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Telehealth Changes & Policies Amid the COVID-19 Pandemic

Announcer:
You're listening to *Perspectives with the AMA* on ReachMD, produced in partnership with the American Medical Association.

Here's your host, Dr. Matt Birnholz.

Dr. Birnholz:
As the United States continues to navigate through the COVID-19 pandemic, telehealth is making it possible for clinicians to keep providing care to over 100 million Americans struggling with some form of acute or chronic condition. And with no signs of this technology's adoption slowing down, there's a growing need to explore how and to what extent telehealth is changing practice norms and what policies are being implemented to maintain high quality care.

Welcome to Perspectives with the AMA on ReachMD. I'm Dr. Matt Birnholz, and joining me are 3 members of the AMA team: Sandy Marks, Kim Horvath and Meg Barron. Sandy Marks is Senior Assistant Director of Federal Affairs at the American Medical Association. Welcome to you, Sandy.

Ms. Marks:
Thank you. Thank you for having me.

Dr. Birnholz:
Kim Horvath is Senior Legislative Attorney in the AMA's State Advocacy Resource Center. Thanks so much for being here with us today, Kim.

Ms. Horvath:
Thank you. It's so nice to be here.

Dr. Birnholz:
And Meg Barron is Vice President of Digital Health Innovations at the AMA. Great to have you with us, Meg.

Ms. Barron:
Thanks so much for having me.

Dr. Birnholz:
Great to have you all with us. So, Meg, why don't I turn first to you. Prior to the COVID-19 pandemic, were physicians generally receptive to adopting telehealth and other digital health solutions?

Ms. Barron:
Yeah, great question. The short answer is yes. In 2016, we completed some initial digital health research to get a pulse for what physicians were currently using in practice, what they were excited to use and then what their key requirements for adoption were. We then repeated the survey in 2019 to get a comparison of the results, and what we found was that usage for all of the solutions that we asked about was on the rise but that telehealth specifically had doubled in usage from 14% in 2016 to 28% in 2019, which we felt was a significant increase pre-COVID.

And then enter March of 2020, and we're seeing stats of anywhere from 60–90% usage of some form of telehealth across the board, and many of those that are using it for the first time.

Also from the research we've seen that enthusiasm levels for telehealth and for remote technology solutions were also on the rise

already. With the additional data and insights that we're able to collect in the existing pandemic environment, it will be interesting to see how we can continue to make improvements to help excel enthusiasm levels and optimal workflow paths for physicians.

Dr. Birnholz:
Yes, it certainly will. And let me stay with you for one moment, Meg, because you brought up the point about physicians' key requirements. I want to ask you just for the sake of our audience: What are those requirements for adopting telehealth technologies, particularly in this unique setting of a pandemic?

Ms. Barron:
Yeah, great question. Physicians have key requirements… And again, while enthusiasm levels were actually higher than we expected them to be, they were also loud and clear about the requirements that they had, and those requirements really fall into 4 key categories around: Can you prove to me it works or that it has evidence and that physicians have been involved in the generation of it? Will I receive proper payment, or is there a payment pathway for me to use this solution or prescribe it to patients? Will I be liable? So, is there liability coverage, and can I feel confident about the safety and efficacy and security of the solutions? And then last, but not least and maybe the most difficult is, will it work in my practice environment, in my workflow? So, will it integrate with my EHR efficiently? Will it work with my care team? And these remain very true, additionally so in a COVID environment because there is just so much going on and increased needs to make sure that all is optimally integrating into current workflows. Remote patient monitoring and telehealth being integrated additionally into the EHR will be increasingly important.

Dr. Birnholz:
That's a great overview, Meg. Thank you very much. So, Sandy, let me turn to you now because I want to get a better sense of how Medicare factors into all this. Can you just walk us through some of the key changes that Medicare made to its telehealth policies during the pandemic?

Ms. Marks:
Sure. And Medicare coverage before the pandemic was really limited. Only patients in rural areas could get telehealth services, and even then they had to go someplace in order to get them, so they had to go to a clinic or some other facility to receive the telehealth services, and those were also the 2 big changes that Medicare made for the pandemic. Patients now can receive telehealth services anywhere in the country that they happen to live, and they can receive telehealth services in their homes. They don't have to go to another facility to get them. The services are now available to both new and established patients, and the payments for telehealth services are the same as for regular in-person office visits, so that's a big change too.

Another big change is that you don't have to have any special equipment in order to have telehealth services. Any device that allows for 2-way, real-time, audio/video, interactive communication will work, so a smartphone or something like that can be used for telehealth. In addition to these 2-way, real-time, audio/video services, they have expanded coverage and increased payments for audio-only services, so if a patient only has a landline, they don't have connectivity where they live to be able to use their smartphone in their homes, they can use a landline.

