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Cindy Hyde-Smith
United States Senator

Dear Congressional Telehealth Caucus Co-Chairs and Senators Schatz, Wicker, Thune, Cardin, Warner, and Hyde-Smith:

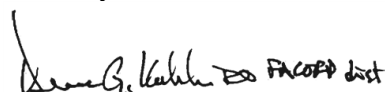
On behalf of the American College of Osteopathic Family Physicians (ACOFP), we appreciate the opportunity to respond to your request for information (RFI) on recommendations to expand access to telehealth, improve patient outcomes, increase telehealth uptake, and reduce healthcare costs.

ACOFP is the professional organization representing more than 20,000 practicing osteopathic family physicians, residents, and students throughout the United States who are deeply committed to advancing our nation's health care system by improving health care delivery and outcomes, and ensuring that patients receive high-quality care. Generally, we support efforts to reduce administrative and regulatory burdens for physicians and promote flexibility and innovation. We believe telehealth can be used to achieve these goals.

Osteopathic family physicians practice in variety of settings, including in solo, small, group, rural, Native American Indian healthcare, and alternative payment models. We support proposals designed to expand access in these areas, including providing more flexibility to offer telehealth services and to utilize telehealth services to increase access to care.

Our full comments are detailed on the following pages. Thank you for the opportunity to share these with you. Should you need any additional information or if you have any questions, please feel free to contact ACOFP at advocacy@acofp.org or (847) 952-5100.

Sincerely,



EXECUTIVE DIRECTOR

Bob Moore, MA, CAE
Arlington Heights, IL

ACOFP supports efforts to improve and expand access to telehealth, including through several provisions of the Bipartisan Budget Act of 2018. Overall, we strongly support efforts to leverage technology, including telehealth, to improve and streamline health care delivery. We appreciate the opportunity to provide our recommendations and outline several areas of concern.

Challenges in Rural and Underserved Communities

In general, ACOFP believes that telehealth can significantly improve the effectiveness and efficiency of the health care system. Further, telehealth will most benefit those living in underserved or health professional shortage areas. However, existing infrastructure and financial challenges prevent telehealth from being utilized by the population who would benefit the most. For example, to appropriately leverage telehealth, there must be broadband connections in all parts of the country. Many of our members provide services in areas without a reliable internet connection. Moreover, rural physicians face a stark financial reality with deploying any new health care-related technology because they serve a disproportionate share of Medicaid and dually-eligible individuals, for whom reimbursement is typically lower than for patients with commercial insurance. Without stable internet access and due to the significant financial burden of adopting telehealth, many of our rural family physicians do not have the capacity to invest in or update the technology systems required to utilize telehealth.

When the original Meaningful Use program was implemented, it was clear that solo and small practices, especially those in rural areas, faced significant challenges to meet the requirements (e.g., lack of access to broadband internet, insufficient skilled information technology (IT) workforce, and insufficient financial capital to implement electronic health record (EHR) systems). Further, individual Rural Health Center providers were not eligible for the Meaningful Use incentive payment. Now that small, solo, and rural physicians are subject to this component of reporting, they now face a significant financial burden to implement health IT (HIT) and EHR systems, both of which are critical to expanding access and increasing uptake of telehealth and remote monitoring technologies. Moreover, many did not receive financial support for these activities.

ACOFP recommends that the legislation recognizes the challenges facing solo, small, and rural area practices in adopting and implementing telehealth. Specifically, special consideration should be given to the financial circumstances of physicians, patient characteristics and location, and efforts to increase the availability of telehealth services for a significantly underserved patient population.

Expanding Access and Improving the Patient Experience

In addition to supporting rural and underserved areas, telehealth can significantly improve patient access to specialists for whom there is a significant provider shortage. For example, certain specialists tend to cluster in geographic areas of the country. Telehealth could be used so that the existing supply of underutilized specialists can be accessed by patients in rural and underserved areas or by patients with mobility limitations. Telehealth also could be used to ensure certain patients have access to primary care services to address health care issues before they escalate to the point of a costly emergency department visit. However, as you may know, there is a significant primary care physician shortage. While telehealth can be a tool to address some of the issues caused by this shortage, it is not the sole solution. More must be done to ensure that we have enough primary care physicians in the country to support the growing primary care needs of all Americans.

