LOOKING AHEAD:

Policies to Support Future Telehealth Innovation

September 2022

Key Takeaways

- The COVID-19 pandemic led to an explosion of use in telehealth; though many health insurance providers offered telehealth as a covered service, the pandemic – and policy flexibilities granted under pandemic rules – allowed technology to proliferate among new providers and new users.

- Policymakers at the federal and state levels must enable continued innovation in telehealth by ensuring health insurance providers and other stakeholders have flexibility to introduce new products and services that can benefit patients, while working to protect patient privacy and data security and combating fraud, waste, and abuse.

- Telehealth can be an important tool to improve care delivery, and the technology should be leveraged to coordinate patient care across different providers, settings, and types of interaction, including audio-only services.

- Health insurance providers are encouraged by the expansion and opportunities enabled by the growth in telehealth and are working to further support its clinically appropriate use for their members.

Nearly everyone uses digital technologies for many aspects of his or her life and has come to expect that same availability and convenience in health care.

Long before the COVID-19 pandemic, many patients and health care providers recognized and experienced the value of telehealth for improving access to care, convenience, patient outcomes, and affordability. With the pandemic, necessity created a boom in the adoption by providers and consumers of not only traditional telehealth but also other digital services. Telehealth provides new opportunities for care to be delivered more cost-effectively, which helps make coverage and care more affordable and accessible for everyone.

With the onset of the COVID-19 pandemic, lawmakers and regulators, care providers, insurance plans, and consumers all pivoted to telehealth, leading to an explosion in its use. Now, as we seek to move past the public health emergency (PHE), we have the opportunity to permanently change the standard of care by retaining the policies that enabled recent telehealth advancements for patients and consumers.

Health insurance providers are enthusiastic about the continued path forward, especially if policymakers make permanent flexibility around access and payment design, embrace audio-only telehealth, and allow telehealth to be delivered across state lines. To maximize benefits moving forward, we must ensure that future innovation protects patient privacy and security and that value-based delivery and payment models can be used to continue to improve quality of care across various modalities. And stakeholders must continue to collect and analyze data to understand the impact of telehealth and to ensure that virtual care is delivered in the most appropriate, equitable, and affordable ways.

Making Design Flexibilities Permanent to Allow for Ongoing Access, Convenience, Value

As health professionals and policymakers addressed the COVID-19 pandemic, federal and state governments permitted several temporary waivers and flexibilities that expanded the use of telehealth. These waivers helped ensure that patients had access to care, even as health system capacity was strained and providers struggled to meet patient needs.

Those temporary waivers expanded the types of providers who could deliver telehealth, the services that could be delivered, where telehealth-based care could be delivered including across state lines, and which patients could be seen via telehealth by eliminating prior in-person visit requirements.

These new flexibilities resulted in improvements for both providers and patients. For example, providers were able to expand their ability to connect with patients and help patients adhere to their treatment plans. Patients and consumers appreciated the flexibility and accessibility of seeing a provider when and where it was convenient. In fact, more than one-in-four Medicare beneficiaries used telehealth in the early months of the pandemic.

To ensure these benefits continue, we recommend the following actions:

- **Congress should pass legislation to make these improvements sustainable and make Medicare design flexibilities permanent.** Without such legislation, telehealth under original Medicare continues to be restricted long-term by the definitions of telehealth in the Social Security Act, section 1834(m).

  The definition of telehealth, which includes restrictions on originating sites, geography, eligibility of services, and providers eligible to practice via telehealth is outdated and must be amended to account for the rapidly evolving health care landscape. Congress should permit CMS to broadly define services that may be delivered via telehealth, and which providers may deliver those services.

  Congress should pass the CONNECT for Health Act, which expands access to telehealth services for Medicare-eligible Americans by promoting quality care and alternative payment models. Congress also should pass the Telehealth Expansion Act, which would make permanent waivers to allow Americans with Health Savings Accounts (HSA) to access telehealth services without first having to meet their deductibles.

