



**House Committee on Ways and Means  
Rural and Underserved Communities Health Task Force**

*Roundtable Discussion: “Examining the Role of Telehealth During COVID-19 and Beyond”*

August 6, 2020

12:00 PM, Virtual Hearing via Cisco WebEx

Purpose

*The purpose of this roundtable was to discuss the role of telehealth in increasing access to care within rural and underserved communities.*

Members Present

Co-Chairs Sewell, Wenstrup, Davis, and Arrington, Representatives Thompson, A. Smith, Chu, Kelly, Kildee, J. Smith, Moore, Rice, Beyers, Estes, Horsford, and Suozzi

Witnesses

**Tearsanee Carlisle Davis, DNP, FNP-BC, FAANP.**, Director of Clinical and Advanced Practice Operations at the University of Mississippi Medical Center’s Center for Telehealth and Assistant Professor at UMMC School of Nursing

**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, MBA.**, Chief of Peer and Allied Health Professions for the Los Angeles County Department of Mental Health

**Jason Tibbels, MD.**, Chief Quality Officer, Teladoc Health; President, The Institute of Patient Safety and Quality of Virtual Care

Opening Statements

**(7:50) Co-Chair Sewell** said that we are in the midst of a pandemic that has brought to light the disparities and faults in the healthcare system. There are many issues demanding attention these days, but there are few as urgent as expanding access to healthcare. Members of the Task Force have identified four policy areas to concentrate on moving forward: 1) addressing social determinants of health, 2) enacting payment system reforms, 3) strengthening technology and 4) reinforcing the nation’s health workforce. The round table today marks the Task Force’s first step in addressing the intersectionality of these policy areas. It is an honor to serve on this Task Force. While every district is unique, it is easier to find commonalities rather than differences. Every American deserves access to world-class healthcare. The promise of telehealth has not quite been realized for too much of the population.

**(11:50) Co-Chair Wenstrup** said this Task Force was created to address a variety of issues that residents in rural communities face on a daily basis. We all know too well that the rural hospital closure crisis continues to torment rural communities. These hospitals typically have a payer mix that reduces their

overall revenue when compared to urban hospitals. These hospitals also have less patient volume when compared to urban hospitals. Unfortunately, rural hospitals are also experiencing a workforce shortage that can be tied to the lack of rural residency programs. For this reason, there should be more rural residency programs. Telehealth is also an area that can help increase access to healthcare in rural areas and may provide a financial life line to struggling providers. Telehealth is crucially important for vulnerable consumers to access the care they desperately need.

**(17:05) Co-Chair Davis** said that trying to find approaches that deal with the healthcare challenges present in rural and urban America is a great challenge. However, telehealth may be a tool to do this. There are still significant gaps in telehealth that prevent the most vulnerable communities from accessing these services. Community health centers are crucial in delivering healthcare to uninsured patients in rural and urban communities. Unfortunately, these health centers are struggling due to the nature of COVID-19. Many community health centers were not directed to replace in person visits with telehealth encounters. This has to change. Community health centers have cited the lack of reimbursement as a main challenge in delivering telehealth services. In addition, these centers also cite the lack of appropriate infrastructure to deliver telehealth services. These centers need to be given funding in order to make the proper technological investments. In addition, nearly 41% of Medicare beneficiaries lack access to high-speed internet within their homes.

**(47:00) Co-Chair Arrington** said that improving access to healthcare is at the heart of sustaining rural communities. If these communities are not sustained, the nation will lack energy and food security. It is true that if healthcare is not prioritized, rural community members will begin to leave out of necessity. Telehealth can be a tool to help improve access to care in these areas. While the Administration has taken action in this area recently, it is now time for Congress to deliver on telehealth reform.

