Senate Weighs the Benefits of Ongoing Telehealth Support

A senate committee is considering current temporary COVID-19 telehealth expansion policies in a more permanent capacity in the future.

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Senators and medical professionals advocated in support of maintaining and strengthening expanded telehealth-enabling technologies and provisions spurred by the COVID-19 pandemic during Wednesday’s Senate Health, Education, Labor and Pensions committee hearing.

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Before COVID-19, Medicare and Medicaid beneficiaries could only receive coverage for telehealth visits under specific or unique circumstances — for instance, if a patient lived in a rural area far from a doctor or specialist. Federal policy changes under COVID-19 conditions, however, have led to a mass expansion of telehealth accessibility and coverage to enable the continuation of health care while maintaining suggested social-distancing public health guidance.

The Senate committee leadership expressed continued support for telehealth coverage and capabilities. Committee Chair Sen. Lamar Alexander advocated for both physician insurance reimbursement for telehealth appointments and expanded telehealth service coverage permanently. Expanding broadband to close the digital divide is also critical to increasing telehealth accessibility, noted Sen. Tina Smith, who acted as ranking member during the hearing.

“While telehealth has been a lifeline to some, the lack of technology, digital literacy and access to high-speed internet is a digital divide that exacerbates health disparities for people of color, world communities and poor communities,” Smith said. “This moment presents us with a unique opportunity, I think, to learn from the past three months to assess how telehealth has worked and to make the changes we need to make to close these disparities and improve telehealth delivery.”

Medical professionals who have either advocated for telehealth or work within the health insurance industry testified in support of continued telehealth and broadband expansion, pointing to statistics that indicate the boom in telehealth demand that occurred alongside federal policy telehealth coverage accessibility in recent months.

The University of Virginia had built up its Center for Telehealth network to more than 150 health care facilities across Virginia before COVID-19, noted Senior Associate Dean of Continuing Education and Center for Telehealth Director Dr. Karen Rheuban. Although the network supported follow-up visits with patients, screening, patient-monitoring and a variety of other medical services before, Rheuban reported a 9,000% increase of telehealth use across the network between February and May this year.
“At UVA, we converted tens of thousands of in-clinic patient appointments to virtual patient visits,” Rheuban said. “Within our medical center and our emergency room, we configured more than 100 isolation rooms to enable patients, providers and family members to interact virtually with one another. ... We expanded our remote patient monitoring programs to include home quarantine COVID-19 patients. Our providers made virtual rounds at home for these patients as needed, 24/7.”

Rheuban added that the UVA Center for Telehealth also deployed more telemedical equipment across its network to support patients in long-term care facilities and launched a virtual urgent care clinic staffed by emergency physicians. UVA also has a Health Resource and Services Administration-funded telehealth resource center, which has seen a more than 1,000% increase in requests for technical assistance.

Amid these changes, Rheuban reported overwhelming satisfaction from both patients and providers who utilized telehealth technologies in their care over the past few months. Rheuban called for the senators to take several pieces of action based on the feedback and data her center has received amid the temporary telehealth expansion policies:

- Advance telehealth payment reform and accordingly align incentives for coverage adoption within Medicare, Medicaid and commercial insurers;
- Authorize the secretary of Health and Human Services to make permanent many of the telehealth policy challenges enacted amid COVID-19;
- Support further broadband deployment to reduce geographic and sociodemographic disparities in telehealth accessibility; and
- Increase funding for HRSA-funded telehealth resource centers and for innovative models of virtual continuing education programs, so that health providers can improve care outcomes.

Dr. Joseph Kvedar, president of the American Telemedicine Association and Harvard Medical School virtual care professor, supported Rheuban’s recommendations, adding that Congress should allow HHS to expand the list of eligible health care providers and maintain the authority to add or remove specific telehealth services to make certain eligible services are safe, effective and clinically appropriate.

Kvedar further highlighted that in doing this work, Congress needs to sharpen policies around HIPAA compliance with telehealth care.
“Federal agencies must also seriously consider other policies that have been loosened during the pandemic to determine if they are appropriate to continue,” Kvedar said. “Such policies include flexibilities to use telehealth for remote prescribing of controlled substances and flexibilities around HIPAA requirements. In addition, states will need to continue to work together to offer more streamlined licensing across state lines.”

BlueCross BlueShield of Tennessee Senior Vice President and Chief Medical Officer Dr. Andrea Willis expressed that her organization — notably a private health insurer — also stands with increased support to telehealth coverage expansion. Her company had seen 50 times the number of telemedicine claims from mid-March to mid-May year over year and saw reports of positive doctor-patient relationships throughout recent months.

As a result of positive feedback and telehealth’s potential to reduce the cost of care, BlueCross Tennessee said it would provide more permanent telehealth claims coverage for its members moving forward.

“As a result of this growth in member interest and provider adoption, BlueCross Tennessee announced last month that we will extend our coverage of telemedicine services going forward,” Willis said. “It was clear our members and providers wanted the choice to use virtual care and telehealth services was another way to collaborate with in-network providers to make quality care more convenient.”

As the witnesses reported that various medical and insurance networks have expanded telehealth care and technological capabilities and found overall positive quality of care in recent months, Alexander said that the committee will also support further legislative action that will help maintain telehealth coverage and expansion moving forward.