- **CMS should also consider making permanent some of the expanded services eligible to be delivered via telehealth.** CMS has taken steps to retain some of the services that had been temporarily added to the list of eligible telehealth services during the PHE, and created a glidepath for further study of other services. CMS should continue to collect data on the use of telehealth, consider making permanent inclusions of appropriate services, and use sub-regulatory processes for adding telehealth services to expedite future additions.

- **State legislatures can support telehealth growth by allowing health insurance providers to design benefits to meet the needs of their members.** State legislatures should support flexibility in benefit design in terms of eligible providers and eligible services. States also should allow the use of utilization management protocols, as appropriate, and states should not restrict access to telehealth based on patient location or geography.

  States can further encourage growth by allowing providers to deliver services across state lines and can embrace the cost-saving nature of telehealth by not mandating the same payment rates for telehealth visits and in-person visits.

- **Regulators should work to define and incorporate nationally recognized interoperability and data sharing standards.** These standards would help ensure that the tools used to deliver care and document encounters capture all necessary patient information. This information also could more easily be shared across care teams. Interoperability would support appropriate evaluation, diagnosis, and treatment of a patient's condition, while protecting patient privacy and safety while supporting continuity of care.

- **Federal and state policymakers should eliminate the requirement for established relationships or periodic in-person visits to account for different clinical needs.** There may be times when the highest-quality effective care calls for a patient and their doctor to meet in-person and establish a relationship before continuing care virtually. However, an established relationship between the patient and provider may not be necessary or possible to address a patient's urgent or acute care needs via virtual care. There are some conditions where an initial in-person visit is required to conduct an evaluation and diagnosis, while other conditions may support virtual evaluation, diagnosis, and treatment. Providers should follow clinical guidelines and criteria for medical appropriateness to ensure that patients receive the most appropriate care for their conditions, and to ensure that care in any setting--in-person or virtually--is coordinated.

- **Prescribing controlled substances should remain a carefully monitored process with appropriate oversight.** Health insurance providers support allowing providers to prescribe routine non-controlled substances via telehealth to treat acute and chronic conditions. However, ongoing monitoring of controlled substances is important for safe and effective treatment.

- **Federal officials must continue to allow for remote prescribing of medications for substance use disorders (SUD).** Policymakers must maintain the flexibility needed to ensure patients with SUD have access to essential medications. The experiences during the pandemic have shown that virtual prescribing of these medications can dramatically increase access while maintaining high quality of care. Rural and underserved areas of the country, especially, rely on virtual access to medications as the entry point for SUD treatment, and requirements for established doctor-patient relationships or in-person visits undermine the benefits enabled by telehealth. Policymakers must make permanent PHE flexibilities for remote prescribing of these medications without in-person requirements by passing the TREATS Act and through a permanent waiver of the in-person requirement for virtual prescribing under the Ryan Haight Act.

Embrace Audio-Only Visits as Telehealth

Audio-only telehealth can be a valuable way to increase access to care for some communities – particularly in rural geographies and other areas where digital technologies have not caught up with their urban counterparts. Understanding the complexities of the digital divide, CMS has supported inclusion of audio-only interaction as part of telehealth benefits.

At the same time, guardrails may be required to ensure that sufficient information is available and transmitted via an audio-only connection to protect against fraud, waste, and abuse. Where needed, providers and patients should have the ability to transition from audio-only care to audio-video if visualization is needed for accurate evaluation, diagnosis, and treatment.

The American Medical Association created a new Current Procedural Terminology® (CPT) modifier to describe real-time telemedicine services between a patient and a physician or other qualified health care professional rendered via audio-only. Modifier 93 will support better analyses of telehealth and audio-only encounters, including which services are being delivered via which medium, and to whom. This is an important step to better understanding the impact of telehealth on overall use of health care services, quality, outcomes, and cost.