#### Testimony

**(28:00) Dr. Davis** said that pre-COVID-19 concerns about cost, workflow and the patient experience fueled hesitation to adopt telehealth practices by providers. In addition, geographic restrictions, interstate licenser and reimbursement variations were also other key barriers. As COVID-19 progressed, many healthcare providers began adopting telehealth practices. Since the public health emergency, Telehealth visits have increased nearly 290% in Mississippi. The loosened restrictions for sites and services and enhanced reimbursement structure fueled this adoption. Many patients become eager to use this new technology while following shelter in place orders. Practitioners have been able to connect with patients in their home, thus preventing a delay in care. While this was not the way we thought telehealth would be expanded, it is crucial to continue to make progress from here.

**(32:10) Dr. Mehrotra** said that his research focuses on the impact of telemedicine. It is clear that there is great urgency to determine post-pandemic telehealth policies. Research has suggested that in March, the use of telehealth increased exponentially. However, since then, the use has declined steadily. This is due to the fact that setting up a video visit is not always as easy as it seems. Now that in person visits are an option, many providers are determining that it is not worthwhile to invest in telehealth capabilities because there is uncertainty surrounding future reimbursement policies. Telehealth's ability to increase access to care is also its Achilles heel. In order for telehealth to reduce the cost of care, it needs to replace in person visits. However, research suggests that telehealth leads to the overutilization of low value care. Whenever possible, providers should be able to use alternative payment models in order to encourage high value care rather than high volume care. Telehealth should also be prioritized in areas

where there are documented barriers to care. Finally, telehealth reimbursement should be lower than for in-person visits.

**(36:50) Ms. Myrick** said that during this time of social distancing, communities are relying on technology to remain connected. Now is the time to invest in expanding access to technology for all communities. Many individuals in low-income communities have to balance the cost of using technology versus the cost of foregoing care. This is a decision that a consumer should not have to make. In addition, communities where English is a second language often face significant barriers in accessing tech services. There should be resources to assist these communities in navigating the telehealth landscape. Telehealth services must also be culturally appropriate. The FCC lifeline program has removed several barriers, however it is clear that more needs to be done. Access to telehealth should be equal regardless of income.

**(42:11) Dr. Tibbels** said that telehealth is transforming the US healthcare system. During the pandemic, telehealth has proven to be a lifeline to millions of Americans. This is especially true of medically vulnerable patient's. Data suggests that Americans are eager to embrace virtual care. While the pandemic has certainly exacerbated this, data also suggests that this embrace will continue after the pandemic. Telehealth can reduce delays in treatment and improve outcomes in rural and underserved areas. Telehealth is not a silver bullet that will solve the deep structural disparities in healthcare. However, if implemented properly, telehealth can help to level the playing field. In order to do this, Congress should permanently remove the geographic restrictions on where a patient must be located to access telehealth and remove outdated originating site restrictions. It is also important for the federal government to provide targeted investments in communities who lack the technological infrastructure to utilize telehealth services.

#### Questions and Answers

**(50:08) Co-Chair Sewell** asked for more information on the Mississippi Diabetes Telehealth network. **Dr. Davis** said that the Mississippi Diabetes Telehealth network is a collaborative effort between the University of Mississippi and a rural health clinic attached to a small rural hospital. A network was created in this area to remotely monitor individuals with diabetes. Normally, these patients would have to travel a very far distance to meet with a provider. Now they can travel to their local rural health center and have access to a specialist through remote technology. Patients have reported that they like this model. The lesson learned is that telehealth requires collaboration to be successful.

**(55:00) Co-Chair Wenstrup** asked how telehealth can help keep communities healthy. **Dr. Mehrotra** said that alternative payment models should encourage high value care rather than high volume care. A payment model where Medicare pays for each text message is not a good idea. An option is to provide physicians standard dollar sum and allow them to structure the proper delivery approach.

**(59:40) Co-Chair Davis** asked what the University of Mississippi Medical Center's training programs have been like. **Dr. Davis** said that they are in the process of incorporating telehealth training in all medical education programs. The University also prioritizes training rural providers in utilizing telehealth. It is important to engage these stakeholders directly.

