



Examining the Role of Telehealth During COVID-19 and Beyond

Thursday, August 6, 2020 | 12:00 PM ET

Key Take-Aways:

- Four policy areas to concentrate on in moving forward: addressing social determinants of health; strengthening technology and infrastructure; reinforcing healthcare work force; and enacting payment system reforms

Witnesses/Panelists:

- Dr. Tearsanee Davis, DNP, FNP-BC Director, Clinical and Advanced Practice Operations, University of Mississippi Medical Center Center for Telehealth
- Ateev Mehrotra, MD, MPH, Associate Professor of Health Care Policy, Department of Health Care Policy, Harvard Medical School; Associate Professor of Medicine and Hospitalist, Beth Israel Deaconess Medical Center
- Keris Myrick Chief of Peer and Allied Health Professions, Los Angeles County Department of Mental Health
- Dr. Jason Tibbels, MD Chief Quality Office at Teladoc Health

Members:

Democratic Members

Richard Neal, Chair (D-MA)
Lloyd Doggett (D-TX)
Mike Thompson (D-CA)*
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Earl Blumenauer (D-OR)
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Brian Higgins (D-NY)
Terri Sewell (D-AL)*
Suzan DelBene (D-WA)
Judy Chu (D-CA)*
Gwen Moore (D-WI)*
Dan Kildee (D-MI)*
Brendan Boyle (D-PA)
Don Beyer (D-VA)
Dwight Evans (D-PA)
Brad Schneider (D-IL)
Tom Suozzi (D-NY)*
Jimmy Panetta (D-CA)
Stephanie Murphy (D-FL)
Jimmy Gomez (D-CA)
Steven Horsford (D-NV)*

Republican Members:

Kevin Brady, Ranking Member (R-TX)
Devin Nunes (R-CA)
Vern Buchanan (R-FL)
Adrian Smith (R-NE)*
Kenny Marchant (R-TX)
Tom Reed (R-NY)
Mike Kelly (R-PA)*
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Jason Smith (R-MO)*
Tom Rice (R-SC)*
David Schweikert (R-AZ)
Jackie Walorski (R-IN)
Darin LaHood (R-IL)
Brad Wenstrup (R-OH)*
Jodey Arrington (R-TX)*
Drew Ferguson (R-GA)
Ron Estes (R-KS)*

*participated in roundtable

Witness Opening Statements:

Dr. Tearsanee Davis, DNP, FNP-BC Director, Clinical and Advanced Practice Operations, University of Mississippi Medical Center, Center for Telehealth

- The University of Mississippi Medical Center Center for Telehealth (UMMC CT) supports rural providers by using the ECHO model to connect them to specialists not accessible by other means
- Barriers to fully embracing telehealth include geographic restrictions interstate licensure, malpractice issues, and reimbursement issues
- UMMC CT leveraged existing platform to train 12 clinical departments by conducting nearly 100 training sessions on operationalizing telehealth.
 - Telehealth visits increased by about 286% in a period of 30 days
 - 361 new users were trained
- Hopes that the temporary changes surrounding sites of service and reimbursement remain in place after the PHE

Ateev Mehrotra, MD, MPH, Associate Professor of Health Care Policy, Department of Health Care Policy, Harvard Medical School; Associate Professor of Medicine and Hospitalist, Beth Israel Deaconess Medical Center

- A couple key points to consider on the future of telemedicine policy
 - The urgency in developing the first post-COVID telemedicine policies
 - The use of telehealth is steadily declining. Now providers are deciding that investing in telehealth technology is not worth it.
 - Telemedicine's strength is also its Achilles heel and need to keep overuse in check (low value care)
- Recommendations include:
 - Encourage greater use of alternative payment models to providers
 - Make many of the regulatory waivers permanent
 - Cover telemedicine for patients where access is difficult (patients in nursing homes, patients with movement disorders, etc)
 - For the rest of the population, offer only selected coverage of telemedicine
 - Pay less for telemedicine rates than for in person visits

Keris Myrick Chief of Peer and Allied Health Professions, Los Angeles County Department of Mental Health

- Recounted personal story of the technological barriers to those with mental health issues who are also low-income
- Performed research on the usage of digital devices within public mental health. Found that those who do not have phones, share them with other people or sell their phones and buy pay as you go phones
 - Low speeds on these cellphones does not allow for people to download telehealth apps
- For Spanish speaking communities, those who are monolingual or low literacy encounter barriers if the language in digital platforms is not easy to understand
 - In LA, they have created curriculum to help aid understanding
- Addressing SDOH now includes digital technology and tools to flourish now more than ever

Dr. Jason Tibbels, MD Chief Quality Office at Teladoc Health

- Telehealth has been successful in countless use cases from cardiology to reducing delays in treatment
- Asks for Congress to remove geographic restrictions and be careful not to add additional barriers
- Connectivity is critical

Member Opening Statements:

Congressman Wenstrup

- Rural hospitals have unique needs and do not receive as much revenue as other hospitals.
- Work shortages exist for both physicians and allied health professionals so it is important to invest in general medical education (GME).
- Technology can be used to close the gap that exists between access to care and rural America.

