

Getting Telehealth Policy Right

A National Summit



PATIENT & PROVIDER
**Advocates
for Telehealth**



**Alliance for
Patient Access**



**Institute for
Patient Access**

Overview

Capping a year and a half of explosive growth in telehealth, “Getting Telehealth Policy Right” allowed experts, advocates, patients and providers to explore timely questions of policy, access and balance.

Speakers and panelists discussed issues such as:

- The use of telehealth for preventive care
- Balancing virtual and in-person physician visits
- How telehealth can reduce health care disparities
- The benefits and drawbacks of on-demand telehealth apps
- How state and federal policy will shape telehealth moving forward

In his opening remarks, David Charles, MD, of the Alliance for Patient Access and Vanderbilt University reflected on telehealth’s benefits to both health care providers and patients. Telehealth can streamline a provider’s day, Dr. Charles noted, allowing them to see more patients. It can also save the patient time and simplify logistics while also providing access to providers that might otherwise have been out of reach. Dr. Charles emphasized how telehealth can benefit people in underserved areas in particular.

But Dr. Charles also addressed the importance of balance. “Let me be clear about one important point. Telehealth is not a case of ‘Out with the old; in with the new.’” Dr. Charles described the importance of combining in-person visits with virtual to provide optimal care for each individual patient.

The national policy summit, held virtually, was convened by Patient & Provider Advocates for Telehealth and co-hosted by the Alliance for Patient Access and the Institute for Patient Access.

“Telehealth’s reach, popularity and value to millions of Americans is continuing to grow.”

David Charles, MD



Telehealth & Preventive Care

An ounce of prevention is worth a pound of cure, the adage goes. But what's the value of being able to access that preventive care through telehealth services?



Kim Newlin, RN

Preventive Cardiovascular Nurses Association

Kim Newlin touted the use of telemedicine to expand the reach of preventive cardiovascular care. “The biggest impact,” Newlin reflected, is “being able to touch the patients we weren’t able to touch before.”

Newlin described how remote monitoring has been a valuable tool, allowing data to be integrated into decision making. Virtual appointments are also valuable, though the technology, Newlin noted, can sometimes stress older patients. As telemedicine progresses and becomes the norm, providers will discover what works best for them and for their patients.

On the topic of telehealth policy, Newlin encouraged nurses to get involved in research and to publish findings so that their experience could inform developing guidelines. She also urged investment in technology that could increase telehealth access, especially in rural communities.



David McSwain, MD, MPH

Medical University of South Carolina

David McSwain, MD, MPH, reflected on integrating telehealth into pediatric care, especially for well-child visits. During these regular checkups, health care providers offer guidance on milestones and child development and answer questions from parents.

As the pandemic drove a dramatic drop in office visits, pediatric providers quickly adopted a hybrid approach. In addition to the audio-video component of well-child visits, for example, some offices also repurposed their parking lots to offer drive-through vaccinations and brief in-person exams to draw blood and assess symptoms. Given the dramatic drop-off in routine vaccinations — 17 million kids worldwide did not receive their scheduled vaccines because of the pandemic — providers got creative, Dr. McSwain recalled.

One limitation, Dr. McSwain mentioned, was not always being able to provide hands-on care. As providers explore how to integrate virtual and in-person care, Dr. McSwain reflected, medical societies and clinical associations can help by developing guidelines based on training and direct patient experience.

Keynote Address

Rep. Mariannette Miller-Meeks, MD
Member of Congress



Widespread interest in telehealth services has brought renewed attention to America's digital divide. U.S. Rep. Miller-Meeks acknowledged the technology access gap, noting that 97% of people in urban areas have highspeed fixed internet services, but only 65% of people in rural America do.

“The pandemic underscored the need for better broadband access.”

In addition to expanding broadband access, policies should encourage insurance companies to cover telehealth services, Rep. Miller-Meeks explained.

“Between telework, telelearning and telehealth ... broadband allowing us to connect was important,” she said. Rep. Miller-Meeks explained that, while telehealth isn't new, the technology wasn't quite ready for the spike in use during the pandemic.

Rep. Miller-Meeks has taken steps to improve broadband coverage equity. She has

cosponsored several pieces of legislation, with bipartisan support, that address broadband and telehealth issues. She continues to work toward parity, expanded access and meeting the specific telehealth needs of the Veterans Administration.

Rep. Miller-Meeks is a cosponsor of H.R. 4437, the Helping Ensure Access to Local Telehealth Act, and H.R. 366, which protects access to telehealth resources after COVID.