- **CMS should allow information obtained from telehealth and telephonic visits to be included in risk adjustment calculations in Medicare Advantage (MA), Medicaid managed care, and individual and small group market plans.** Research has shown that there are socioeconomic disparities between people who use audio-only telehealth and those who use audio-video services. Eliminating access to care via telephone would exacerbate those disparities. As telehealth has proven to be a medium through which high-value, high-quality care can be delivered, information from telehealth visits should be considered for risk adjustment, quality rating and network adequacy evaluations. Congress should pass the Ensuring Parity in MA and PACE for Audio-Only Telehealth Act, which would allow diagnoses from audio-only telehealth services to count for MA risk adjustment. This will help ensure that health costs are adequately covered for seniors and people with disabilities.

- **Public-sector and private-market partners should support the use of coding Modifier 93 to differentiate between audio-visual and audio-only visits.** By classifying who is using audio-only telehealth and under what circumstances, stakeholders can identify and address barriers that could limit access to care. Health insurance providers support CMS instruction to MA plans to use Modifier 93 for audio-only telehealth claims beginning in January 2022. Identifying which services are delivered via audio-only telehealth can also protect against fraud, waste, and abuse by making problematic billing more identifiable.

How Telehealth Improves Health Care

Over the past 2 years, patients and providers have gained significant experience and more fully realized the many benefits of telehealth and virtual care technologies. Telehealth and virtual care help improve health care by:

- Making accessing care simpler, swifter, and more convenient for patients.

- Maintaining access to care while reducing the risk of spreading communicable viruses and diseases in a health care setting.

- Bringing better care closer to home, particularly in rural areas.

- Improving access to care, particularly for care specialties for which there are a limited number of providers.

- Reducing administrative costs to lower the overall cost of care.

- Improving adherence to care regimens and improving the management of chronic health conditions.

- Presenting providers with new opportunities to better understand their patients' home environments that may impact their health conditions (e.g., fall risks, lack of functional heating and cooling systems, housing related issues that may exacerbate asthma and other pulmonary conditions).
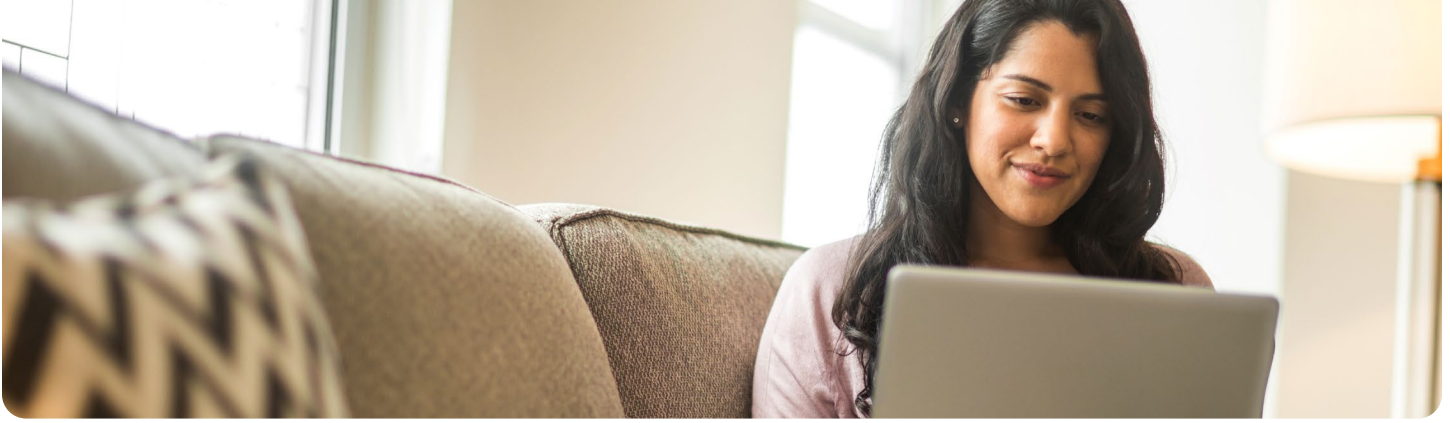
Improve Patient Access by Permitting Care Across StateLines

Prior to the pandemic, many states were entering into agreements to recognize medical licenses from other states for the purposes of delivering virtual care and promoting patient access to providers who may not practice in the state where the patient lives. The Interstate Medical Licensure Compact, an agreement among 31 participating states, the District of Columbia, and the Territory of Guam, is one example of how states are working to increase patient access to care via care delivery across state lines. This model allows for streamlined processing of licenses across state lines so that it is easier for providers to obtain licenses to practice in multiple states.

