Telehealth: Lessons from the COVID-19 Pandemic
Senate Committee on Health, Education, Labor & Pensions

Wednesday, June 17, 2020 | 10:00 AM ET | Dirksen Senate Office Building

Key Take-Aways:
- Members agreed that expansion of telehealth services as well as broadband funding (especially in rural areas) are necessary for moving forward post-COVID
- All parties agreed in that the policies surrounding originating site and reimbursement for Medicare/Medicaid should be maintained even after the national state of emergency is over
- Biggest issues are surrounding cost containment, however, there is not yet enough data to accurately predict what that might look like

Witnesses:
- Karen S. Rheuban, M.D., Professor of Pediatrics, Senior Associate Dean of Continuing Medical Education, and Director; University of Virginia Karen S. Rheuban Center of Telehealth; Charlottesville, VA
- Joseph C. Kvedar, M.D., President, American Telemedicine Association, Professor, Harvard Medical School; Virtual Care, Mass General Brigham, Editor, npj Digital Medicine; Boston, MA
- Sanjeev Arora, M.D., M.A.C.P., F.A.C.G., Distinguished and Regents' Professor, University of New Mexico Health Sciences Center; Founder and Director, Project ECHO/ECHO Institute; Albuquerque, NM
- Andrea D. Willis, M.D., M.P.H., F.A.A.P., Senior Vice President, Chief Medical Officer; BlueCross BlueShield of Tennessee; Chattanooga, TN

Members:

REPUBLICANS BY RANK	DEMOCRATS BY RANK
Lamar Alexander (R-TN)*	Patty Murray (D-WA)
Michael B. Enzi (R-WY)	Bernie Sanders (D-VT)
Richard Burr (R-NC)*	Robert P. Casey, Jr (D-PA)*
Rand Paul (R-KY)	Tammy Baldwin (D-WI)*
Susan Collins (R-ME)*	Christopher S. Murphy (D-CT)
Bill Cassidy, M.D. (R-LA)*	Elizabeth Warren (D-MA)
Pat Roberts (R-KS)*	Tim Kaine (D-VA)*
Lisa Murkowski (R-AK)*	Maggie Hassan (D-NH)*
Tim Scott (R-SC)	Tina Smith (D-MN)*
Mitt Romney (R-UT)	Doug Jones (D-AL)*
Mike Braun (R-IN)*	Jacky Rosen (D-NV)*
Kelly Loeffler (R-GA)	

*participated in hearing

<u>**Member Opening Statements:**</u>

Chairman Alexander
- Spoke recently with hospital system in Tennessee - in February, there were 60,000 total visits. Almost all of their patient visits were in person - only 5,000 were telehealth. During pandemic that has increased to about 35,000 telehealth visits.
- At San Francisco's largest hospital, 5% of visits were conducted via telehealth. Then in March it jumped to 50%.
- In 2016, 884 million visits between doctors and patients across the nation.
  - Even if 15-20% of those visits were conducted via telehealth post-COVID, it would be a significant increase
- The purpose of the hearing is to find out what current temporary federal policies should be maintained or reversed post-COVID
- Most important changes to Chairman Alexander:
  - Removal of the originating site restrictions
  - Medicare/Medicaid begin to reimburse physicians for more than double the current telehealth services
  - Doctors can use regular devices to do telehealth like FaceTime which would require relaxing current HIPAA rules
- In terms of the private sector reactions – BCBS Tennessee already started making permanent changes
- Believes originating site rule change and expansion of telehealth services should be made permanent
- Extending HIPAA privacy policy changes should be considered seriously
- Tele-anything isn't always the answer especially in poorer areas where not everyone has access to broadband
- Reluctant to override state decisions, but there is clearly a need for cross-state provider licensing
- Congress and stakeholders should consider what changes need to be made while experiences are still fresh in everyone's mind

Sen. Smith
- The pandemic is not the great equalizer
  - Vulnerable populations were hit the hardest, particularly those of black/brown and indigenous populations
- Congress should consider how to expand telehealth to help everyone
- Telehealth has helped with continuity of care during COVID pandemic
- Allowed for more services to be provided via telehealth like OT, PT, Behavioral health services, etc.
  - Example Hennepin Healthcare has increased audio-only telehealth, which was particularly helpful for those who don't have access to video
- Waiver has allowed providers to bill the same for telehealth as they would in-person services

- Digital divide exacerbates racial disparities in healthcare and reflects the underlying inequities
- Hopes to learn from witnesses:
    - How to close digital divide
    - How to protect patients – particularly their privacy – while expanding telehealth
    - What changes should we keep post-COVID and what else needs to be changed

