ALLIANCE *for*
CONNECTED CARE

August 1, 2022

The Honorable Admiral Rachel L. Levine, MD
Assistant Secretary for Health
Office of the Assistant Secretary for Health
Department of Health and Human Services
Hubert H. Humphrey Building, Room 716-G
200 Independence Avenue, SW
Washington, D.C. 20201

Re: Request for Information: HHS Initiative To Strengthen Primary Health Care

Dear Assistant Secretary Levine,

The [Alliance for Connected Care](#) ("the Alliance") welcomes the opportunity to provide comments on the request for information on the HHS Initiative to Strengthen Primary Health Care. The Alliance is dedicated to improving access to care through the reduction of policy, legal and regulatory barriers to the adoption of telemedicine. Our members are leading health care and technology organizations from across the spectrum, representing health systems, health payers, and technology innovators. The Alliance works in partnership with an Advisory Board of more than 40 patient and provider groups, including primary care advocacy groups who wish to better utilize the opportunities created by telehealth.

The utilization of telehealth proliferated throughout the pandemic and has improved patient access to care. Telehealth is an important modality of care for expanding access and strengthening the patient-provider relationship, however there continue to be barriers in place that impede patients and providers from choosing the appropriate modality for their care needs. In our comments, we outline models from our members that could help achieve primary care goals and examine opportunities to address three major barriers to more virtual tools to expand primary care access.

Successful Models or Innovations that Help Achieve the Goal State for Primary Health Care

There have been many successful telehealth models that have helped expand access to primary health care to ensure more patients can access the care they need, when and where they need it. Below are several examples from Alliance members.

- The **Johns Hopkins Community Physicians Virtual Care Center (VCC)** is a virtual-only primary care group that leverages the benefits of telehealth to support same day primary care access with improved clinical continuity, patient convenience, and enhanced provider and practice efficiency. After launching in April 2021, the VCC has completed nearly 14,000 virtual primary care visits in the last year, generally all scheduled within one to two days, and mostly to pre-existing primary patients to provide a convenient, lower-cost method of finding same day care, combined with the meaningful benefit of continuity of care between providers in a health system that knows them. The VCC has grown from one provider to 12 providers, including a mix of physicians and advanced practice providers, and continues to grow in overall volume growth as patients continue to demand the convenience provided by a same-day telehealth option with their established primary care system, paired with pre-existing investments in Johns Hopkins' extensive footprint of brick-and-mortar primary care practices across Maryland, Washington D.C., and northern Virginia.
- **MedStar Health's** [Connected Care Initiative](#) utilizes telehealth and related technologies to help transform its care model in primary care to improve patient access, clinical continuity, practice

efficiency, and provider wellbeing in financially sustainable ways. The Connected Primary Care model supplements MedStar Health's network of primary care offices across the community with the addition of a nurse practitioner and medical assistant (NP/MA) team who work 100 percent via telehealth in support of a group of four to five practices in an existing geographic "pod". Each resulting pod contains 20-25 primary care providers supported by the NP/MA team who coordinate closely to ensure that local practices are understood and that patients know that their established provider is always involved in their care. A "third tier" of support is made available by a group of clinicians who have developed broad expertise in on-demand telehealth that permits management of additional volume and any other gaps that may occur. As of July 1, 2022, the model has supported 26 traditional primary care practices and more than 120 providers, delivered more than 6,000 telehealth visits to patients within 24 hours of request, processed over 240,000 prescription renewals, and removed more than 6,000 hours of provider labor.

- **One Medical** utilizes an in-person, brick-and-mortar primary care clinic model enhanced with innovative virtual and telemedicine technologies. They offer on-site employer clinics, additional clinics in 17 states, and virtual care, allowing flexibility for patients with different needs. Their virtual care options offer patients a quick and convenient way to get care for more transactional, day-to-day issues that come up. One Medical has also embedded mental and behavioral health, and SUD support, into its advanced care model, including one-on-one virtual coaching and therapy, virtual group visits for community support, and mindful breaks led by a One Medical Coach. Mental health visits have more than doubled over the past 24 months, and appointment no-show/cancellation rates have been reduced by 80 percent. These improvements demonstrate how tech-enabled care options have increased patient access and improved the "stickiness" of critical mental and behavioral health appointments in particular.

