AMA calls for action to help telehealth flourish post-pandemic

JUN 14, 2021

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The use of telehealth has exploded during the COVID-19 pandemic, but critical issues related to health inequity, state medical licensure requirements, regulation and payment must be addressed for this mode of care to continue to flourish beyond the public health emergency. The AMA House of Delegates (HOD) took several actions with the aim of doing just that.

“It is essential for physicians to serve as leading partners in efforts to improve access to telehealth services in historically marginalized and minoritized communities,” said David H. Aizuss, MD, a member of the AMA Board of Trustees. “More of our patients used telehealth during the COVID-19 pandemic, and we should take advantage of this opportunity to ensure all our patients are able to benefit from being able to access and use telehealth services—regardless of their background or geographic location.”

For telehealth’s use to be equitable, patients need internet access, a connected device with video capabilities, and knowledge of how to use these technologies, according to an AMA Council on Medical Service report adopted at the June 2021 AMA Special Meeting.

The report’s recommendations underscore the need for telehealth solution and service providers—in their design and implementation efforts—to work directly with the populations their products are meant to help and serve. Culture, language, accessibility and digital literacy must be considered when designing telehealth functionality and content.

To address the issues of equity, the HOD adopted policy to:

- Encourage initiatives to measure and strengthen digital literacy, with an emphasis on programs designed with and for historically marginalized and minoritized populations.
- Encourage telehealth solution and service providers to implement design functionality, content, user interface, and service access best practices with and for historically

minoritized and marginalized communities, including addressing culture, language, technology accessibility and digital literacy within these populations.
- Support efforts to design telehealth technology, including voice-activated technology, with and for those with difficulty accessing technology, such as older adults, people with vision impairment and those with disabilities.
- Encourage hospitals, health systems and health plans to invest in initiatives aimed at designing access to care via telehealth with and for historically marginalized and minoritized communities, including improving physician and nonphysician provider diversity, offering training and technology support for equity-centered participatory design, and launching new and innovative outreach campaigns to inform and educate communities about telehealth.
- Support expanding physician practice eligibility for programs that assist qualifying health care entities, including physician practices, in purchasing necessary services and equipment in order to provide telehealth services to augment the broadband infrastructure for, and increase connected device use among historically marginalized, minoritized and underserved populations.
- Support efforts to ensure payers allow all contracted physicians to provide care via telehealth.
- Oppose efforts by health plans to use cost-sharing as a means to incentivize or require the use of telehealth or in-person care or incentivize care from a separate or preferred telehealth network over the patient's current physicians.
- Advocate that physician payments should be fair and equitable, regardless of whether the service is performed via audio-only, two-way audio-video, or in person.
- Recognize access to broadband internet as a social determinant of health.

"So many people have been stuck on the sidelines as telehealth has grown during the COVID-19 pandemic," Dr. Aizuss said. "We must make sure they are not left behind as telehealth moves forward."

Need to make changes last

The coverage and payment landscape for telehealth has changed considerably in response to the pandemic. While waivers and other regulatory actions enabled physicians to provide uninterrupted care to patients while adhering to physical distancing, their ability to continue to do so—in many cases—is only temporary, according to a separate AMA Council on Medical Service report also adopted at the meeting.

There is "a common frustration among physicians—that, outside of the temporary licensure flexibilities put in place during the public health emergency—they are prohibited by most states from using telehealth to provide longitudinal care to existing patients who may live across a state border, attend

college in another state, or travel for work or seasonally," the report says.

To continue the use of telehealth after the COVID-19 public health emergency—not as a replacement for in-person care but as part of a hybrid model in which physicians utilize both in-person and telehealth visits to support optimal care—delegates adopted policy calling on the AMA to "continue supporting state efforts to expand physician-licensure recognition across state lines in accordance with the standards and safeguards outlined" existing AMA policy on telemedicine coverage and payment.

Delegates also modified existing policy on state licensure and telehealth. Among other things, this license category should:

> Exempt interstate physician-to-physician consultations from state-licensure requirements.
> Allow, by exemption or other means, out-of-state physicians providing continuity of care to a patient, where there is an established ongoing relationship and previous in-person visits, for services incident to an ongoing care plan or one that is being modified.

Read about the other highlights from the June 2021 AMA Special Meeting.