AMERICAN ACADEMY OF FAMILY PHYSICIANS

March 1, 2021

The Honorable Anna Eshoo
Chairwoman
Subcommittee on Health
Committee on Energy & Commerce
U.S. House of Representatives
Washington, D.C.

The Honorable Brett Guthrie
Ranking Member
Subcommittee on Health
Committee on Energy & Commerce
U.S. House of Representatives
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Dear Chairwoman Eshoo and Ranking Member Guthrie,

On behalf of the American Academy of Family Physicians (AAFP), representing more than 136,700 family physicians and medical students across the nation, I write to thank you for hosting the hearing on "The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care." Family physicians have rapidly changed the way they practice to meet the needs of their patients during the COVID-19 pandemic. About 70 percent also report that they plan to continue providing more telehealth services in the future. However, legislative changes are needed to permanently improve equitable access to high-quality telehealth services, such as those provided by primary care physicians within a patient's medical home.

Telehealth can enhance patient-physician collaborations, increase access to care, improve health outcomes by enabling timely care interventions, and decrease costs when utilized as a component of, and coordinated with, continuous care. Telehealth services have allowed patients and families to maintain access to their usual source of primary care, ensuring care continuity during the pandemic and will continue to be critical as our nation recovers from the COVID-19 pandemic. Given these benefits, patients and physicians alike have indicated that current telehealth flexibilities should continue beyond the public health emergency. Congress must act to extend Medicare telehealth flexibilities and ensure telehealth is permanently recognized across payers as a valuable modality of providing primary care services.

Telehealth benefit expansions must increase access to care and promote high-quality, comprehensive, continuous care. Telehealth, when implemented thoughtfully, can improve the quality and comprehensiveness of patient care and expand access to care for under resourced communities. As outlined in our Joint Principles for Telehealth Policy, in partnership with the American Academy of Pediatrics and the American College of Physicians, the AAFP strongly believes that the permanent expansion of telehealth services should be done in a way that advances care continuity and the patient-physician relationship. Expanding telehealth services in isolation without any regard for previous physician-patient relationship, medical history, or the eventual need for a follow-up hands-on physical examination can undermine the basic principles of the medical home, increase fragmentation of care, and lead to the patient receiving suboptimal care.[i,ii] In fact, a recent nationwide survey found that most patients prefer to see their usual physician through a telehealth

visit, felt it was important to have an established relationship with the clinician providing telehealth services, and felt it was important for the clinician to have access to their full medical record.[iii]

The AAFP is supportive of broadly expanding access to telehealth services. However, we recognize that the subcommittee may have ongoing concerns with waste, fraud, and abuse and may be interested in policy solutions. In addition to promoting the use of telehealth within the medical home, we also recommend relying on existing Medicare policies to minimize the administrative burden imposed on physician practices. For example, Medicare defines an established patient as one that has received professional services from a clinician in the same practice and of the same medical specialty within the last three years.[iv] This definition should be repurposed in new telehealth policies, instead of creating a new definition for an established patient that could conflict with current coding guidelines.

Congress should permanently remove the current section 1834(m) geographic and originating site restrictions to ensure that all Medicare beneficiaries can access care at home. The COVID-19 pandemic has demonstrated that enabling physicians to virtually care for their patients at home can not only reduce patients' and clinicians' risk of exposure and infection but also increase access and convenience for patients, particularly those who may be homebound or lack transportation. Telehealth visits can also enable physicians to get to know their patients in their home and observe things they normally cannot during an in-office visit, which can contribute to more personalized treatment plans and better referral to community-based services.

Require Medicare to cover audio-only Evaluation and Management (E/M) services beyond the public health emergency. Coverage of audio-only E/M services is vital for ensuring equitable access to telehealth services for patients who may lack broadband access or be uncomfortable with video visits. In September, after using telehealth for several months due to the pandemic, more than 80 percent of family physicians responded to an AAFP survey indicating they were using phone calls to provide telehealth services. Together with ongoing reports from physicians that phone calls are vital to ensuring access for many patients, this survey data indicates that phone calls are more accessible for many patients than video visits. This may be particularly true for Medicare beneficiaries. According to the Pew Research Center, 91 percent of patients over the age of 65 own a cell phone; but only about 53 percent of these devices are smartphones with video capability.[v]

Congress should work to standardize coverage and payment of telehealth services across payers, including by requiring they cover telehealth services provided by any in-network provider and prohibiting policies that only cover telehealth services provided by separately contracted virtual-only vendors. As previously mentioned, evidence clearly indicates that patients prefer to receive telehealth services from their usual source of care. Existing benefit structures do not reflect this preference, or the importance of continuous primary care.

Payment models should support the patients' ability to choose their preferred modality of care (i.e., audio-video or audio-only) and ensure appropriate payment for care provided. For example, E/M services require the same level of physician work regardless of the modality of care. Family physicians report that there are unique costs associated with implementing telehealth in their practices and altering clinical workflows to ensure successful telehealth visits. Payment for telehealth services must appropriately account for these costs.

Permanently ensure beneficiaries can access telehealth services provided by Federally-qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs). FQHCs and RHCs serve as the primary source of care for millions of low-income and underserved patients across the country. In order to promote care continuity and ensure beneficiaries have access to affordable, comprehensive care, Medicare should permanently cover telehealth services provided by these health centers. Medicare and Medicaid payment methodologies should also be modified to provide appropriate and timely payment to community health centers for telehealth services.

Thank you for the opportunity to provide written testimony for the hearing. The AAFP stands ready to work with you to improve equitable access to high-quality telehealth services. Should you have any questions, please contact Erica Cischke, Senior Manager of Legislative and Regulatory Affairs, at ecischke@aafp.org.

Sincerely,

Gary L. LeRoy, MD, FAAFP

Gary L. LeRoy, MD, FAAFP
Board Chair
American Academy of Family Physicians

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[ii] 4 Sprecher, Eli, and Jonathan A. Finkelstein. "Telemedicine and Antibiotic Use: One Click Forward or Two Steps Back?" American Academy of Pediatrics, American Academy of Pediatrics, 1 Sept. 2019, pediatrics.aappublications.org/content/144/3/e20191585.
[iii] Welch, B. M., Harvey, J., O'Connell, N. S., & Mcelligott, J. T. (2017). Patient preferences for direct-to-consumer telemedicine services: A nationwide survey. *BMC Health Services Research, 17*(1). doi:10.1186/s12913-017-2744 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5704580/
[iv] CMS Manual System Notification. Available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1231OTN.pdf
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