- As part of its commitment to make health care more accessible in the communities it serves, **Walmart** launched Walmart Health in 2019 to provide accessible, convenient, and affordable health care services for local customers, regardless of insurance status. Qualified on-the-ground providers are the backbone of Walmart Health Centers, delivering primary and urgent care, labs, x-ray and diagnostics, behavioral health, dental, optometry, hearing, select specialty services, and community health all in one facility conveniently located next door to the grocery aisle. Consumers are increasingly looking for convenient access to health care digitally and in-home. In 2021, Walmart Health acquired multi-specialty telehealth provider MeMD, recently rebranded as Walmart Health Virtual Care, which supports its integrated, omnichannel health delivery approach that leverages data and technology to improve engagement, health equity, and outcomes. These services, which include primary health care, are available nationwide.

Barriers to Implementing Successful Models or Innovations

Provider Workforce Challenges

The United States currently faces unprecedented workforce challenges as a result of the COVID-19 pandemic. In particular, for rural and underserved communities, access to a primary care provider is severely limited due to provider shortages. The patient-to-primary care physician ratio in rural areas is only 39.8 physicians per 100,000 people, compared to 53.3 physicians per 100,000 in urban areas. Primary care provider shortages are associated with delayed health care usage, reduced continuity of care, higher health care costs, worse prognoses, less adherence to care plans, and increased travel. Telehealth can help address these workforce challenges by bridging access to primary care providers for patients. *Recommendation:* **Prevent restrictions, such as in-person visits requirements on primary care, that prevent telehealth from effectively bridging primary care gaps, especially in areas where the primary health care workforce is already limited**.

According to a recent [Alliance for Connected Care survey](#), telehealth is key to supporting and retaining the health care workforce. Practitioners reported that telehealth, and the ability to provide care from a range of locations when clinically appropriate, was a crucial tool to reduce challenges with provider burnout. The polling found 78 percent of health care practitioners agree that retaining the option to provide virtual care from a location convenient to the practitioner would "significantly reduce the challenges of stress, burnout, or fatigue" facing their profession. ***Recommendation:* Reduce payment or practice barriers restricting the locations from which providers can offer telehealth (such as their homes) – creating greater flexibility for care that meets patient needs.**

Variation in State Licensure Laws

Another barrier in expanding primary care access virtually are state licensure rules that have limited providers' ability to give care across state lines. State lines create artificial barriers to the delivery of care – complicating access for patients and creating additional burden on clinicians. These lines sometimes split major urban areas and hamper the ability of telemedicine providers to fill in gaps in the primary health care delivery system and provide high value care directly to consumers in rural or underserved areas. According to a study published in [Health Affairs](#), approximately two-thirds of out-of-state telehealth encounters by rural patients were with a clinician in a bordering state. Current efforts to expand interstate licensure have been insufficient to meet the needs of patients and the clinicians seeking to better serve them. Health care professionals are prohibited from treating patients in states where they are not licensed, and state-by-state licensing processes are burdensome and expensive. COVID-19 [exposed](#) a huge opportunity to strengthen access to care and emphasized how that care has been hampered by the fragmentation of state practice act laws and regulations. The ability for licensed, credentialed health care professionals to provide patient care across state lines via telehealth during the pandemic helped maintain continuity of care, promoted patient choice, helped address workforce shortages, and improved access and care coordination. As licensure and telehealth flexibilities began to [expire](#), providers have had to cease expanded care or pursue cumbersome and expensive state-by-state licensing requirements to help patients in other states. Without permanent policy measures to adjust to these changes, patients have to either travel long distances to see a provider in person or cancel appointments, which creates a barrier to accessing convenient. ***Recommendation*: Promote additional paths to cross-state licensure and support licensure portability by convene experts and support the development of a voluntary, national framework for interstate licensure using a policy of mutual recognition**. Such a framework would allow patients to receive primary care beyond their state borders, and allow qualified health care providers already licensed in a U.S. state or territory to treat patients without the costly and time-consuming burden associated with purchasing and renewing multiple state licenses. Additional information on this national framework (modeled on the [Driver License Compact)](#) can be found [here](#).

