



Senate Committee on Health, Education, Labor, & Pensions

Telehealth: Lessons from the COVID-19 Pandemic
June 17, 2020

10:00 AM, 430 Dirksen Senate Office Building

Purpose

The purpose of this hearing is to examine the state of telehealth amid the COVID-19 pandemic and consider changes to federal policy to support the delivery of such services.

Members Present

Chairman Alexander, Senators Smith, Burr, Casey, Collins, Baldwin, Cassidy, Kaine, Roberts, Hassan, Murkowski, Jones, Braun, Rosen,

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 for 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

Opening Statements

(16:10) Chairman Alexander said that before the COVID-19 pandemic, most healthcare visits took place in person. However, since the COVID-19 pandemic, many of these visits have been shifted to telehealth platforms. While this rate may decrease once the pandemic is over, it will certainly be higher than beforehand. This real time experiment creates an opportunity to learn and apply these lessons to federal and state policies. Telehealth has the potential to lead to an extraordinary change in the healthcare landscape. It is this committee's duty to ensure that this change leads to better outcomes and lower costs for consumers. The private sector has made important changes in supporting national telehealth strategies. Of the 31 federal policy changes, the three most important changes are: 1) providers can now be reimbursed for telehealth

appointments wherever a patient is located, 2) Medicare and Medicaid reimburse for nearly 2x as many telehealth services as before, 3) doctors are allowed to conduct appointments using common video apps. These changes should be made permanent. However, Congress must carefully examine whether to extend the HIPPA extended privacy waivers.

(25:30) Senator Smith said that the COVID-19 pandemic has not been the great equalizer. In fact it has been the opposite. The COVID-19 pandemic has widened systemic inequities. It is this committee's duty to ensure that changes to federal telehealth rules does not continue to widen these disparities. Federal changes have already made it easier for providers to deliver care regardless of a patient's location. In addition, the number of services offered over telehealth platforms has increased dramatically. Telehealth has also been essential for many provider groups as they experience lost revenue as a result of cancelling elective procedures. Unfortunately, many vulnerable communities do not have access to high speed broadband internet. There need to be significant investments made in this area.

Testimony

(35:05) Dr. Rheuban said that telehealth tools play a critical role in responding to public emergencies. Recently, patients and providers have turned to digital health platforms at an unprecedented rate. Telehealth has been expanded to cover many essential and preventative services. However, before the COVID-19 pandemic, originating site restrictions and other policy barriers represented significant road blocks to delivering telehealth services. Specifically, the originating site flexibilities should be made permanent. Her facility faced a large reduction in in-person visits and thus the potential for lost revenue. However, the ability to adopt telehealth in many cases has helped to save her practice as well as provide timely care to patients. In fact, most patients have embraced the new platform and actually prefer it. These patients should not lose access to telehealth supported care once the pandemic is declared over. Congress should authorize the secretary of HHS to make permanent the telehealth flexibilities offered during the pandemic.

(40:40) Dr. Kvedar said that individuals should have access to safe and appropriate care wherever they need it. During the past few months, everyone has witnessed the fact that telehealth works. Research has shown that telehealth is as safe and effective as in person care. The expanded access to telehealth has been possible because the federal and state governments have removed unnecessary barriers to providing telehealth services. The regulations put a greater burden on underserved and vulnerable communities. Given the high satisfaction surrounding telehealth, there will be demand from both providers and patients to make these flexibilities permanent. Congress must remove the originating site limitations. Congress should also ensure that HHS has the flexibility to expand the list of eligible healthcare providers and maintain the authority to add or remove eligible services as supported by data. Telehealth services should not end just because the pandemic has ended.

(46:20) Dr. Arora said that the healthcare system needs to be fundamentally reworked to allow for faster transfer of data, and best practices from experts to patients. Telehealth can play a major

role in facilitating this shift. Dr. Arora created a platform called 'ECHO' to help connect providers with one another in order to disseminate best practices, and pass this information along to patients. More than 200 peer reviewed publications have confirmed the efficacy of ECHO. ECHO is working overtime to support healthcare workers all across the nation. This committee must commit to exploring longer term changes to healthcare financing that will help realize the promise of telehealth.

(52:05) Dr. Willis said that Blue Cross Blue Shield (BCBS) is committed to supporting patients, providers and community members during the pandemic. BCBS relaxed requirements and began covering telehealth visits to prevent patients from losing continuity of care. In addition, BCBS was the first major insurer to commit to make in network telehealth services available even after the pandemic was over. This was an easy decision, because both providers and members expressed how much they liked telehealth services. The patient provider relationship has not been disrupted. It is too early to say that telehealth has improved health outcomes, but it is not too early to say that it has expanded access to care. Existing processes related to credentialing, contracting, reimbursing, and auditing policies will be useful tools to combat against fraud and abuse. Perfect should not be the enemy of good. It is possible to address the challenges presented by telehealth while also working to expand access to the service.

Questions and Answers

(56:50) Chairman Alexander said that before the COVID-19 pandemic, telehealth services typically could only be provided in rural areas. This restriction has been temporarily lifted. However Chairman Alexander believes this restriction should be permanently lifted. This may be referred to as the 'Originating Site Rule'. **Chairman Alexander** asked if changes made to the originating site rule and changes made to Medicare reimbursement are the most important flexibilities granted by the federal government. **Dr. Willis** said yes. **Dr. Rheuban** said yes. **Dr. Kvedar** said yes. **Dr. Arora** said yes. **Chairman Alexander** asked if covering telehealth services is more expensive than traditional coverage. **Dr. Willis** said that the data is inconclusive but they expect it to save money. **Chairman Alexander** asked if there is any data on patient satisfaction. **Dr. Willis** said yes, patients like it. **Chairman Alexander** asked if there are any other federal policies that should be made permanent. **Dr. Willis** said that licensure changes are positive.

