests that telehealth uptake was higher among patients with higher levels of education and those with access to employer-sponsored insurance.¹² Another study found that patients with limited English proficiency utilized telehealth at one-third the rate of proficient English speakers³. Anecdotes from family physicians suggest that the same trend may hold true for the past year — that those benefitting most from telehealth are those who already had better access to care. **The study required by the EDOT Act would help ensure that continuation of current policies does not exacerbate inequities in access to care.**

The EDOT Act also requests data on telehealth utilization broken down by service modality (i.e. audio-video and audio-only). This data, in conjunction with data on patient outcomes, will be invaluable as the Centers for Medicare and Medicaid Services (CMS) and state Medicaid agencies weigh whether and how to continue covering telephone services beyond the PHE. The AAFP believes that permanent coverage of audio-only evaluation and management services is vital for ensuring equitable access to virtual care for patients who may lack broadband access or be uncomfortable with video visits. In September, after using telehealth for several months due to the pandemic, more than 80% of family physicians responded to an AAFP survey indicating they were using phone calls to provide telehealth services. Together with ongoing reports from physicians that phone calls are vital to ensuring access for many patients, this survey data indicate that phone calls are more accessible for many patients than video visits. This may be

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particularly true for Medicare beneficiaries. According to the Pew Research Center, only about 53% of patients over the age of 65 own smartphones, while 91% own any type of cell phone.

In addition to these and other factors specified by the EDOT Act, the AAFP also strongly recommends that any studies of telehealth utilization analyze volume, patterns and patient outcomes for visits provided by a patient's usual source of care versus one-off visits provided by a clinician with whom the patient has no relationship. There is ample evidence that greater care continuity leads to higher quality of care and lower health care utilization and costs.^{4,5,6} Telehealth technologies can enhance patient-physician collaborations, increase access to care, improve health outcomes by enabling timely care interventions, and decrease costs when utilized as a component of, and coordinated with, longitudinal care as well as an existing physician-patient relationship. Responsible care coordination is necessary to ensure patient safety and continuity of care for the immediate condition being treated, and it is necessary for effective longitudinal care. Additionally, a nationwide survey found that patients prefer to use telehealth with their own physician or another provider from the same organization.⁷

Importantly, the EDOT Act also encourages the Secretary of HHS to consult with relevant stakeholders, including physicians and licensure boards, in developing the report to Congress and provides opportunity for public comment.

We are pleased to support this important legislation and look forward to working with you to study the impacts of telehealth and advance sustainable, long-term telehealth policies that support equitable access to high-quality patient care beyond the COVID-19 pandemic. If you have any questions, please contact Erica Cischke, ecischke@aafp.org.

Sincerely,



Gary L. LeRoy, MD, FAAFP
Board Chair, American Academy of Family Physicians

¹ Uscher-Pines, L., Mulcahy, A., Cowling, D., Hunter, G., Burns, R., & Mehrotra, A. (2016, April 1). Access and Quality of Care in Direct-to-Consumer Telemedicine. *Telemed J E Health*, 22(4), 282-287.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4968275/>

² Liaw, W. R., Jetty, A., Coffman, M., Petterson, S., Moore, M. A., Sridhar, G., Gordon, A. S., Stephenson, J. J., Adamson, W., & Bazemore, A. W. (2019, May 1). Disconnected: A Survey of Users and Nonusers of Telehealth and Their Use of Primary Care. *J Am Med Inform Assoc*, 26(5), 420-428.

<https://pubmed.ncbi.nlm.nih.gov/30865777/>

³ Rodriguez, J., Saadi, A., Schwamm, L., Bates, D., Samal, L. (2021, March). *Health Affairs*.

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00823>

⁴ Bentler, S. E., Morgan, R. O., Virnig, B. A., & Wolinsky, F. D. (2014, December 22). The Association of Longitudinal and Interpersonal Continuity of Care With Emergency Department Use, Hospitalization, and Mortality Among Medicare Beneficiaries. *PLoS One*, 9(12), e115088.

<https://pubmed.ncbi.nlm.nih.gov/25531108/?dopt=Abstract>

⁵ Bazemore, A., Petterson, S., Peterson, L. E., Bruno, R., Chung, Y., & Phillips, R. L. (2018, November). Higher Primary Care Physician Continuity is Associated with Lower Costs and Hospitalizations. *Annals of Family Medicine*, 16(6), 492-497. <https://www.annfam.org/content/16/6/492.full>

⁶ Saultz, J. W. & Lochner, J. (2005, March 1). Interpersonal Continuity of Care and Care Outcomes: A Critical Review. *Annals of Family Medicine*, 3(2), 159-166.

https://www.annfammed.org/content/3/2/159?ijkey=acdd3fdabd29f352be2091d193a50609dab93f35&keytype=tf_ipsecsha

⁷ Welch, B. M., Harvey, J., O'Connell, N. S., & McElligott, J. T. (2017, November 28). Patient preferences for direct-to-consumer telemedicine services: A nationwide survey. *BMC Health Serv Res*, 17, 784.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5704580/>