Broadband access and affordability

Access and affordability of broadband is key to ensuring virtually delivered primary health care serves those with the most need. The inequities in broadband access across geography, race, and income are clear. According to a [2021 Pew Research Center survey](#), home broadband use varies significantly across demographic groups, including race and income levels. Nearly all Americans with annual household incomes above $75,000 reported having a broadband connection at home, compared to just half of households making less than $30,000 a year. Similar stark contrasts can be seen between races and geography, with 80 percent of White people having access, compared to just 70 percent and 65 percent of Black and Hispanic people, respectively. Geography matters too as shown by the January 2021 Federal Communications Commission (FCC) [Broadband Deployment Report,](#) indicating that between 14.5 million and 42 million Americans in total do not have access to broadband, with the lowest coverage levels

experienced in Tribal and rural areas. ***Recommendation: Continue and enhance ongoing efforts to ensure equitable broadband infrastructure.*** We recognize that progress has been made and major efforts are underway in closing broadband gaps, yet the challenges remain for many. We recommend the Secretary of HHS and the FCC redouble efforts to ensure the technology for virtual care is available through federal programs that help to improve broadband connectivity. This includes maintaining access to audio-only services for the many Americans who continue to lack broadband access.

Telehealth Reimbursement Issues

Despite many temporary and some permanent reforms made to telehealth services throughout the pandemic, reimbursement for telehealth services remains a barrier to access and use of such services. To address this issue, we recommend that the Secretary of HHS collaborate with other departments to develop a reimbursement system that supports virtual primary care services. In addition to many unlisted reimbursement issues – including the widely recognized need for permanent Medicare coverage of more telehealth – reforms are needed to ensure access to primary care for individuals in the commercial market with high-deductible health plans coupled with a health savings account (HDHP-HSAs). **Recommendation: Work with Congress to continue access to pre-deductible coverage of telehealth services for HDHP-HSAs as created by The Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 (P.L. 116-136**). This flexibility allowed 32 million Americans in the employer market with HDHP-HSAs to temporarily receive telehealth benefits from their employer or health plan on a pre-deductible basis. This policy helped ensure that families could access vital telehealth services – including virtual primary care – prior to having to meet their deductible. According to a survey by the Employee Benefit Research Institute (EBRI), about 96 percent of employers adopted pre-deductible coverage for telehealth services as a result of this provision. This policy change would lead to a significant expansion of health care access for patients, however action is needed before the end of the year to make this policy permanent, as it is set to expire on December 31, 2024. **Recommendation: Continue access to audio-only telehealth when clinically appropriate and needed or requested by the patient.** Audio-only telehealth has been a critical access point for many patient populations throughout the pandemic. This is especially true when considering providing equitable access to care for patients facing broadband, affordability and other barriers. While we believe that audio-video communication is the preferred modality for most telehealth, we strongly support continued flexibility for audio-only – when clinically appropriate and when meeting the need or request of the patient.

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We hope you will consider these recommendations as a solution to improve primary care, particularly through telehealth services. We also hope this commentary emphasizes the value of telehealth and cross-state care in providing greater access to primary health care, addressing primary care access in rural and medically underserved communities, and providing patients affordable ways to access primary care via telehealth. We look forward to working with you and welcome further discussion on this topic. Please reach out to Casey Osgood Landry at casey.osgood@connectwithcare.org with any questions.

Sincerely,

Krista Drobac
Executive Director, Alliance for Connected Care