**(1:03:00) Co-Chair Arrington** asked how to prevent waste, fraud, and abuse in telehealth. **Dr. Tibbels** said that the huge value in telemedicine shines in a value based payment model. Unfortunately, we still live in a fee-for-service world. Program integrity initiatives need to be funded properly.

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**(1:06:32) Rep. Thompson** asked how originating site restrictions make it harder for patients to get the care they need. **Dr. Tibbels** said that the originating site restrictions make geography a barrier to care.

**(1:11:30) Rep. A Smith** asked if there should be a differentiation in reimbursement levels for telehealth visits versus in person visits. **Dr. Mehrotra** said that we should not overpay for telemedicine. In the long term, reimbursement for telehealth should be less than in person visits.

**(1:15:30) Rep. Chu** asked what efforts LA County Mental Health is doing to support residents with limited access to technology. **Ms. Myrick** said that LA county created a digital health literacy curriculum. This helps individuals understand how to leverage the technology that is available.

**(1:20:00) Rep. Kelly** asked what programs should be in place to make it more comfortable for patients to use telehealth services. **Dr. Tibbels** said that seniors need to have access to digital literacy programs. Strong efforts should be made to support providers and clinics that are bearing the burden of delivering these trainings. **Ms. Myrick** said that health navigators should be trained to help older adults leverage these services.

**(1:24:00) Rep. Kildee** asked if the pandemic has changed patients' and providers' perspective of behavioral telehealth. **Ms. Myrick** said yes.

**(1:29:20) Rep. J Smith** asked what barriers result in some patients having greater access to video telehealth. **Dr. Tibbels** said digital literacy is a large barrier as is the lack of access to high-speed broadband internet.

**(1:34:00) Rep. Moore** asked what safe guards are being built to ensure that health disparities are not being exacerbated. **Dr. Mehrotra** said that audio visits need to be leveraged to ensure that individuals who do not have access to the infrastructure to conduct a video visit can still get care. In the long term, investments should be made to ensure that everyone has the technology to conduct a video visits.

**(1:37:50) Rep. Rice** asked what providers need to invest in to provide telehealth services. **Dr. Davis** said that it depends on where the patient is going to be located. If the patient is going to be in another clinic setting, the provider should have access to remote monitoring technology. If the patient is calling in from home, the provider needs to have HIPAA compliant software. **Rep. Rice** asked what the upfront cost is for physicians. **Dr. Mehrotra** said that investing in the technology is expensive. It is also expensive to help patients become technologically literate. **Rep. Rice** asked what downside exists to audio only visits. **Dr. Mehrotra** said that there is a question about whether these visits are as effective as video visits.

**(1:42:30) Rep. Beyer** asked what concern exists about low value care. **Dr. Mehrotra** said there is concern regarding an increasing utilization of low value care. An example of this is a provider calling to deliver test results and then billing for the equivalent of an in office visit. This will increase costs.

**(1:46:00) Rep. Estes** asked how to walk the line of expanding access to telehealth without discouraging the policies that address provider shortages in rural areas. **Dr. Tibbels** said appropriate guardrails should be put in place to discourage over utilization. **Dr. Mehrotra** said that prior relationship requirements should be eliminated.

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**(1:49:40) Rep. Horsford** asked for creative solutions to deliver care in areas where there are tech challenges. **Dr. Tibbels** said that allowing audio only visits is important.

**(1:55:10) Rep. Suozzi** asked how telehealth can be applied to help seniors who want to continue to live at home. **Dr. Tibbels** said that allowing three-way video conferencing with caretakers is crucial. It is also crucial to have education programs for these seniors. **Dr. Mehrotra** said that telemedicine can be used to prevent seniors to unnecessary hospital visits. **Ms. Myrick** said that it is important to engage home health workers.

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