Witness Opening Statements:
Find all written statements [here](#)

Karen S. Rheuban, M.D., Professor of Pediatrics, Senior Associate Dean of Continuing Medical Education, and Director; University of Virginia Karen S. Rheuban Center of Telehealth; Charlottesville, VA
- Prior to COVID-19m UVA supported telehealth and an e-consult program
- Relies heavily on FCC rural health program to fund broadband deployment for telehealth
- Policy barriers impacted everyday telehealth prior to COVID-19
- Between February and May, UVA experienced a 9000% increase in use of telehealth
- Configured more than 100 isolation rooms between their ER and another wing of the hospital
    - Providers make virtual rounds
- Expanded remote patient monitoring (RPM) programs
- HRSA-funded resource center has received overwhelming request for help on digital aspect
- Wants to ensure patients don't lose telehealth coverage once public health emergency is lifted
- Urges Congress to make permanent many of the telehealth reimbursement changes made during the emergency

Joseph C. Kvedar, M.D. , President, American Telemedicine Association, Professor, Harvard Medical School; Virtual Care, Mass General Brigham, Editor, npj Digital Medicine; Boston, MA
- Believes patients should have access to care when and where they need it
- Believes telehealth works and notes that it includes services such as real time visits & remote monitoring
    - Telehealth is safe and effective just as much as in person
- Pre-pandemic, only .2% of ambulatory outpatient visits were conducted via telehealth – now, we expect 60% of ambulatory care will be delivered remotely
- Expanded access was only possible because of the removal of antiquated policies on telehealth
- Telehealth should not replace in-person care for all services, but should still be utilized more
- Actions must be taken before the end of the pandemic to make these changes permanent
- Congress should modernize the current statutory limitations:
    - Congress must ensure that HHS increases list of eligible providers
    - Congress must build onto changes that empower FQHCs to provide continued services
    - Congress must support telehealth infrastructure including broadband in rural areas

Sanjeev Arora, M.D., M.A.C.P., F.A.C.G., Distinguished and Regents' Professor, University of New Mexico Health Sciences Center; Founder and Director, Project ECHO/ECHO Institute; Albuquerque, NM

- Project ECHO provides a different kind of telehealth – focused on specialists educating primary care providers to increase access to care
    - Dr. Arora launched Project ECHO after a 42 yr old mom diagnosed with Hep C came to see him after experiencing stomach pain. She was diagnosed years earlier, but didn't seek treatment because she couldn't take off work to travel for multiple treatments. But it was too late – she had advanced liver cancer and died 5 months later
- ECHO is a highly scalable platform and provides best practices for our nation
    - Each center is staffed with MD
    - Expanded by training academic medical centers on how to use it
- PCPs supported by ECHO can provide care safely, deeming ECHO effective
- Now deploying entire network to make sure PCPs know how to use during COVID
- Urged Congress to utilize ECHO model for post-COVID policy

Andrea D. Willis, M.D., M.P.H., F.A.A.P., Senior Vice President, Chief Medical Officer; BlueCross BlueShield of Tennessee; Chattanooga, TN

- BCBS of Tennessee serves 3.5 million members who utilize a variety of services
- Telehealth is a good example of their member-focused response
- They were the first major insurer to commit to making in-network telehealth services permanent
- Prior to COVID, telehealth usage stayed consistently at a rate of 30%
- Currently, it is too early to definitively say that telehealth improved health outcomes, but it has definitely improved access to care
- Expanded telehealth allows for continued access to providers and reduces ER visits

Q&A

Chairman Alexander
- Of the 31 changes that the federal government made in policy, originating site and expanded reimbursement seem to be the top two priorities to make permanent. Do you agree that these should be made permanent?
    - All witnesses agree
- Regarding costs, quality and patient experience, what have you found? Does it end up costing more?
    - Willis: There isn't enough data yet, but down the line does believe it will save money. However, in terms of patient satisfaction, the data proves favorably

Sen. Smith
- Mayo clinic has completed more telehealth visits in this pandemic than all year
    - No show rates are down
    - Has been a game changer for the homeless

- How has mental health services changed during COVID?
  - Dr. Rheuban: Telebehavioral health has been highest utilized service even prior to COVID.
- Does it help address mental health stigma?
  - Dr. Kvedar: Telehealth is perfect for behavioral health, as the provider can learn things by seeing patient in their own home as opposed to in the doctor office
- How can we make these changes permanent while maintain privacy?
  - Dr. Kvedar: Providers should have their telehealth vendors sign Business Associate agreements