They have added a bunch of services to what they call the telehealth list, so now emergency department physicians, critical care physicians and other specialists can provide their services through telehealth, and they have expanded some important preventive care services; like the Medicare diabetes prevention program can now be provided mostly through a virtual methodology.

Dr. Birnholz:
That's excellent, Sandy. Thank you very much for that background. Now, given that expansion in access in coverage for telehealth services, Kim, it's my understanding then that almost every state has taken some action to help expand that access during this pandemic, which is intuitive, but can you give us a better sense of these various actions that were taken?

Ms. Horvath:
Yeah, you're right. About every state has taken action during this public health emergency to expand access to and coverage of telehealth both by state-regulated insurers and Medicaid programs, and some states took action focusing on both. A couple areas where we saw the biggest changes were mostly along the lines of expanding coverage, and this was especially true within the Medicaid program with about 48 states expanding coverage of telehealth for Medicaid patients. Some of the things that they did were eliminating originating site restrictions or restrictions on the type of care that can be provided to Medicaid patients through telehealth. Similar somewhat to the Medicare program, a lot of Medicaid programs had limits on where a patient could be in order to access telehealth services. They also had some limits on maybe the geographic distance they needed to be away from a provider, again in order to access telehealth services, so a lot of those restrictions were lifted during this public health emergency.

Many states expanded coverage for private insurers as well. Although many states had coverage parity laws in place before the

pandemic, we did see a number of states expand coverage parity, if they had not already, during the public health emergency. And then more importantly, some of the states that had coverage parity just kind of tweaked it on the edges again to make sure that they were providing as much coverage as they could for telehealth services.

Along the same lines of coverage parity, we also saw a lot of states require insurers and/or their Medicaid plans to pay for telehealth services at the same rate as in-person services, and this was really instrumental in making sure that physicians were able to continue providing care to their patients during this pandemic while also, frankly, keeping practices afloat, especially for those that were not able to see patients in their offices, and it was able to make sure that patients could stay in their homes and adhere to those stay-at-home orders in many states.

The other biggest change all around was states expanding acceptable modalities to provide telehealth to include things like audio only and making sure that insurers cover and pay for telehealth services that are provided using audio only in addition to the 2-way, audiovisual technology that many states and Medicaid plans already covered.

And finally, a number of states included language to make sure that patients had access to the same physician who was providing care to them in person via telemedicine. Many insurers have a separate network for telemedicine or have a select telemedicine provider which they steer patients to, and we really want to make sure that physicians who provide in-person services through their plans are also able to provide care to patients through telemedicine as well.

Dr. Birnholz:
For those just tuning in, you're listening to Perspectives with the AMA on ReachMD. I'm Dr. Matt Birnholz, and today I'm joined by Sandy Marks, Kim Horvath and Meg Barron, all from the AMA, in a discussion on telehealth changes and policies amid the COVID-19 pandemic.

So, Sandy, let me pick back up with you on this subject of telehealth policies that have been put into place by Medicare. What is the AMA recommending for policies extending beyond the pandemic?

Ms. Marks:
Thanks, that's a good question. I don't think anybody wants to see us go back to where we were before COVID-19 in terms of the availability of telehealth, so most importantly we want these services to continue to be available everywhere in the country to Medicare patients and not to be restricted again to only being in rural areas. We also think it's important that patients continue to be able to receive telehealth services in their homes and not go back to this policy where they have to go to some other facility to receive the services, because COVID-19 is not the only risk that patients face. There are patients who cannot or should not make office visits for a variety of reasons, and telehealth is going to be safer and more feasible for those patients—patients, for example, who have functional limitations, who have trouble getting to a physician's office, or they may have infectious diseases or immune-compromised conditions, things like that that just make it not advisable for them to go somewhere where they are going to be around other sick people even after this coronavirus has gone away.

And also, we've heard from a lot of physicians who talk about the benefits to seeing patients in their homes through a telehealth service, so there are actually benefits to patient care from doing it this way, at least on occasion if not all the time. So physicians taking care of patients with diabetes, for example, can see what's in their patient's kitchen. Physicians taking care of patients with neurological conditions talk about getting a more realistic picture of their patient's functioning when they see their patients in their homes instead of in the office, so there's definitely some advantages to continuing this coverage. And if the audio/video telehealth services are equivalent to in-person services, we think the payment rate should continue to be the same, as they are during the pandemic. We also think it's very important to continue coverage for audio-only services because there are some patients who still won't be able to access those kind of higher-tech services or things that require more connectivity than they have or more technological know-how than they have.

It would be helpful to continue to cover the specialist services like emergency medicine and critical care. Sometimes those specialist services aren't available, especially in rural areas, and so having them available via telehealth can help more patients access that kind of care.

