Ways & Means Health Subcommittee Hearing: Charting the Path Forward on Telehealth
Wednesday, April 28, 2021 |2:00 PM EDT | Virtual Meeting

Key Takeaways:

- Telehealth flexibilities need to be made permanent expeditiously. Providers and health systems likely will not continue to invest in telehealth unless there are stable and long-term reimbursement policies in place.

- Telehealth often carries the concern of "bad actors." While this is something that should be considered, there are existing tools and policies that can help to combat these issues or even prevent them from happening in the first place.

- While telehealth can be a powerful tool, we need to ensure communities with lower digital literacy, those lack of access to affordable and adequate broadband, and other underserved communities are not left behind and the so-called "digital divide" does not exacerbate existing inequities in the health care system.

Members:

DEMOCRATS	REPUBLICANS
Lloyd Doggett (D-TX) Chair	Devin Nunes (R-CA) Ranking Member
Ron Kind (D-WI)	Vern Buchanan (R-FL)
Earl Blumenauer (D-OR)	Adrian Smith (R-NE)
Brian Higgins (D-NY)	Tom Reed (R-NY)
Terri Sewell (D-AL)	Mike Kelly (R-PA)
Judy Chu (D-CA)	Jason Smith (R-MO)
Dwight Evans (D-PA)	David Schweikert (R-AZ)
Bradley Schneider (D-IL)	Brad Wenstrup (R-OH)
Jimmy Gomez (D-CA)	
Steven Horsford (D-NV)	

Witnesses:

- Sinsi Hernández-Cancio, JD, Vice President for Health Justice, National Partnership for Women and Families - Testimony

- Ellen Kelsay, President & CEO, Business Group on Health - Testimony

- Thomas Kim, MD, MPH, Chief Behavioral Health Officer, Prism Health North Texas - Testimony

- Ateev Mehrotra, MD, MPH, Associate Professor of Health Care Policy, Department of Health Care Policy, Harvard Medical School - Testimony

- Joel White, Executive Director, Health Innovation Alliance - Testimony

Chairman Doggett (D-TX)
- What do you view as being the best way to get physicians to deliver culturally competent and quality telehealth services to vulnerable and economically disadvantaged communities?
  - Hernandez-Cancio: Telehealth is a powerful tool to extend care past the medical office, but this also means that underlying issues and gaps can extend into people's homes. It is critical that we measure access, use, and outcomes. We also need to ensure medical professionals and staff are fully trained on issues such as implicit bias, the impact of toxic stress, and how to provide respectful and trustworthy communication with patients. We also need to layer training on high-quality telehealth. This requires a nationally recognized telehealth curriculum that allows for more focused areas on issues of highest concern.

- Some have expressed concerns about replacing regular in-person visits with telehealth only and that plans can be changed to offer only that benefit. Can you describe some of the challenges that your members currently face in integrating telehealth benefits and ensuring physicians have their comprehensive medical records?
  - Kelsay: This speaks to the power of integration and that telehealth should be a comprehensive health offering rather than the only source of coverage. Telehealth should be incorporated into health services delivery, not viewed as separate.

- How do on-demand services differ from the type of services you have described that you provide to your patients? In establishing the patient/physician relationship, is it important to have that initial physical visit with the physician?
  - Kim: I frame telehealth as being "the right care, by the right provider, at the right time." Overtime, telehealth has differentiated itself from being more than one thing. The destination is quality care, and if we keep the quadruple aim in mind, we can have more positive impact by supporting the environment for the over 1 million licensed practicing physicians to cultivate the skill of telehealth.

- What do we not know now about telehealth that we need to know in order to proceed with permanent legislation?
  - Mehrotra: One critical question that we do not know the answer to is: "What will be the impact of telehealth on total utilization?" - the experience of the pandemic cannot be used to answer this question. We need the experience after the pandemic to really inform future policy.