Sen. Burr
- What did we get right and what did we get wrong?
  - Dr. Rheuban: The biggest thing that Congress did right was allow for reimbursement of telehealth services during the pandemic
- Is telehealth a bigger issue to patients or provider?
  - Dr. Kvedar: Patients love telehealth and prior to the pandemic, providers have been skeptical but many seem to like it now

- What is the biggest hurdle to utilizing telehealth in the future? Private insurance or government regulation?
  - Dr. Kvedar: Might be a tie. Will need to relax regulations, but private sector also needs to step up by figuring out payment

Sen. Casey
- When considering vulnerable populations, how has increased telehealth helped these populations, and what are the risks in pulling back access?
  - Dr. Rheuban: Remote patient monitoring (RPM) helps and it lowers the cost of care. The risks in pulling back include access to care is a right, and if pulled back, patients will lose that access.
  - Dr. Kvedar: The "digital divide" calls attention to need for reimbursement for audio-only telehealth and CMS needs to continue that level of reimbursement post-COVID
  - Dr. Aurora: There is a massive capacity shortage in providing specialty care for vulnerable populations. Telehealth alone does not improve access, but it can help.

Sen. Collins
- Do you support continuing these waivers?
  - All witnesses agree

- No show rate has plummeted within telebehavioral health. Can audio-only telehealth be deployed effectively? Is it as affective, and is there a chance of fraud when we go to audio only?
  - Dr. Kvedar: Audio-only is very effective, but not 100%. In terms of fraud and abuse, there are ways to authenticate people so this should not be a huge obstacle

Sen. Baldwin
- What restrictions exist on location of provider?
  - Dr. Rheuban: The provider can be teleworking as well but only under current waiver (and patient and provider must be in same state)
- What have we seen in the use of telehealth between providers?
  - Dr. Rheuban: These types of encounters have been supported during the pandemic

Sen. Cassidy
- Not all platforms are HIPAA compliant. What can providers do to make sure they're using platforms that do not seek to monetize patient information?
  - Dr. Kvedar: Providers should have telehealth platform providers sign Business Associate agreements
- How is BCBS handling payment of fixed costs and whatnot?
  - Dr. Willis: We payed the same rate as in-person care going into COVID-19. We will be looking to data to see efficiency of continuing.

Sen. Kaine
- Where does telehealth work and where does it not in terms of patient/doctor interaction? And when does it need to be face-to-face?
  - Dr. Rheuban: Most telemedicine is done with established patient (not best for first time patient). Most of what can be offered to patients – in terms of standards of care - must be established within provider organizations/societies as opposed to by Congress or HHS

Sen. Roberts
- How could audio only visits expand access in rural areas and how does fraud potentially impact?
  - Dr. Rheuban: Since pandemic, 1/3 of their visits have been audio-only. This has been effective, but it's for established patients.
  - Aurora: Phone visits are not as good as video, but can still increase access – perfect shouldn't be the enemy of the good

Sen. Hassan
- How has COVID-19 exacerbated issues with SUD patients?
  - Dr. Aurora : Only 500 sites have DEA waiver to prescribe via telehealth, but most doctors don't have the expertise to help SUD patients. ECHO helped with DEA wavier but also provided the mental health support needed to help patients.

Sen. Murkowski
- How do we find the balance in increasing access via telehealth and maintaining in-person services?
  - Dr. Rheuban: Patients greatly appreciate access to technology.

Sen. Jones
- Discuss how remote monitoring can be used today for chronic conditions. How can Congress encourage more remote monitoring?
    - Dr. Kvedar: Remote monitoring is a fabulous tool to share chronic condition information. Congress should encourage private payers to reimburse for RPM services.

Sen. Braun
- Regarding transparency in general – is the industry ready for transparency throughout like exposing the chargemaster, getting rid of third parties, pharma prices on medicine, etc.?
    - Dr. Kvedar: ATA doesn't have a position on transparency on telehealth
    - Dr. Willis: We do support transparency
    - Aurora: For a system to work well, there must be transparency. There are nuances, but supportive overall.

Sen. Rosen
- How do we maximize telehealth and what issues do you need Congress to address?
    - Dr. Kvedar: Congress can permanently relieve originating site restrictions and allow for FQHC's to be fairly reimbursed for telehealth services rendered
    - Dr. Aurora: Biggest challenge he sees is the explosive growth in knowledge. Encourages Congress to use telehealth technology for direct care and optimizing the system.