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PERSPECTIVE

Medicare And Telehealth: Delivering On Innovation's Promise For Equity, Quality, Access, And Sustainability

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ABSTRACT The COVID-19 pandemic profoundly changed health care. Policy makers and health care leaders must evaluate the lessons learned from the pandemic and leverage telehealth innovations with an eye toward how such changes can advance health equity; drive high-quality, high-value, person-centered care; and promote affordability and sustainability.

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More than sixty-three million Americans rely on Medicare to provide health and financial security, and Medicare accounts for one in every five health care dollars, with more than one million clinicians and 6,000 hospitals participating in the program.¹ The magnitude of the Medicare program means that it is instrumental to advancing health equity; expanding access to affordable coverage and care; driving high-quality, high-value, person-centered care; and promoting the affordability and sustainability of the health care system.²

A report from Department of Health and Human Services (HHS) detailed a sixty-three-fold increase in traditional Medicare telehealth visits in 2020 to 52.7 million visits—a result of public health emergency waivers and new statutory authorities granted during the pandemic.³ These flexibilities helped maintain beneficiaries' access to care and supported providers' financial sustainability during the pandemic, when in-person visits declined dramatically. After congressional action, Medicare permanently expanded access to telehealth for behavioral health services, including audio-only services for people who lacked access to or were unable to use video.⁴ Furthermore, the Centers for Medicare and Medicaid Services adopted a policy that certain services added to the Medicare telehealth list of covered services during the pandemic will

continue to be on the list through 2023. In addition, the Consolidated Appropriations Act of 2022 extended several telehealth flexibilities, such as allowing beneficiaries to continue to be located in any geographic area and any setting, including their home, for five months after the public health emergency has expired, and it requires quarterly reporting on telehealth usage. Consistent with this new law, the Biden-Harris administration is committed to studying telehealth further to understand what services support a stronger Medicare, including working with Congress to ensure coverage of telebehavioral health across health plans and supporting the appropriate delivery of telehealth across state lines.⁵

Research such as the study in this issue of *Health Affairs* by Sanuja Bose and coauthors⁶ comes at a critical juncture, allowing thoughtful assessment of the role of telehealth in creating a health care system that best meets the needs of people with Medicare. The study found that public health emergency waivers increased telehealth use in all Medicare populations, including among people in the most disadvantaged neighborhoods and people with disabilities. The authors suggested a need for targeted interventions to improve telehealth access further. Research such as this will allow broader evaluation of how innovations in care delivery—including access to technologies—can further Medicare's goals.

Advancing Health Equity

The HHS telehealth report referenced earlier found that some people with Medicare, including Black and rural populations, had lower telehealth use compared with White and urban populations, respectively.³ A more recent report showed that among telehealth users, access to video services was significantly lower among Black and Latino patients, as well as those with lower incomes and less education.⁷ Bose and colleagues' study found the highest use of telehealth services among people living in the most disadvantaged neighborhoods during the pandemic, but it also demonstrated persistent differences in telehealth use among older adults.⁶

To leverage new technologies, health care leaders must ensure that these technologies advance access while also addressing existing disparities and not exacerbating or causing further harms. Considerations of broadband internet access, the cultural and linguistic appropriateness of services, and familiarity and comfort with technology among the diverse population of people with Medicare should guide efforts for development, dissemination, and evaluation of innovations in telehealth.

Driving High-Quality, Person-Centered Care

The expanded role of telehealth and other digital innovations served an important purpose: replacing in-person visits during the COVID-19 pandemic to prevent disease transmission. Beyond the pandemic, these innovations may be leveraged along with in-person care to help people stay healthy. For example, a shared electronic health care plan could connect caregivers across health care and social service sectors to develop and execute a care plan that incorporates addressing health-related social needs. Alternatively, remote monitoring could provide information from outside the four walls of a clinic visit or hospitalization to present a more holistic view of a person's health.

Promoting Affordability And Sustainability

Fiscal stewardship of taxpayer dollars is a fundamental pillar of the Medicare program. This includes program integrity—combating fraud,

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waste, and abuse. Furthermore, innovators should drive smarter spending, where new technologies can keep people healthier and avoid unnecessary care or where they can be leveraged to provide care in a more efficient manner.

Conclusion

As a physician, I saw how my patients were able to use telehealth during the COVID-19 pandemic to engage from their homes, increasing their access to care and improving their quality of life. Health for all communities cannot be advanced if patients' unique needs and circumstances are not addressed.

In efforts to strengthen Medicare, communication must occur among researchers, community-based organizations, health care payers and providers, and the people they serve. Better data can help providers and policy makers connect these dots as a common language for all engaged in improving health and advancing equity. The pandemic has demonstrated that partnership matters, and a broad coalition of stakeholders will help illustrate what works and what does not.

Evaluation of the lessons from the COVID-19 pandemic and the leveraging of new innovations must occur through the lenses of health equity, quality, access, and sustainability. The infrastructure and culture change resulting from the pandemic can and will enable the creation of a more resilient, responsive, and high-value health care system that better supports all communities. ■

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NOTES

- 1 Centers for Medicare and Medicaid Services. CMS fast facts [Internet]. Baltimore (MD): CMS; 2022 Mar 16 [cited 2022 Apr 11]. Available from: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Fast-Facts>
- 2 Seshamani M, Fowler E, Brooks-LaSure C. Building on the CMS strategic vision: working together for a stronger Medicare. Health Affairs Forefront [blog on the Internet]. 2022 Jan 11 [cited 2022 Mar 18]. Available from: <https://www.healthaffairs.org/doi/10.1377/forefront.20220110.198444>
- 3 Samson LW, Tarazi W, Turrini G, Sheingold S. Medicare beneficiaries' use of telehealth in 2020: trends by beneficiary characteristics and location [Internet]. Washington (DC): Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation; 2021 Dec [cited 2022 Mar 18]. Available from: <https://aspe.hhs.gov/sites/default/files/documents/a1d5d810fe3433e18b192be42dbf2351/medicare-telehealth-report.pdf>
- 4 Centers for Medicare and Medicaid Services [Internet]. Baltimore (MD): CMS. Press release, CMS physician payment rule promotes greater access to telehealth services, diabetes prevention programs; 2021 Nov 2 [cited 2022 Mar 18]. Available from: <https://www.cms.gov/newsroom/press-releases/cms-physician-payment-rule-promotes-greater-access-telehealth-services-diabetes-prevention-programs>
- 5 White House Briefing Room. Fact sheet: President Biden to announce strategy to address our national mental health crisis, as part of unity agenda in his first State of the Union [Internet]. Washington (DC): White House; 2022 Mar 1 [cited 2022 Mar 18]. Available from: <https://www.whitehouse.gov/briefing-room/statements-releases/2022/03/01/fact-sheet-president-biden-to-announce-strategy-to-address-our-national-mental-health-crisis-as-part-of-unity-agenda-in-his-first-state-of-the-union/>
- 6 Bose S, Dun C, Zhang GQ, Walsh C, Makary MA, Hicks CW. Medicare beneficiaries in disadvantaged neighborhoods increased telemedicine use during the COVID-19 pandemic. *Health Aff (Millwood)*. 2022;41(5):635–42.
- 7 Karimi M, Lee EC, Couture SJ, Gonzalez A, Grigorescu V, Smith SR, et al. National survey trends in telehealth use in 2021: disparities in utilization and audio vs. video services [Internet]. Washington (DC): Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation; 2022 Feb 1 [cited 2022 Mar 18]. Available from: <https://aspe.hhs.gov/reports/hps-analysis-telehealth-use-2021>