



COVID-19 Demonstrated the Power of Telehealth – Now It’s Time to Make it Permanent

Telehealth has emerged as an area for bipartisan health care policy support in the wake of the COVID-19 crisis. Policymakers on both sides of the aisle have called for making permanent many of the flexibilities been granted during the pandemic. To harness the full potential for telehealth to bring value to the U.S. health care system, it is critical to understand what the barriers to broad adoption have been, how the COVID-19 pandemic changed the remarkable powers of telehealth as a tool for broader, more affordable access to care and which policies are needed to continue these successes.

Prior to the COVID-19 pandemic, a patchwork of federal and state policies limited telehealth adoption and utilization as an alternative to in-person medical care and made it difficult, if not impossible, for telehealth to thrive. Even as Medicare Advantage was permitted to offer the convenience of telehealth, traditional fee-for-service Medicare blocked that option for millions of seniors.

Medicare’s most significant statutory barrier was the originating and geographic site restrictions that limited virtual care to beneficiaries located in a rural area receiving telehealth services at a provider’s office, hospital, or rural clinic. Statutory restrictions also placed limitations on the types of providers that can deliver care virtually, limited the modalities via which telehealth may be furnished, and required telehealth providers to be licensed in the state in which the patient is located.

CMS also limited the types of services provided via telehealth, interpreting the statutory payment requirement for distant site providers in a manner that resulted in lower payment rates for telehealth and restricted telehealth availability to “established” patients. Together these restrictions resulted in relatively low adoption and utilization of telehealth.

During the COVID-19 pandemic, federal policy shifted dramatically to address the pandemic, with telehealth becoming a cornerstone of the government’s strategy. Temporary waivers and interim final rules tied to the public health emergency declaration were issued to waive the originating and geographic site restrictions, expand the provider types authorized, waive state licensure requirements, expand the services that could be furnished, provide payment parity between telehealth and in-person care and permit “new” patients to access telehealth. ACHP member organizations have taken full advantage of these flexibilities by offering broad telehealth programs and offerings including 24/7 telehealth services, virtual emergency care and expanded remote patient monitoring and coordinated care capabilities. In a joint poll by ACHP and AMCP, 89% of consumers that used telehealth during the pandemic were satisfied with their experience. Virtual care’s ability to meet consumer needs and satisfaction will be a driving force for its future.

The ACHP-AMCP joint poll also revealed a concerning reality: 41% of consumers reported delaying health care services, which translates to 93.2 million adults, age 18-74, who did not receive expected care and treatment in a 90-day period. Seniors and people with chronic conditions delayed care in even higher percentages, 53% and 60%, respectively. The result is a likely increase in case severity, and therefore cost, if care continues to be delayed and telehealth is a critical tool to ensure these individuals get timely care.

The temporary flexibilities are scheduled to end at the conclusion of the COVID-19 public health emergency. While CMS has regulatory authority to extend certain flexibilities, many that have been most critical to the uptake of telehealth will require an act of Congress to continue. As policymakers consider which telehealth flexibilities to extend, it is important to identify how telehealth provides value to patients, employers and the U.S. health system overall. These expanded virtual benefits will continue to be critical past the public health emergency, as the country finds its footing in a new health care landscape.

More Care Anywhere. There is no question that allowing telehealth to be provided in a patient's home, rather than requiring them to travel to an in-office setting is a more convenient option for the patient who may otherwise need to take time off of work, arrange for childcare, travel long distances to find a specialist, or have physical limitations that make such travel burdensome or potentially dangerous. Opening availability beyond rural areas and increasing approved provider types and scope of services significantly increases the number of patients able to take advantage of these benefits – typically at a lower cost. ACHP member organizations have already begun incorporating such consideration into their long-term benefit planning as the health care industry realizes the convenience and satisfaction with telehealth for all participants. Further relaxation of state licensure requirements also greatly expands the availability of specialty practitioners, particularly in rare specialties such as geriatrics or neuropsychiatry.

Increased Mental and Behavioral Health Access. The extension of telehealth for mental and behavioral health, and substance use disorders, is a critical tool for meeting the challenges Americans are facing during and in the aftermath of the COVID-19 pandemic, including the social isolation and lingering trauma from the effects of the disease, in addition to the associated ramifications of economic contraction. ACHP member organizations are finding creative ways to approach mental health and wellbeing through wholistic and coordinated approaches. One ACHP member observed a 20 to 30 percent increase in adherence to appointments via telehealth in just the first few months of the pandemic.

Measuring Appropriate Risk. For the senior population that may have more difficulty navigating two-way video technology, sustaining the availability of telephonic visits — and allowing health plans to collect risk adjustment data via telephonic visits to help manage chronic disease — could increase their ability to benefit from telehealth, and keep this vulnerable population out of higher risk in-person settings. In addition to incentivizing the modality of care for the seniors you prefer it, this expanded policy will diminish the projected impact on risk-adjustment and plan payments in 2021, providing relief to millions of seniors and providers by maintaining a stable Medicare Advantage program without reductions in benefits or cuts to provider reimbursement.

Past the COVID-19 pandemic, concerns regarding potential overutilization or waste, fraud, and abuse should be examined and addressed. Experience and insights gained during the public health emergency can provide guidance. Specifically, concerns regarding utilization are significantly diminished in an environment of capitated payments, in which providers are incentivized to target appropriate resources to the right patients. As leaders in value-based care, many ACHP members either already operated or are shifting to such models as the pandemic highlighted the deficiencies of a fee-for-service system.

ACHP member organizations are unified in their integrated payment and delivery system model. Concerns about low-quality care or barriers to accessing needed care are reduced in such systems, aligning financial incentives around ensuring the best possible health outcomes for all patients. Such integrated, capitated models also reduce the opportunity for waste, fraud, and abuse that are inherent in fee-for-service models.

In addition, policymakers must deal with underlying barriers to accessing telehealth, such as disparate access to broadband capability, internet access and video-capable phone and computer technology. Ongoing efforts to bridge the digital divide must be prioritized to secure access to digital care regardless of health, race, ethnicity or financial status.

The Alliance of Community Health Plans (ACHP) represents the nation's top-performing nonprofit health plans to improve affordability and patient outcomes. ACHP's provider-aligned health organizations provide high-quality coverage and care to tens of millions of Americans. As leaders in practical, proven reforms we stand ready to make telehealth more accessible and available to all U.S. healthcare consumers.