Ranking Member Nunes (R-CA)
- Can you address some of the concerns some folks have on overcoming telehealth-related challenges and making some of these flexibilities permanent?
  - White: We need to move quickly to make these flexibilities permanent. We have been grappling with some of these issues for decades. During the pandemic when the rules became more relaxed, consumers leaned on the technology very heavily. This is because it fills very critical gaps in access for a lot of people. There is less information available on cost; however, we are not seeing the cost explosion that we were expecting even though both modalities were being paid at the same rate. We also do not have much information of the impact on quality for vulnerable populations, but this is not a reason not to move forward.

- MedPAC has suggested that Congress extend telehealth flexibilities temporarily until more information can be gathered on how it will impact Medicare. Should Congress make a temporary extension so that we can study this issue more?
  - White: MedPAC did not make a recommendation. They have a policy approach that was issued in their March report. The Commissioners have not voted on this yet but have put it into their report for Congressional consideration. In the report, one of the recommendations is to reverse the flexibilities around cost sharing for Medicare beneficiaries. This will cause full charges on beneficiaries as the access telehealth. This creates a cost increase. A cost increase will harm access. Congress needs to move forward and permanently authorize this and if there are challenges, Congress can adjust the law.

- You mentioned in your testimony about licensure. Can you give us more detail on licensure and flexibilities among the VA, DoD, and employer plans?
  - White: There are a couple of potential options. The TREAT Act (H.R. 708), introduced by Representatives Latta and Dingle, says that if you are a physician in good standing, you can treat anyone across the US without having to get a duplicate state license. The DoD and VA are federal programs with doctors providing a federally defined benefit to beneficiaries all across the country and sometimes internationally. There was a movement of a singular licensure model in both programs that Congress has authorized. As a result, there has been an increase in telehealth, an increase in care delivered, and an increase in improved care outcomes in both programs. This is a model that you could replicate in Medicare as well as elsewhere.

Rep. Thompson (D-CA)
- How can Congress balance priorities of high-quality value-based care and the challenges that may arise from making telehealth flexibilities permanent? How can we make the flexibilities permanent while incentivizing high-value care?
  - Mehrotra: Congress may choose to consider selectively expanding telehealth for select conditions. In fact, Congress has already done this by expanding telehealth reimbursement for telestroke, substance use disorder treatment, and more recently, mental illness. The one issue area to focus on would be chronic illness. Congress can expand access for these high value applications.

- The discussion of telehealth tends to focus on underserved populations, but is it fair to say that well-served areas can benefit from telehealth too?
  - Mehrotra: In-person visits take valuable time out of people's days. It is important to emphasize and recognize that if a visit can happen via telehealth and save Americans time. This can be a very valuable benefit of telehealth, regardless of your location or socioeconomic status.

Rep. Buchanan (R-FL)
- What should Congress do to ensure the standards of care remain uncompromised if Congress enacts a long-term expansion of telehealth?
  - White: The protections that are in place within Medicare to ensure that the Medical professions and societies need to be respected and listened to. We do not want CMS bureaucracy determining what is appropriate and what is not.

- Do you see telehealth as a way of creating lower costs and providing care more efficiently?
  - White: Employers and health plans in the commercial market are moving aggressively to adopt telehealth because it saves them money. One of the challenges here is that the rules apply to Medicare fee-for-service (FFS), and FFS carries incentives to overprescribe or overutilize. Value-based arrangements do not carry the same incentives. It is important to quickly move to value-based structures that would allow telehealth to be a part of that.

Rep. Kind (D-WI)
- What are you worried about concerning audio-only telehealth?
  - Mehrotra: There is a clear discrepancy between rural and urban areas. Rural beneficiaries are less likely to use telehealth. Interestingly, rural communities were using telehealth at a much higher rate before the pandemic. Telehealth utilization grew in these communities only when they were able to go to their doctor's office where there was broadband. This helped facilitate visits. We should consider creating telehealth hubs within rural communities so that patients can have the video equipment, broadband, and other ancillary equipment necessary.

