



**Statement for the Record
Submitted by CommonSpirit Health**

**House Energy and Commerce Subcommittee on Health
The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care**

March 2, 2021

On behalf of the patients and communities we serve, CommonSpirit Health is pleased to provide the following statement for the Record to the House Energy and Commerce Subcommittee on Health. As one of the largest nonprofit health systems in the United States, CommonSpirit serves individuals across 21 states in our 139 hospitals and myriad long-term care facilities, home health organizations, academic medical centers, nursing schools, medical clinics, and community service organizations. As a faith-based system, CommonSpirit seeks to create healthy communities with a special focus on those individuals who are medically, economically, or socially vulnerable. We appreciate the Committee's attention to the important and timely issues of telehealth policy post pandemic and their impact on the patients we serve.

Historically, Congress and CMS have taken a deliberate, incremental approach to expanding telehealth services to beneficiaries, despite consistent evidence of the value telehealth brings to both the patient experience and quality outcomes. In response to the COVID-19 public health emergency (PHE), CMS and Congress acknowledged the important role telehealth could play in ensuring patients have safe access to health care. The telehealth waivers allowed hospitals and health systems to greatly expand the use of telehealth and other communication technology-based services. Indeed, these legislative and regulatory flexibilities have been key to maintaining access to care for patients while preventing the spread of COVID-19.

CommonSpirit was able to quickly scale and expand patient care through telehealth services, from providing 500 virtual visits per week prior to the PHE to providing more than 5,000 per day almost immediately. Due to patient demand and the constraints of COVID, currently 17% of all ambulatory visits with CommonSpirit clinicians are via telehealth. The quick adoption and deployment of services is a clear indication that beneficiaries desired telehealth services and CommonSpirit was ready to respond to meet the need of our patients and our communities. As one of the nation's largest Medicaid providers, this has been an essential tool in meeting the needs of the vulnerable populations that we serve.

CommonSpirit greatly appreciates Congress taking swift action as part of the CARES Act to provide the necessary flexibilities that allow for virtual services to be provided during the PHE. During this time of flexibility, we agree it is important to collect data to evaluate and understand the value of telehealth as an important modality of care, and continue to build on the progress of integrating telehealth into our systems of care by not creating undue uncertainty for providers or patients regarding how care will be delivered in the future.

While telehealth expanded greatly as an infection control strategy during the pandemic, it has become an important tool to improve access to care and reduce barriers to entry for some of our most vulnerable populations. Moreover, CommonSpirit has taken a thoughtful, systematic, and team-based approach to deployment of virtual care strategies to ensure services are patient-centric, medically appropriate, technologically sound, and financially viable. Given the quick implementation of the PHE waivers, we appreciate that Congress now needs to look closely at how to ensure access to care while maintaining program integrity and fiscal solvency for the Medicare program post-COVID.

Telehealth has long been a central tool in expanding care access to rural, underserved communities. During the PHE, it has also become a critical modality of care for patients in urban and suburban areas. Telehealth services in these communities is particularly important for the most vulnerable patients, some of whom lack reliable access to transportation, or for whom a virtual visit is key to managing a chronic illness. As providers continue to gain experience providing virtual care, telehealth will continue to play an important role in addressing health equity by reaching vulnerable communities in innovative ways. Just imagine how millions of hourly workers who can't afford to take time off work to seek medical treatment can use a virtual visit on their work break and not be forced to decide between money to put food on the table and going to the doctor.

Telehealth behavioral health services, particularly in areas that experience provider shortages has been absolutely essential during this pandemic and will continue to be a need as we all continue to confront the lasting emotional and psychological effects of isolation and more than a year of largely sheltering in place. Finally, as technology has advanced, the population in general has become more accustomed to interacting virtually, patients – including Medicare beneficiaries – have become much more comfortable utilizing virtual care options from the comfort of their home.

Virtual care should not be viewed as a replacement for in-person care. Instead, it is a crucial element in the integrated care continuum, we can use to reach patients and provide them with the right care in the right setting for improved outcomes. The cost structure of providing telehealth services largely mirrors the costs associated with in-person care including staff support, EHR integration, clinicians, technology, etc. Regardless of the type of care (virtual or in-person), clinicians provide the same level of and quality service in both settings and are the majority of the expense. We have made significant investments in our technology infrastructure to support telehealth, in addition to maintaining our commitments to in-person care.

While telehealth can improve health equity, access to telehealth also needs a better technology infrastructure across the country, in rural areas and for vulnerable populations. Telehealth must be accessible, inclusive, culturally competent and available across all payers. Patient engagement and education will be critical factors in overall success

CommonSpirit looks forward to working with the Committee to bring forward additional data to help support policy discussions that will advance our common goals including expanding access to care for our patients with a particular focus on improving health care equity and reducing disparities. As the Committee proceeds in deliberating on these and other related topics this year, we stand ready to work with you in advancing policy proposals that improve the lives of the patients and communities we serve. Thank you for your continued attention to and deliberations on this important policy discussion.

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About CommonSpirit Health

CommonSpirit Health is a nonprofit, Catholic health system dedicated to advancing health for all people. It was created in February 2019 by Catholic Health Initiatives and Dignity Health. With its national office in Chicago and a team of approximately 150,000 employees and 25,000 physicians and advanced practice clinicians, CommonSpirit operates 140 hospitals and more than 1,000 care sites across 21 states. In FY 2020, CommonSpirit had revenues of \$29.6 billion and provided \$4.6 billion in charity care, community benefit, and unreimbursed government programs. Learn more at www.commonspirit.org.

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