How to maintain momentum on telehealth after COVID-19 crisis ends

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The use of telehealth has exploded as many regulatory barriers to its use have been temporarily lowered during the COVID-19 pandemic. The AMA is advocating for making many of these emergency policy changes permanent.

“The expansion of telehealth and the offering of new telehealth services that were not previously covered really enabled physicians to care for their patients in the midst of this crisis,” Todd Askew, the AMA’s senior vice president of advocacy, said during a recent “AMA COVID-19 Update” video. “We have moved forward a decade in the use of telemedicine in this country and it’s going to become, and will remain, an increasingly important part of physician practices going forward.”

Congress is beginning to examine what needs to be done from the regulatory, legislative and private-sector perspectives to sustain this momentum. A recent hearing before the U.S. Senate Health, Education, Labor and Pensions (HELP) Committee was a first step in this process.

The purpose of the hearing, entitled “Telehealth: Lessons from the COVID-19 Pandemic,” was to find out which of the temporary changes in federal policy should be maintained, modified, or reversed—and to find out if any additional federal policies are needed to facilitate patient and physician use of the technology, said Committee Chair Sen. Lamar Alexander, R-Tenn.

Alexander began the hearing by recalling a conversation he had with an official from Ascension Saint Thomas Health, a nine-hospital, 800-physician system in Central Tennessee. Alexander was told that, in February prior to the pandemic, the system had about 60,000 patient visits and only about 50 were conducted via telehealth. But, during the last two months, Ascension Saint Thomas conducted more than 30,000 telehealth visits.

Similar anecdotes are being shared throughout the nation’s health care system.

Physicians and other health professionals are seeing 50 to 175 times the number of patients via

telehealth than they did before the pandemic, according to a report from McKinsey & Company Health Care Systems & Services. The report also states that virtual visits could potentially account for $250 billion, or about 20%, of what Medicare, Medicaid and commercial insurers spend on outpatient, office and home health.

Learn how after COVID-19, $250 billion in care could shift to telehealth.

31 emergency policy changes studied

There have been 31 federal policy changes regarding telehealth, and Alexander said “his instincts” tell him that there are at least two that should be made permanent:

- Removal of the “originating site” rule so physicians can be paid for a telehealth appointment wherever the patient is, including in the patient’s home. Previously, this rule required that the patient live in a rural area and use telehealth at a doctor’s office or clinic.
- The near doubling of the number of services covered by Medicare and Medicaid payments to include emergency department visits, initial nursing facility visits and discharges, and therapy services.

Read about the AMA Current Procedural Terminology (CPT®) code set for new telehealth services covered by Medicare and Medicaid.

The AMA Physicians Grassroots Network has called on Congress to permanently lift the geographic and site restrictions on telehealth technologies so all Medicare beneficiaries have access to telehealth services, including from home, regardless of where they live.

The AMA recently joined more than 70 other health care-related organizations, advocacy groups and companies in a letter to Congressional leaders to permanently remove geographic and site restrictions and other statutory limits on telehealth.

“Because of these regulatory and statutory changes, patients have turned to digital health platforms, tools, and services to consult with caregivers in greater numbers as clinicians seek to treat their patients at home and avoid calling them into an office or hospital where they could risk exposure or exposing others to the novel coronavirus,” the letter states. “Without question, the broadened availability of digital health technologies, such as telehealth video calls, have proven to be a key in limiting the spread by keeping people at home.”

The letter adds that, pulling these expanded digital health capabilities away from Medicare beneficiaries after the public health emergency “would be a grave mistake for patients, providers, and government.”

The AMA has also supported legislation intended to facilitate coverage of telehealth services by health plans regulated by the Employee Retirement Income Security Act of 1974 (ERISA).

Telehealth pioneers: Keep changes in place

Among those testifying at the HELP Committee hearing was Karen S. Rheuban, MD, a professor of pediatrics and external affairs director for the University of Virginia Center for Telehealth.

She described the UVA Health system’s telehealth response to COVID-19 as a “multipronged effort designed to reduce patient and provider exposure, maintain patient access, ensure continuity of care for our patients, and where appropriate, conserve personal protective equipment.”

To ensure patients don’t lose telehealth access after the public health emergency concludes and to prepare for future public health emergencies, Dr. Rheuban said Congress must advance telehealth payment reform through Medicare and Medicaid and encourage commercial plans to align with the public payers.

“The simplest and most important step would be for Congress to give the [Health and Human Services] secretary the authority to make permanent the telehealth changes made during the public health emergency,” Dr. Rheuban said.

There was one temporary policy change, however, that she did not want to see become permanent.

The Health and Human Services Office for Civil Rights issued a temporary notice of enforcement discretion for health care providers who used non-HIPAA compliant applications in good faith efforts to connect with their patients during the emergency. But Dr. Rheuban said applications enabling physicians to be HIPAA compliant are available for free or little cost and providers should work to ensure that telehealth services are delivered in accordance with HIPAA regulations.

Another speaker at the hearing, Joseph C. Kvedar, MD, a professor at Harvard Medical School and president of the American Telemedicine Association, also urged Congress to act—and to act quickly before telehealth services abruptly end with the national emergency and beneficiaries lose access to virtual services they have come to rely on.

“Now that Medicare beneficiaries have improved access to telehealth, federal policymakers need to

take specific actions to make these services permanent," said Dr. Kvedar.

The words of Drs. Rheuban and Kvedar appeared to echo what the AMA's Askew had said during the "COVID-19 Update" video a few days before.

"This has accelerated telemedicine to an exciting new place," Askew said. "We all need to work very hard to make sure we maintain the progress we made."