Lack of broadband access exacerbates inequities, Rep. Miller-Meeks noted. “Low-income and minority communities may not have access and, especially during a pandemic, with schools closed, this was a huge barrier to learning,” Rep. Miller-Meeks emphasized. “It was a huge barrier to access to medical services, and also a barrier to work.”

When asked what can be done to help make rural broadband access a reality, she said, “Nothing moves people in Congress more than hearing from real people.” Rep. Miller-Meeks urged advocates to “engage” and “get active” on the issue of telehealth and broadband access.

State & Federal Policy

Telehealth access hinges on a blend of state and national policies.



Jack Pitsor

National Conference of State Legislatures

Jack Pitsor outlined several issues emerging at the state level: payment parity for telehealth visits, licensing issues and prescribing challenges.

Reimbursement for virtual visits is not always the same as for in-person appointments, Pitsor explained, which can disincentivize smaller practices or those in underserved areas to adopt telehealth services. It's an issue that states continue to grapple with, Pitsor noted, as they try to find the right balance.

Geography, specifically restrictions about telehealth across state lines, also impacts telehealth policy. The rules on where clinicians can provide care or whether they can write prescriptions for patients in another state are tricky.

"Trying to streamline licensing requirements for out-of-state providers has long been something states have been looking at," Pitsor noted, "especially in the context of mitigating health care workforce shortages."



Kyle Zebley

American Telemedicine Association

"Telehealth is here to stay," emphasized Kyle Zebley, who touched on several issues that impact telehealth access. He explained that reimbursement for health care providers had long lagged behind the technology, a challenge that the pandemic and emergency policies had sought to remedy.

Mr. Zebley also outlined the challenge of site-of-care restrictions, rules that limited the locations from which patients or providers engage in a virtual visit, sometimes requiring them to be physically present at a medical facility. Patients and providers are now much more likely to be able to do video consultations from home, work or another convenient location.

If policies around telehealth are not adjusted for the long term, however, providers foresee a "telehealth cliff," Zebley explained, where patients may have less access to telehealth services. "Telehealth is health care," Zebley emphasized, adding, "It is not something separate and apart from the rest of the health care system."

Balancing In-Person & Virtual Care



Ted Thompson

The Michael J. Fox Foundation for Parkinson's Research

Telehealth has become a valuable resource to those living with Parkinson's disease, explained Ted Thompson. Citing disruption of movement as a key component of Parkinson's, Thompson noted that many patients have trouble maneuvering physically to appointments. A shortage of specialists presents yet another challenge.

Prior to the pandemic, many patients had not seen a movement disorder specialist, Thompson explained. But because of the pandemic, they were "finally able to access the specialists they need" and to optimize their medications and other elements of care. As a result, many patients with Parkinson's have seen "a marked improvement in their quality of life."

Thompson called telemedicine "a tremendous opportunity for Parkinson's patients," while also emphasizing the continued value of in-person care.



Stacey L. Worthy, Esq.

Aimed Alliance

Stacey Worthy, Esq., reflected on a meeting recently convened by the Aimed Alliance to explore the health care and advocacy communities' experiences and opinions about telehealth. They cited a range of benefits, such as improving patients' access to providers and specialists miles away, increasing equity, and reducing stigma for patients who might forego treatment otherwise. Participants also noted that telehealth can encourage continuity of care.

Worthy relayed that telehealth also increases access for people who may be homebound or may not have access to childcare or vacation days.

She explained that there are also some drawbacks to telehealth, most notably no hands-on exam and the potential for providers to miss symptoms that would be clear in person. Finding the right combination of virtual and in-person visits for each patient is important, she noted.

She added that the community hopes to see established medical guidelines on the issue.

Patient & Provider Perspectives



Matt Connolly

Mental Health Advocate

For Matt Connolly, medical visits are no longer hours-long commitments. “Flexibility and being able to talk or communicate with my providers over a laptop,” Connolly explained, “has meant less time in traffic and more time for other obligations.”

Connolly, who lives with schizophrenia, called telehealth “a lifeline.”

“The stakes are high for people with mental illness,” Connolly emphasized. He noted the need for policies that give patients options to choose with their provider between virtual and in-person visits.



Jaime M. Sanders

Patient Advocate

Jaime Sanders, an advocate, blogger and mother living with migraine disease, outlined her experiences with remote care during the pandemic. “If I did not have access to telehealth during the pandemic,” Sanders reflected, “my disease would have become more severe.”

Instead of driving two hours each way to see her headache specialist, Sanders noted, telehealth lets her conduct routine visits from her home.

“Telehealth is a must for keeping in contact with our physicians,” she said.