- Is there going to be a role for telehealth in congregate facilities and institutions such as assisted living facilities and jails/prisons?
  - Kim: Places such as these have been at the leading edge of testing out technologies like telehealth. There is a lower bar given the infrastructure that these facilities have.

- Is there a concern that once people get comfortable with telehealth and there is an increase in utilization (and possible that there may be an uptick in fraud) that this will not lead to quality outcomes?
  - White: We should always be concerned about bad actors. There have been discreet instances of both telehealth and telemarketing fraud since the pandemic began. However, there are tools to help combat this such as AI and machine learning to stop this before it happens. These tools are already being deployed by the HHS Inspector General (IG), but Congress needs to direct the IG to specifically do it in telehealth.

Rep. Smith (R-NE)
- Can you speak to any large-scale fraud that might take place or has taken place with audio-only communication?
  - White: One of the issues the IG has raised is that there are some unscrupulous individuals using telephone calls to order DME and other products.

- Do we have what is needed in place so that Medicare Advantage beneficiaries will have all of the access and options that they need?
  - White: This is critical change. Medicare Advantage beneficiaries are at high risk to experience high costs if we do not fix the MA risk adjustment for audio-only visits. We need to get audio only on the MA side.

Rep. Blumenauer (D-OR)
- Should CMS commit to proactively targeting certain patient populations like those with ALS for expanded telehealth access after the COVID pandemic? How can a capitated model account for equity across racial, economic, or geographic lines?

- o Mehrotra: Ideally, there needs to be a system where patients can contact their provider and the provider can contact them back and have a full continuum. We do not want to create a bureaucracy and administrative paperwork that really limits the ability to choose between the various methods of contact. Patients are concerned about not knowing which method they will and will not get charged for. The degree to which we use alternative payment models to provide a single sum of money to a provider to care for their patients and give them that flexibility will be a much better system for Americans and their providers. Those suffering from ALS can benefit from such a program because it will allow them that flexibility.

Rep. Reed (R-NY)
- How do we best drive up effective utilization that rewards diabetic patients for staying on top of their A1c, for example?
  - o White: We need to move toward value-based care to have those incentives factored into the equation.

Rep. Higgins (D-NY)
- Can you speak to the issue of more investments in broadband to help close the disparities around telehealth use? What percentage of healthcare is provided by nurses vs doctors?
  - o Hernandez-Cancio: It is important to remember that it is not enough to simply have broadband in your county. The internet connection might be unstable or some other issue. There is an affordability and access problem on top of the infrastructure problem that needs to be addressed.

Rep. Kelly (R-PA)
- How can patients feel comfortable using telehealth?
  - o White: Some of what we see in telehealth applications can be clunky. The federal government has some standards around user interface on electronic health records. Broadband, digital literacy, and user interface are the three main challenges.

Rep. Sewell (D-AL)
- What can Congress do to make sure they do not create a two-tiered system, but still allow providers to be able to provide high-value services via telehealth?
  - o Mehrotra: It is important to work directly with seniors to teach them how to use the technology.

- Can you talk more about racial and ethnic disparities? And can you talk more about equity in regard to maternal health and what we can do to ensure we create equity and parity?
  - o Hernandez-Cancio: There are a lot of interesting and exciting potential benefits of telehealth in the space of maternal health - especially for those who do not have access to specialty care when needed. Part of the challenge with maternal health is that you cannot educate your way out of it. Being able to access a culturally competent, congruent provider that may not be within driving distance from your home can make a huge difference.

Rep. Chu (D-CA)
- Why are behavioral health services particularly well suited to telehealth given the historic disparities in access in communities of color and low-income Americans? Can audio-only services be beneficial in this space?

- o Kim: Behavioral health services has a long history of success with telehealth in large part due to the fact that the doctor does not have to touch the patient to build a bond or rapport. This creates unlimited reach. Audio-only services is an important tool, but in order for me to establish a therapeutic relationship I need more than one form of communication.

- What are the necessary guardrails for telehealth services when it comes to mental and behavioral healthcare?
  - o Kim: Virtual health is able to convey a message that the doctor is there for the patient and is not going to go anywhere.

