



April 28, 2021

The Honorable Lloyd Doggett
Chair
Subcommittee on Health,
Committee on Ways and Means
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Devin Nunes
Ranking Member
Subcommittee on Health,
Committee on Ways and Means
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Doggett and Ranking Member Nunes:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 136,700 family physicians, residents, and medical students across the country, I write in response to the hearing: “Charting the Path Forward for Telehealth” to share the family physician perspective and the AAFP’s recommendations for thoughtfully preserving the telehealth gains realized during the COVID-19 pandemic.

Family physicians have rapidly changed the way they practice to meet the needs of their patients during the COVID-19 pandemic. Prior to COVID, roughly 15 percent of family physicians were providing virtual visits for their patients and during the public health emergency (PHE) that number has surged to more than 90 percent, and 70 percent of family physicians surveyed report that they would like to continue offering more virtual visits in the future. However, legislative changes are needed to provide permanent coverage of and predictable payment for telehealth services. Without this certainty, it is difficult for physicians to make long-term decisions about whether to invest in telehealth technology or reconfigure their staff or practice models to accommodate a hybrid of virtual and in-person care.

The AAFP is committed to working with Congress to permanently improve equitable access to high-quality telehealth services, such as those provided by primary care physicians within a patient’s medical home.

Telehealth 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, 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 and will continue to be critical as our nation recovers from the COVID-19 pandemic. Given these benefits, patients and physicians alike have indicated that current telehealth flexibilities should continue beyond the PHE. Congress must act to extend Medicare telehealth flexibilities and ensure telehealth is permanently recognized across payers as a valuable modality of providing primary and specialty care services.

Telehealth benefit expansions must increase access to care and promote high-quality, comprehensive, continuous care. Telehealth, when implemented thoughtfully, can improve the quality and comprehensiveness of patient care and expand access to care for under resourced

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communities. As outlined in our [Joint Principles for Telehealth Policy](#), in partnership with the American Academy of Pediatrics and the American College of Physicians, the AAFP strongly believes that the permanent expansion of telehealth services should be done in a way that advances care continuity and the patient-physician relationship. Expanding telehealth services in isolation without any regard for previous physician-patient relationship, 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.^{1,2} In fact, a recent nationwide survey found that most patients prefer to see their usual physician through a telehealth visit, felt it was important to have an established relationship with the clinician providing telehealth services, and felt it was important for the clinician to have access to their full medical record.³

The AAFP is supportive of broadly expanding access to telehealth services. However, we recognize that the subcommittee may have ongoing concerns with waste, fraud, and abuse and may be interested in policy solutions. In addition to promoting the use of telehealth within the medical home, we also recommend relying on existing Medicare policies to minimize the administrative burden imposed on physician practices. For example, Medicare defines an established patient as one that has received professional services from a clinician in the same practice and of the same medical specialty within the last three years.⁴ This definition should be repurposed in new telehealth policies, instead of creating a new definition for an established patient that could conflict with current coding guidelines.

Congress should permanently remove the current section 1834(m) geographic and originating site restrictions to ensure that all Medicare beneficiaries can access care at home. 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 homebound or lack transportation. Telehealth visits can also enable physicians to get to know their patients in their home and observe things they normally cannot during an in-office visit, which can contribute to more personalized treatment plans and better referral to community-based services.

Require Medicare to cover audio-only Evaluation and Management (E/M) services beyond the public health emergency. Coverage of audio-only E/M services is vital for ensuring equitable access to telehealth services 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 percent 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 indicates that phone calls are more accessible for many patients than video visits. This may be particularly true for Medicare beneficiaries. According to Pew Research Center, only about 53 percent of patients over the age of 65 own smartphones, while 91 percent own any type of cell phone.⁵

Congress should work to standardize coverage and payment of telehealth services across payers, including by requiring they cover telehealth services provided by any in-network provider and prohibiting policies that only cover telehealth services provided by separately contracted virtual-only vendors. As previously mentioned, evidence clearly indicates that patients prefer to receive telehealth services from their usual source of care. Existing benefit structures do not reflect this preference, or the importance of continuous primary care.

Payment models should support the patients' ability to choose their preferred modality of care (i.e., audio-video or audio-only) and ensure appropriate payment for care provided. For example, E/M services require the same level of physician work regardless of the modality of care. Family

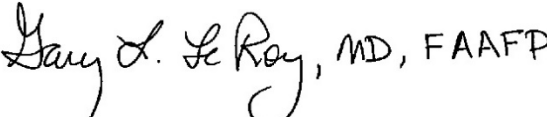
physicians report that there are unique costs associated with implementing telehealth in their practices and altering clinical workflows to ensure successful telehealth visits. Payment for telehealth services must appropriately account for these costs.

Permanently ensure beneficiaries can access telehealth services provided by Federally-qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs). FQHCs and RHCs serve as the primary source of care for millions of low-income and underserved patients across the country. In order to promote care continuity and ensure beneficiaries have access to affordable, comprehensive care, Medicare should permanently cover telehealth services provided by these health centers. Medicare and Medicaid payment methodologies should also be modified to provide appropriate and timely payment to community health centers for telehealth services.

Invest in infrastructure to promote digital health equity. While the rapid expansion of telehealth has yielded many benefits for patients and clinicians alike, 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. 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. One in three households headed by someone over the age of 65 do not have a computer and more than half of people over age 65 do not have a smartphone.⁶ Children in low-income households are less likely to have access to a computer, and 30% of Black or Hispanic children do not have a computer compared to 14% of whites.⁷ Digital literacy also varies with age, income and ethnicity. In order to achieve the full promise of telehealth, Congress must act to address these structural barriers to virtual care. The AAFP is pleased that Congress has included investments in broadband as part of the infrastructure bills currently being debated. The AAFP also supports the creation of a new grant or pilot program for FQHCs, community health centers, community mental health centers and other clinicians serving at-risk populations to receive funding to develop digital literacy programs for patients, provide digital health navigators and purchase digital health tools that have a patient-facing platform, provide interpretive services at the point-of-care, are available in non-English languages, easily and securely integrate with third-party applications and include assistive technology. Such a program would help to ensure that patients in underserved communities can access virtual care and that clinicians have the appropriate tools to serve them.

We thank you for your leadership and actions to date to enable physicians to care for their patients virtually during the COVID-19 pandemic. The AAFP looks forward to working with Congress to develop and pass legislation to implement permanent telehealth policies that expand patient access, address health equity and preserve the physician-patient relationship. Again, thank you for holding today's hearing on this important topic. Should you have questions, please contact Erica Cischke, Senior Manager of Legislative and Regulatory Affairs, at ecischke@aafp.org.

Sincerely,



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

¹ 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

² 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.

³ 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/>

⁴ CMS Manual System Notification. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1231OTN.pdf>

⁵ Pew Research Center. Mobile Fact Sheet. Jun 2019. Available at: <https://www.pewresearch.org/internet/fact-sheet/mobile/>

⁶ Ryan, C. & Lewis, J. M. (2017, September). *Computer and Internet Use in the United States: American Community Survey Reports*. United States Census Bureau. <https://www.census.gov/content/dam/Census/library/publications/2017/acs/acs-37.pdf>

⁷ Child Trends. (2018, December 13). *Home Computer Access and Internet Use*. <https://www.childtrends.org/indicators/home-computer-access>