Michael S. Ruma, MD, MPH

Perinatal Associates of New Mexico

Telehealth capabilities have helped Michael Ruma, MD, coordinate care for mothers and babies facing health and preterm labor issues. He described how remote monitoring, genetic counseling, diabetes management and advanced screening methods have improved care during the pandemic.

“We are definitely seeing an ongoing desire and need for our telemedicine practice,” Ruma said.

He explained that, for his patients, telehealth capabilities improve access, increase compliance, minimize no-show appointments, reduce disparities, and allow more flexibility for patients and providers alike.

Telehealth Policy & Disparities

An exploration of two programs being used in different states underscored how telehealth can reduce health disparities.



Rosalyn Perkins, MNSc

University of Arkansas for Medical Sciences

Rosalyn Perkins described how her organization is working to increase access to high-risk obstetric care no matter where a patient lives. Perkins, who works with a high-risk pregnancy program, explained that telehealth plays a big role in providing care.

Arkansas is rural, Perkins noted, with 74 of 75 counties considered medically underserved. Babies born with unknown heart defects or serious medical conditions, as well as premature babies, are often in areas without NICUs. Through Perkins' program, a 24-hour call center allows for referrals, proper transport and triage. A network of 64 clinics across the state can be connected to provide needed care.

"What we can do," Perkins concluded, "is see the appropriate patient in the appropriate location."



Stephanie Coe, MA

Children's Hospital Colorado

Telehealth has been in use in Children's Hospital Colorado since 2012, largely among populations of need. Patients come from rural Colorado and surrounding states, Stephanie Coe explained, adding that, when the pandemic hit, the move to telehealth was easy and quick.

One unmet need providers quickly recognized was the challenge facing the deaf and hard-of-hearing community. A degraded signal in rural, underserved areas sometimes made lip reading or audio difficult to understand. Expanding the use of closed captioning was a good solution.

Coe emphasized the hospital's goal of providing equitable care for all families, noting that "having telehealth allows families to access care consistently."

On-Demand Virtual Care

In 2020, more than 90,000 new health care apps were introduced. Panelists discussed whether on-demand virtual care is the answer to immediate health care needs.



Tonya A. Winders

Allergy & Asthma Network

For respiratory patients, optimal care includes prevention, diagnosis and treatment, explained Tonya Winders. She described telehealth and remote monitoring as helpful tools to ensure these needs are met. Treatment often requires a multidisciplinary group of health care providers, Winders added, and managing respiratory treatment plans requires broad expertise.

On-demand virtual health care apps can be a quick option, and a good option for many patients, Winders argued. As with all good things, Winders noted, “there are some pitfalls potentially.” Respiratory patients need to feel they have a medical home – one person ultimately coordinating their treatment.

“Certainly, we’ve seen patients are much more open to leveraging technology with telehealth visits,” Winders noted. She explained that it’s on the patient to take responsibility for long-term management of their condition. Patients must be the ones to track data points, provide information to doctors, and share their own data and health information – especially if they’ve used on-demand services.



Claude J. Pirtle, MD

West Tennessee Healthcare

Claude Pirtle, MD, has seen the use of telehealth for decades via audio-only appointments. On the topic of on-demand telehealth apps, Dr. Pirtle said, “They do fill a gap.”

But they’re beneficial for low-key issues, Dr. Pirtle noted, not “crushing chest pain.” Ultimately, Dr. Pirtle explained, people must balance the immediate need for care with ongoing health concerns, their relationship with their primary care provider and the need to have a health care “home.”

Dr. Pirtle emphasized the need for a hybrid approach and explained that he remains hopeful that continued advocacy will protect policy gains made during the pandemic.

Summit Overview



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ATTENDEES

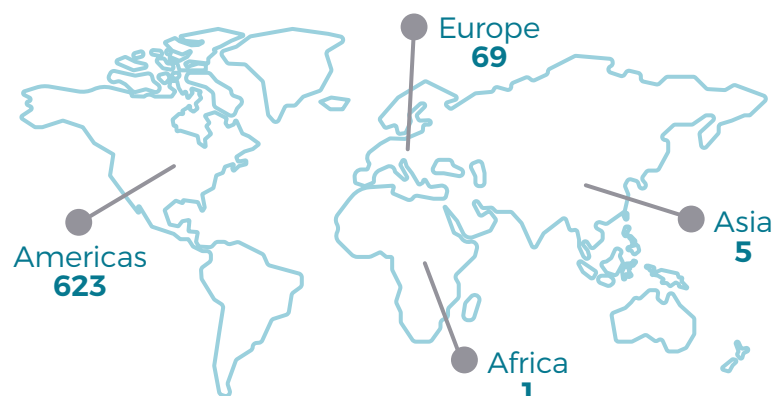
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ATTENDEE BREAKDOWN



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