Congressman Davis

- Community health centers serve more than 28 million low-income and disproportionately uninsured patients in rural and underserved urban areas in the US.
- During the pandemic there has been a decrease in ambulatory visits. This resulted in furloughs and layoffs of health professionals. There have been more than 1900 temporary site closures throughout the country.
- Many community health centers are not ready to replace in-person visits.
- In 2018, 56% of 1330 CHC did not have any telehealth use.
 - 47% of these centers using telehealth were using telehealth only for specialists at referral centers
 - 60% used telehealth for mental health services
 - 30% used telehealth for primary care
 - 21% used telehealth for management of chronic conditions
- CHCs not using telehealth reported barriers such as lack of reimbursement, not enough funding for equipment, lack of training on telehealth, and inadequate broadband services.
- The USDA and FCC will provide \$5 billion in funding to provide telehealth and broadband to 4 million rural households.
 - However, the budget for Lifeline has dropped from \$2.2 billion to less than \$1 billion
- More than 41% of Medicare beneficiaries lacked access to a computer with high speed internet at home.

Congressman Arrington

- National security stems from various aspects of rural America

Q&A:

Rep. Sewell

- Can you tell us more about Mississippi Diabetes Telehealth network program, its success and what we can learn?
 - T. Davis : It is a collaborative network. Worked with a rural health clinic. The clinic was attached to a small, rural hospital. They added specialists to the program such as ophthalmologists
 - Although there was some travel required by the patient, they were more likely to show up because it was already determined that treatment was needed

Rep. Wenstrup

- Can you expand on some of the things you mentioned in your opening statement (speaking to Dr. Mehrotra)?
 - Mehrotra: Emphasizes importance of alternative payment models for telemedicine

Rep. Davis

- Could you explain university program is like (speaking to T. Davis)?
 - Davis:
 - introduced telehealth to students in the school of nursing
 - Also teaching their rural providers on how to use telehealth
 - Also have a mental health program that connects RHCs and FQHCs to support the integrated care model

Rep. Arrington

- How do we prevent waste, fraud, & abuse? What guardrails would we put in place to prevent this?
 - Tibbels: Must agree that arbitrarily restricting telehealth coverage for seniors is not a viable program integrity strategy

Rep. Thompson

- How does eliminating originating site restrictions in patients getting the care that they need?
 - Tibbels: eliminate the idea that geography is a barrier to care

Rep. Smith

- Would you see a differentiation in reimbursement of in person vs digital
 - Mehrotra: Reiterated that telehealth visit should cost less than an in-person visit

Rep. Chu

- Can you discuss the efforts that LA county health has made to support those with limited access?
 - Myrick:
 - Created a digital health literacy curriculum. Important for people to know how to actually use the phone and download and use the apps
 - This helps in that the provider doesn't have to spend time to teach patient on how to use the platform
 - For those who don't have the technology, folks can come to the clinic and use the tech in cubicles
 - For those unhoused, people went out and cleaned the equipment for people

Rep. Kelly

- What kinds of programs are going to help people be more comfortable using telehealth services?
 - Tibbels:
 - Making support efforts at the point of care
 - Make meaningful investments in closing the digital divide
 - Myrick:

- Invest in training "Service Extenders" who help older individuals get connected with equipment and show them how to use it

Rep. Kildee

- Whether you think the pandemic has changed provider perception on behavioral telehealth and how you think that will affect rural and underserved communities?
 - Myrick: People are embracing and using telehealth. In LA, they are gearing up to implement a "therapeutic transport vans". These vans are comprised of a multidisciplinary team that drives to meet patients where they are.

Rep. J. Smith

- A significant number of beneficiaries have issues getting access to telehealth. What are some of the other barriers?
 - Tibbels: Digital literacy and adequate broadband

Rep. Moore

- What safeguards are we building in this to make sure we're not increasing health disparities?
 - Mehrotra:
 - Need to make sure we keep audio-only visits; invest the dollars so that everyone has access to audio-only visits

Rep. Rice

- What do providers need other than a camera and computer to invest in to provide this service?
 - Davis:
 - Purchasing technology that is HIPAA compliant
 - Helping patients understand how to use that is probably the biggest investment
- Downside to audio-only?
 - Mehrotra: Audio only is still expensive

Rep. Beyer

- What is your concern about the "low value" conversations?
 - Mehrotra: Increased utilization while health outcomes may not have improved
- Does it make sense to lower telehealth reimbursement rate if things like utilities bills, payroll etc. still need to be paid?
 - Mehrotra: this is primarily a long-term investment

Rep. Estes

- How to walk the line of expanding access to telehealth without discouraging policies that address the shortage of providers in rural areas?
 - Tibbels: About 50% of people across the country have indicated that they do not have a relationship with their PCP. Telemedicine can help to establish the patient/physician relationship.
 - Mehrotra: Such requirements could impede innovation

Rep. Horsford

- What are some of the creative solutions Teledoc has come up with?
 - Tibbels:
 - Not legislating modality
 - Allowing audio-only component
 - Keep trying to connect
 - Myrick:
 - Talked to stakeholders to find out where they were struggling with the technology

Rep. Suozzi

- How can telehealth specifically help seniors who want to stay at home?
 - Tibbels: Partnering with AARP and educating people on how to take care of seniors via telehealth

- Mehrotra: Providing after hours coverage
- Davis: Getting people comfortable with using the technology
- Myrick: Utilizing in-home supportive service workers to support older adults