And finally, I think we'd want to not just continue but even expand the flexibility that's been provided for the Medicare Diabetes Prevention services. They have lifted what used to be a once-per-lifetime limit on these services. We don't think that limit should come back. It can take patients certainly more than 1 attempt to try to lose weight and keep it off and keep from getting diabetes, and we'd like to see the entire Medicare Diabetes Prevention course of treatment be able to be provided via telehealth or through a virtual methodology and not just a few of the instances that the people go to the program. Right now virtual- only programs are not covered by Medicare, so that would be very helpful. I think those are the main things.

Dr. Birnholz:

And those do give us a really good sense of what might be here to stay in the wake of this pandemic. But, Kim, I want to come back to you on this subject of states and the actions that have been taken across the country. Which of the various changes made by different states does the AMA believe should become permanent fixtures in the continuing adoption of telehealth services?

Ms. Horvath:
Yeah, a lot of what Sandy just talked about is also true at the state level. First and foremost, we need to make sure that there continues to be coverage parity. Telehealth can and really should be integrated seamlessly into the delivery of health care, and when it's clinically appropriate, it's just one of the ways that physicians can continue to provide care to their patients. As Sandy mentioned, there are a lot of instances, when telehealth is maybe the preferred type of care for some patients, and that really needs to be something that we continue to have available to those patients and physicians to provide care in that way, so we need to make sure that insurers remove any barriers that might exist to allowing patients to access those telehealth services. As Sandy mentioned, payment parity is also really important at the state level, and it needs to be continued in the future.

And as I mentioned earlier, another issue that is kind of unique to the state level that isn't something we necessarily see at the federal level, but it's the issue of telehealth networks. We need to make sure that all in-network physicians are allowed to provide telehealth to their patients. As I mentioned earlier, this is particularly important for patients with multiple chronic conditions, and it's just one area where telehealth can have a really big impact, not just through virtual visits that can be provided but also through things like remote physiological monitoring. And it's really important to make sure that these policies are in place that promote the patient/physician relationship and promote continuity of care so that physicians are able to provide care to their patients and that patients can continue to see physicians that they do on a regular basis through telehealth and they're not pushed to a separate network of physicians or a separate telehealth provider —for those services.

So I will just say that there is a lot of data that is being gathered at this moment, and it will really help us as we move on into the future as well.

Dr. Birnholz:
Well, network is certainly a great operative term that I think can and should be applied to the 3 of you just for contributing to today's program so seamlessly, but unfortunately, we are almost out of time. Meg, you had the distinct honor of leading us off, and it's only fitting that you get to have the final word as well. What resources are available for physicians in practices of any size to help adopt and improve telehealth services for their patients?

Ms. Barron:
Yeah, thank you, and this has been great to participate. Above and beyond the amazing work that our advocacy colleagues do from both a resource and policy perspective, we have a number of more programmatic resources. Luckily many of which we had either in development or near finalized or finalized before COVID. One in particular is an AMA Telehealth Implementation Playbook, and this builds on a playbook series, actually, that was initiated at the end of 2018 where we created a step-by-step guide or playbook specific to remote patient monitoring. This is the second in a series that's focused specifically on telehealth. And what this does is really walk through a step-by-step overview from the perspective of both smaller practices and large health systems of everything you need to think about from identifying the specific need for where telehealth can be the best fit to forming your workflow and team to defining success, evaluating vendors, making the case from an ROI perspective, designing the workflow and so on. So this we hope is, and have luckily heard has been, a valuable resource for the industry that we continue to want to build on.

We also have created a quick guide for telehealth that you can think of is more of a CliffsNotes version of the broader telehealth playbook that provides a great overview of the policy and reimbursements updates as well as the state-by-state licensure information that Kim was referencing.

Lastly, we have a series of different educational modules called AMA Steps Forward and a specific module on telehealth in there that really dives in deeper into key tips and information for rolling out telehealth in your practice environment. And then we are very open to feedback too, so we love when people are utilizing the resources to give us ideas on how we can continue to enhance these.

Dr. Birnholz:
Well, given the sheer speed in which this nationwide movement has developed to leverage telehealth, our discussion obviously could not have come at a better time. So I very much want to thank my guests for providing their insights on this important subject. Meg, Sandy and Kim, it was fantastic having you on the program today. Thanks so much.

Ms. Barron:
Thank you.

Ms. Marks:

Thank you.

Ms. Horvath:
Yes, thank you very much.

Announcer:
The preceding program was produced in partnership with the American Medical Association. To revisit any part of this discussion and to access other episodes in this series, visit ReachMD.com/AMA. Thank you for listening. This is ReachMD. Be Part of the Knowledge.