ACOFP recommends that the legislation recognizes the value of telehealth in terms of increasing access to primary care and certain other specialty services. While not the solution to physician shortages, telehealth can help fill the gaps in underserved areas.

Increasing Uptake of Telehealth and Remote Monitoring

Despite the promise and benefit of telehealth and remote monitoring, ACOFP has recognized two distinct concerns that limit uptake: (1) how insurers value telehealth and technology-based services; and (2) cybersecurity concerns.

In terms of valuing telehealth, private and federal insurers place different value on the types, utilization, and frequency of telehealth. This inconsistency makes it challenging for physicians to appropriately document and deploy telehealth services. In addition, insurers – including Medicare – generally devalue telehealth or remote services compared to services provided in-person. We cannot stress enough that when family physicians provide telehealth services, these involve the same level of cognitive skill, time, and documentation. In addition, a telehealth service or remote monitoring may require a patient to come to the physician’s office or perform some follow-up work. In such instances, the telehealth service provided value by identifying that a patient will need a follow-up service. The subsequent in-person service does not negate the telehealth service and reimbursement should not be set in a way that would render the telehealth service meaningless.

With respect to Medicare, there are many antiquated requirements related to physician certification or to confirm a patient’s diagnosis. Many of these types of physician visits can be completed via telehealth or through remote monitoring, but existing requirements unnecessarily restrict physicians from performing those services via telehealth. This is a significant barrier to increasing uptake of telehealth.

ACOFP recommends that physicians be reimbursed at equivalent rates regardless of whether a service is furnished using technology or in-person. Any disparity (financial or otherwise) in favor of in-person services will devalue the provision of telehealth services and subsequently limit uptake.

ACOFP also is concerned with cybersecurity risks associated with the transfer of health information that is generally considered a part of telehealth and remote monitoring. The increased transmittal rate of messages, some of which may include attachments and files, may lead to malicious attempts to compromise physician systems, steal data, or lock physicians out of their network until they pay a “ransom” to unlock the system. We also are concerned with the potential program integrity issues of technology-based services. While our members make every effort to ensure robust cybersecurity systems, our patients or other health care partners may have vulnerabilities outside of our control. Further, some “bad actors” may attempt to take advantage of increased flexibility by over-utilizing telehealth services.

ACOFP recommends the consideration of implications of cybersecurity and potential cyber threats to patients that may arise from increased use of telehealth. There also are potential program integrity issues that should be considered in legislation. However, we caution that program integrity not be overly burdensome as this would pose a barrier to the uptake of telehealth services.

Reducing Costs by Incentivizing Primary Care Services

ACOFP believes that telehealth is an important tool in lowering health care costs for patients and for the federal government. We believe one of the strongest promises of telehealth is expanding access to underserved patients, including expanding access to primary care services. The value of primary care is well-documented, with many studies showing that increased access to primary care is more likely to result in preventive services and treatment for medical conditions before they become chronic and costly to treat. Telehealth is one way to increase this critical access to primary care services. ACOFP believes that investing in primary care services, both in-person and via telehealth, will help to reduce costs for the federal government by significantly increasing access to preventive services and will be better for patients as they will not need to pay high out-of-pocket costs for costly conditions that could have been avoided.

ACOFP urges the Caucus to recognize the importance of primary care and preventive services in reducing costs for patients and federal programs. Telehealth is one way to improve access to primary care services.

Conclusion

ACOFP shares the goals of leveraging telehealth to expand access to underserved areas, improve patient outcomes, and reduce health care costs. We thank you for the opportunity to provide these comments and recommendations to improve telehealth uptake. We also offer our support as you continue to work on a legislative package and stand ready to work with you as you explore and advance access to telehealth services.