With the start of the pandemic, federal and state policymakers accelerated this effort to allow multi- and cross-state licensure by alleviating rules that allowed only single-state practice, as part of efforts to maximize patient access to care via telehealth. However, as states' PHEs expire, some of the multi- and cross-state licensure agreements are beginning to sunset.

- **States should support multi-state licensure for providers of virtual care**, whether through an expanded Interstate Medical Licensure Compact, federal regulatory changes, or state action. Non-physician providers, such as therapists, nurse practitioners, or physician assistants, should also have licensure options to allow them to practice across state lines, per their scope of practice or license.

- **State Medicaid agencies can encourage access to telehealth** by allowing a broad list of eligible practitioners to deliver care across state lines.

- **States should establish guardrails to ensure safety and quality of care**, including greater transparency of sanctions against providers and improvements in sharing of this information across state lines.

Ensure Data Interoperability for Care Coordination

One of the most important elements for the long-term sustainability of telehealth is ensuring that it enables care coordination and continuity of care. Allowing patient information to be shared electronically across an individual's providers is not a problem that is unique to telehealth, but it can be exacerbated when someone other than the usual care team sees a patient.

While an individual provider can deliver high-quality care virtually, it is imperative that the virtual visits be incorporated into a patient's medical record so the care the patient receives in other settings can be coordinated. Information should follow a patient to other settings of care, and telehealth vendors must have the ability to send the patient's information to a patient's other providers. Data sharing should support coordination across virtual and in-person providers, health insurance providers, and other stakeholders, while also protecting the security and privacy of the patient's personal health information. The upcoming implementation of the Trusted Exchange Framework and Common Agreement (TEFCA), a network of networks to advance interoperability, serves as an opportunity to achieve these goals.

- **Technology should support providers in delivering care** by helping them gather all information needed for an appropriate evaluation, diagnosis, and treatment of a patient, while ensuring that safety and quality standards are upheld. Telehealth is a tool to assist with care delivery, and rules and regulations should not prevent the adoption of future innovations.

- **The Office of the National Coordinator for Health Information Technology (ONC) should ensure health care providers can seamlessly share data** with each other as well as with health insurance providers through their electronic health records (EHR) to ensure care coordination. ONC should also add health insurance providers to the treatment use case under TEFCA to allow another pathway to support data flow.

Protect Patient Privacy and Information Security

As entities make progress in sharing health information seamlessly across stakeholders, it is imperative that the data is safe and secure. Protecting patient privacy and the security of their personal health information is essential to the continued growth of telehealth and other digital technologies. Early in the pandemic, the Department of Health and Human Services (HHS) Office of Civil Rights (OCR) indicated that it would not enforce certain Health Insurance Portability & Accountability Act (HIPAA) rules, in order to minimize barriers to access telehealth. Providers were permitted to connect with patients via electronic tools and platforms that allowed for conversations, including Facebook Messenger video, Google Hangouts video, or FaceTime.

However, as Americans move beyond the COVID-19 crisis, HIPAA protections must be restored for telehealth and virtual care to add additional security and protect patient privacy and personal patient information.

Other guardrails should help to ensure a patient receives safe, secure care. For example, providers must confirm a patient's identity prior to beginning a visit. They should confirm with the patient that they are in a place with adequate connectivity for the session, and where they can speak freely and maintain confidentiality. Health insurance providers, as well as care providers and other stakeholders, should educate patients to help them prepare for a telehealth visit, both to ensure a high-quality visit and to inform patients about the ways in which privacy or personal patient information could be exposed.

- **Absent emergency circumstances, patient privacy and data security should be protected during a telehealth encounter as it would be during an in-person appointment.** HIPAA protections must be followed. Guardrails should be considered to confirm a patient's identity, for example, and providers must ensure that a patient can speak freely and is in an environment that maintains confidentiality.