Rep. Evans (D-PA)
- What have you seen that as the most important lessons and takeaways from this year? What improvements do you think are most needed, especially when it comes to reaching and helping underserved communities?
  - o Kelsay: The most important lesson is how quickly we can mobilize to access and reach people in a different way. Telehealth and virtual care hold so much promise especially from a primary care perspective, managing chronic diseases, and managing mental health.
  - o Hernandez-Cancio: The disparities in our society have been underscored during the pandemic. Particularly workers who were viewed as expendable.

Rep. Schneider (D-IL)
- What are some of the key criteria we should be using in evaluating the progress we can make in telehealth? What should we use to evaluate those criteria?
  - o Kim: There needs to be high-value intervention. Empowering active, practicing physicians in doing what they can and support them to "skill-up" in telehealth to be able to meaningfully and efficiently use it.

Schweikert (R-AZ)
- What could telehealth look like over the next few years?
  - o White: We need to get to data-enabled, technology-assisted, consumer-driven care.

Rep. Gomez (D-CA)
- How does the digital divide play into health inequities and in the vaccine rollout?
  - o Hernandez-Cancio: This is one of the many structures that has disadvantaged communities of color for many generations. Advocates first tried to create portals for Black and Latino folks to sign up for the vaccine specifically but soon found that their White counterparts were using the site. They realized they had to go door-to-door and use community advocates to reach these communities and get them vaccinated.

Rep. Horsford (D-NV)
- How can telehealth better integrate language translation to make it more equitable and accessible?
  - o Hernandez-Cancio: Telehealth is a tool that can make it easier to get patients the additional languages that they need. For example, having mental health providers who are bilingual is powerful and important.

Wenstrup (R-OH)

- What would be the consequences if Congress does not signal that there will be stable reimbursement for telehealth services?
  - White: Fewer people will invest in it and fewer people will think that it is real if it is not permanent. If they do not feel it is permanent, they will not adopt it as a longer-term strategy.

Rep. Kildee (D-MI)
- How can telehealth, with adequate reimbursement, expand patient access to care while also being a way to ensure more financial stability for providers in rural and underserved areas?
  - Hernandez-Cancio: We need to ensure that there are guardrails in the deployment of continued telehealth services. It is also important to measure utilization, quality, and outcomes within this context. This will allow for course correcting. However, telehealth should not be allowed to become a crutch in that investments are not being made in addressing provider shortage issues and creating incentives for providers to work in rural areas, for example.

- How should Congress address measuring the quality of delivery this type of care?
  - Kim: The general approach is to keep patients well. Payment parity should be the economic engine because it will allow more providers to figure out that they can use technology to care for more people in a meaningful way, especially in behavioral health. The result will likely be reduced emergency department visits and reduced hospitalizations.

Rep. Panetta (D-CA)
- Do you support policy proposals that will expand access to care such the Telehealth Modernization Act ([H.R. 1332](#))? This will eliminate outdated restrictions on Medicare coverage for telehealth services including removing geographic and originating site restrictions and ensuring FQHCs and RHCs can continue to serve as distant sites after the public health emergency ends.
  - White: White supports these proposals on a permanent basis.

- Beyond the Telehealth Modernization Act, what else do you think is necessary to improve access to telehealth services especially in diverse districts?
  - White: We need to invest in broadband as this is a critical gap. This committee can potentially look at potential tax incentives and other things to incentivize development of broadband and deployment. Workers also need help with out-of-pocket costs with HSAs and account-based plans.

- What would you cite as some of the most significant barriers to telehealth access and what roles do you see telehealth and other virtual health technologies playing within our broader goal of combating health disparities?
  - Hernandez-Cancio: We need to make sure that we are being careful about centering and designing for equity. It is important that as we look for measurements and standards that are patient-centered and culturally competent. We should be designing these things in advance to mitigate any issues and when issues arise, we need to address how to continuously improve.