(1:02:20) Senator Smith asked how access to behavioral health services has changed during the pandemic. **Dr. Rheuban** said that many of these services are being provided via telephone, as many patients do not have access to broadband. The DEA has also implemented a waiver which allows for the prescription of controlled substances over the telephone. **Senator Smith** asked if people may be more likely to engage in behavioral health services over telehealth. **Dr. Kvedar** said yes. **Senator Smith** asked how changes can be made while also protecting privacy. **Dr. Kvedar** said that vendors need to sign business associates agreements and be a part of HIPPA regulations.

(1:08:20) Sen. Burr asked what the committee has gotten right and wrong in the last 20 years. **Dr. Rheuban** said the committee was right in the fact that telehealth should be a covered service. Expanding broadband is also absolutely essential. Medicare reimbursement rules need to change.

Sen. Burr asked if the growth of telemedicine is a bigger challenge for patients or providers. **Dr. Kvedar** said that he has never met a patient who isn't happy with telehealth services. . It is more difficult for providers. **Sen. Burr** asked what the biggest hurdle to utilizing telemedicine is. **Dr. Kvedar** said it is a tie between government regulations and private payers. **Dr. Rheuban** said that she agreed with Dr. Kvedar.

(1:13:30) Sen. Casey asked how increased access to telehealth services has helped vulnerable populations. **Dr. Rheuban** said that telehealth services have helped to improve outcomes and lower the cost of care. **Dr. Kvedar** said that telehealth helps link patients to care. **Dr. Arora** said that it allows underserved patients to access specialty care. **Sen. Casey** asked what the risks are to limiting telehealth services. **Dr. Rheuban** said that limiting telehealth will result in patients losing access to care. **Dr. Kvedar** said that many individuals would lost access to their current level of care.

(1:19:40) Sen. Collins asked if non physician health care providers should be reimbursed for telehealth services. **Dr. Rheuban** said yes. **Dr. Kvedar** said yes. **Dr. Arora** said yes. **Dr. Willis** said yes. **Sen. Collin** asked if audio only is as effective as video and audio communication. **Dr. Kvedar** said that audio only is very effective. It is not always as effective as a visual conference. But it is still very important.

(1:25:30) Sen. Baldwin asked what variation exists regarding the ability of providers to utilize telehealth. **Dr. Rheuban** said that before the COVID-19 pandemic, variations existed based on the patients' location. There were also variations in prescribing controlled substances over the phone. **Sen. Baldwin** asked what restrictions exists related to the location of a provider. **Dr. Rheuban** said the provider needs to be licensed in the same state as a patient.

(1:30:40) Sen. Cassidy asked what providers can do to make sure they use platforms which respect patients' privacy. **Dr. Kvedar** said that vendors should sign a business associate agreement. **Sen. Cassidy** asked if Dr. Kvedars facility maintains a running list of acceptable platforms to use. **Dr. Kvedar** said his facility uses zoom. **Sen. Cassidy** asked how BCBS is planning on reimbursing for telehealth services. **Dr. Willis** said that they currently pay the same rate. BCBS is planning on utilizing data to determine reimbursement rates.

(1:37:00) Sen. Kaine asked what doctor patient interactions may not work as well via telehealth platforms. **Dr. Rheuban** said that most telehealth visits are under the context of an existing doctor patient relationship. When additional testing is required, telemedicine may not be appropriate.

(1:42:45) Sen. Roberts asked how audio only visits can help to expand access to care. **Dr. Rheuban** said when individuals do not have access to broadband, audio only visits are a vital resources. There are still limitations to audio only visits. **Dr. Arora** said that phone visits are not as good as video visits. However, perfect should not be the enemy of the good. Phone visits are still good.

(1:48:00) Sen. Hassan asked how COVID-19 has exacerbated challenges for patients with substance use disorders in underserved areas. **Dr. Arora** said that many providers do not have the DEA waiver to prescribe controlled substances. Furthermore, these providers do not have the expertise to prescribe these treatments. **Sen. Hassan** asked how data standardization can increase provider efficiency and improve patient outcomes. **Dr. Kvedar** said that data standardization must be a priority. This allows for the sharing of accurate information.

(1:54:10) Sen. Murkowski asked how to ensure that telehealth is a sustainable practice. **Dr. Rheuban** said that patients truly appreciate access to care using technology. It may be difficult to find a balance and identify best practices, but this will happen gradually over time.

(2:00:20) Sen. Jones asked how those living with chronic conditions can utilize remote monitoring. **Dr. Kvedar** said that remote monitoring is a fabulous tool. This can also help to reduce healthcare costs because it can help to keep people out of the hospital. **Sen. Jones** asked how BCBS feels about remote home monitoring. **Dr. Willis** said that BCBS supports coverage of home monitoring.

(2:25:00) Sen. Braun asked if the industry is ready for transparency throughout. **Dr. Kvedar** said that he does not have a position on transparency. **Dr. Willis** said that BCBS supports transparency. **Dr. Arora** said that he supports the concept of transparency. **Dr. Rheuban** said that it is not her area of expertise, but she supports the idea.

(2:10:10) Sen. Rosen asked how the full potential of telehealth can best be realized. **Dr. Kvedar** said that Congress should permanently relieve the originating site restriction. **Dr. Arora** said that the explosive growth in knowledge is a big challenge for the healthcare industry. Knowledge and data need to be disseminated efficiently. Telehealth should be used to optimize the system.