Embrace Value-Based Care Models to Reenforce Value, Quality

Alternative payment models (APM), or value-based models, seek to encourage changes in care delivery by changing the way health care is paid for. The predominant financing system in the United States is fee-for-service, which reimburses providers based on the volume of services furnished, without regard to value. In contrast, value-based reimbursement models encourage better outcomes achieved at lower costs and align the interests of patients, payers, and providers.

Value-based models often incorporate both financial accountability and quality performance metrics for contracted providers. Telehealth is a useful tool that can be integrated into value-based models as a way to promote whole-person, integrated care and recognize the work providers and care teams do outside of the traditional office visit. Moreover, by including financial accountability for cost of care into a payment model, value-based models can ameliorate concerns around overutilization, duplicative care, and use of low-value services. Embedding quality performance measures into models serves to prevent the stinting of care in favor of achieving cost savings, while concurrently incentivizing the use of evidence-based services and driving improvements in patient outcomes. Thus, value-based models can also serve as a guardrail as the health care system continues to gather evidence about the cost and quality of virtual services.

- **Policymakers should encourage increased use of innovative payment and delivery models, including multi-payer models**, which would aid the transition to payment arrangements that are based on value and outcomes. Health insurance providers should have the flexibility to design and implement programs that can best deliver convenient, high-quality, affordable care to their members.

Telehealth Lowers Health Care Costs

Studies find that telehealth and virtual care improve health care affordability.

In a recent study, patients who utilized telehealth to see providers during urgent care visits were able to avoid unnecessary tests, saving an average of $118 for each episode of care.

According to J.D. Power, if providers can reduce emergency department visits by 1% by increasing telehealth adoption, the average emergency department would save more than $100 million a year.

Telehealth Improves Patient Satisfaction

Americans deserve high-quality care that is convenient and satisfying. Telehealth delivers for them.

A study by Massachusetts General Hospital found that 62% of participants felt the quality of care delivered via telehealth was the same as an in-person visit – and 21% said the quality of care was better than an in-person visit.

A survey from J.D. Power found that, on a 1,000-point scale, telehealth scored an overall customer satisfaction score of 860 – the highest of all health care, insurance, and financial services industry studies.

Promote Innovation to Further Improve Care Access and Quality

There is a great deal of action that can be taken today to more fully integrate telehealth visits into today's health care system. Policymakers should seize the moment to lay the foundation for future improvements and enable development of new technologies yet to be imagined. They can also establish essential programs to close equity gaps and ensure that under-resourced and underserved communities can benefit from the value that telehealth offers.

- **The Health Resources & Services Administration (HRSA) and other federal agencies can support the further expansion of telehealth through grant programs**, especially by distributing funds to rural regions. Insufficient access to broadband internet access and affordable devices with which to access telehealth have created a "digital divide," where some communities are left behind as care shifts virtually. While many health insurance providers are taking steps to expand access to care for underserved communities, including Medicare and Medicaid populations, federal action is needed to support further spread of telehealth access.

- **State Medicaid agencies can encourage access to telehealth by increasing flexibility** for eligible providers, eligible services, and eligible technologies, and by allowing providers to practice across state lines for telehealth.

Medicaid managed care organizations are working to promote virtual care use among their enrollees, including synchronous audio-video visits to Project ECHO programs that support remote consultations with specialists that may otherwise not be available to inform patient care, though state action is needed to further encourage such actions in a way that builds on existing successes.

Apply Lessons Learned from Telehealth for Mental Health and SUD

The COVID-19 pandemic triggered explosive growth in the use of telehealth. For many types of care, the use of telehealth levelled off – though to levels still ten-fold higher than pre-pandemic. Other conditions, including mental health, have seen sustained growth in use following the early spike, indicating a "new normal" for the way mental health care can be delivered.

Use of telehealth for mental health has remained high, with over 60% of commercial insurance telehealth claims related to mental health conditions. During a period of time where demand for mental health care reached new heights, telehealth allowed for convenient access to high-quality, affordable care.

Tele-mental health can expand access to high-quality care, lower costs, and reduce or eliminate stigma associated with mental health. There are shortages of mental health providers which are more severe in some geographies and are made worse because some mental health providers do not accept insurance. This makes it harder for people in rural areas and those in lower-income populations to access mental health care. Telehealth can help connect patients with credentialed providers located outside of their immediate geographic region who participate in provider insurance networks. Mental health care is a prime example of the benefits of telehealth, and health insurance providers are doing their part to connect their members with virtual care.

SUD treatment is another area where telehealth can connect people with necessary recovery services. Federal officials have taken steps to permanently allow SUD care to be delivered via telehealth, to provide access to care for those in need with convenient, high-quality care. SUD - as part of the broader behavioral health landscape - is an example of a telehealth success story.

The pandemic has proven that telehealth is a valuable – and sustainable – tool for helping Americans address their mental health. Health insurance providers applaud CMS for action taken during the pandemic to allow for mental health services to be delivered via telehealth, even beyond the conclusion of the PHE. However, policymakers must take further action to ensure that patients continue to have access to mental health services via telehealth:

- **CMS must remove the requirement for in-person visits for tele-mental health.** In the 2022 Physician Fee Schedule, CMS announced that it would allow mental health care to be delivered via telehealth, even beyond the end of the PHE. The rulemaking also indicated that patients must see a provider in person every 6 months (for patients without serious mental illness) to be eligible to receive tele-mental health care from that provider. The in-person requirement eliminates many of the benefits of virtual care, including geographic flexibility, convenience, and efforts to combat stigma.

- **Policymakers can support further research studies to identify the treatments and services where telehealth can most improve patient care.** For example, telehealth has been shown to be a valuable tool in helping people access SUD treatment and recovery services. Policymakers and researchers must continue to analyze data around other clinical conditions where telehealth can dramatically improve patient access and outcomes, as it has in the mental health space. With the expansion of telehealth, stakeholders have had the opportunity to collect information and best practices around the appropriate use and conditions for use of telehealth, which can be applied broadly as we look to the future.

Focus on Equity, Reaching Underserved Populations, and Continuous Improvement

Today, health insurance providers are working with providers to explore several essential areas, including:

Ensuring Equitable Access:	Health insurance providers are addressing the Digital Divide by promoting affordable broadband access, promoting patients' comfort and familiarity with virtual care technologies, and building patient trust of virtual care processes and providers.
Patient Information Needs:	Health insurance providers and other stakeholders are working to educate patients to help them prepare for telehealth visits.
Provider Information Needs:	It is necessary to know when to have an established relationship between the provider and patient for virtual care. This includes the information that a provider needs to support appropriate evaluation, diagnosis and treatment of a patient in a virtual setting.
Training and Accreditation Requirements:	It is important to understand whether new requirements for providers to treat patients in a virtual setting would improve care quality and patient outcomes.
Optimizing for Care Coordination:	Information interoperability and value-based payment arrangements will help leverage telehealth for better quality, patient outcomes, and affordability.
Identifying and Supporting New Policy and Data Sharing Solutions:	New policies may be required to allow for the scaled delivery of virtual care across state lines, consider new licensure requirements for other providers delivering virtual care in addition to doctors, and ensure appropriate sharing of health information to improve and coordinate care.
Protecting Against Fraud, Waste, and Abuse:	Health insurance providers are addressing long-standing concerns about how potential bad actors can be identified, and how risks can be mitigated.

A Bright Future for Telehealth

Telehealth provides new opportunities to deliver high-quality care in a convenient, consistent, and effective way. The key to future advancement is flexibility to allow for continued innovation and learning. As Americans – both patients and providers -- continue to gain experience and progress in their use of telehealth, it is essential that we encourage as much flexibility as possible to ensure that our health care system can make the best use of innovation that results in equitable patient care and outcomes.

Health insurance providers are optimistic about the new opportunities virtual care has unleashed. They remain committed to working with federal and state leaders as well as private market partners to achieve the full benefits of telehealth for improved affordability, access, quality, satisfaction, and patient outcomes.

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