

Heart Failure Society of America

Testimony for the Record House Committee on Energy and Commerce Subcommittee on Health

“The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care”

March 2, 2021

Chairwoman Eshoo, Ranking Member Guthrie, and members of the Subcommittee, thank you for the opportunity to submit testimony related to the future of telehealth and how the COVID-19 pandemic is changing the delivery of virtual care.

The Heart Failure Society of America (HFSA) represents more than 2,000 members of the multidisciplinary heart failure team, including physicians, nurses, pharmacists, physician assistants, researchers, and patients, dedicated to significantly reducing the burden of heart failure and improving and expanding heart failure care through collaboration, education, innovation, research, and advocacy. HFSA appreciates the U.S. House Energy and Commerce Committee’s consideration of the evolving role of telehealth in our nation’s health care system, which has been exacerbated by the COVID-19 pandemic, and we would like to share our experience with telemedicine during this public health emergency.

The COVID-19 pandemic has presented an unprecedented crisis for patients, clinicians, and health care systems. Most U.S. health care systems have reduced ambulatory outpatient clinics – pillars of the longitudinal care of patients with chronic illnesses, such as heart failure. In this context, synchronous audio/video interactions, also known as virtual visits, have emerged as innovative and necessary alternatives to in-person care. Last April, HFSA members published a paper in the *Journal of Cardiac Failure* that delves into virtual visits and telehealth for the care of patients with heart failure in the COVID19 era¹. In short, the paper reviews the platforms, reimbursement models, advantages and limitations of virtual visits.

Prior to the COVID-19 pandemic, there was little impetus for clinicians to learn or use virtual visits. In the current era, however, innovative approaches to performing physical exams and medication reconciliation emerged as a result of COVID-19, necessitating the transition to virtual visits. Virtual visits during the COVID-19

¹ Gorodeski et al. (2020, April 18). Virtual Visits for Care of Patients with Heart Failure in the Era of COVID-19: A Statement from the Heart Failure Society of America. *Journal of Cardiac Failure*. Retrived from [https://www.onlinejcf.com/article/S1071-9164\(20\)30367-5/fulltext](https://www.onlinejcf.com/article/S1071-9164(20)30367-5/fulltext)

pandemic have given health care providers the ability to continue to care for patients with chronic conditions, like heart failure, that need to be closely monitored, but who are unable, or reluctant, to travel to an office setting. Virtual visits have improved patient access to care, successfully prevented disruptions in treatment, increased connectivity, facilitated patients' caregiver involvement in care, and given older patients the opportunity to explore online alternatives to care. Many patients with heart failure, especially older adults with disabilities and those living in rural communities, often have difficulty attending in-person visits due to very poor exercise tolerance, inadequate transportation and difficulty in transporting oxygen, among other barriers. For these patients, virtual visits are certainly more convenient; likewise for their caregivers, who sometimes have to take time off from work to take their family member to the appointment.

While significant benefits to administering care through virtual visits exist, challenges have presented themselves in selected circumstances. To conduct a virtual visit successfully, patients must be willing and able, and the technology must be available and effective. Some patients may be reluctant to participate in virtual visits because they feel uncomfortable with technology or feel self-conscious about interacting on video. Virtual visits also present a barrier to performing a full physical examination, though many components of a partial examination can be completed, and existing and emerging diagnostic technologies and wearables may fill in the gaps. Some patients may have limited access to the internet, and/or may not have a computer or smart device to engage in virtual visits, including low income and elderly in inner city and rural areas. Although there may be geographic and financial challenges to obtaining WiFi for some patients, we anticipate that future technology will provide hotspots via ubiquitous cellular networks, thus alleviating most barriers to internet access. Some health care systems are investing in these technologies and providing equipment and connectivity to ensure that telehealth does not widen health disparities. Further, older adults may be viewed as a subpopulation in which virtual visit challenges (especially in terms of using new technology) are common. This is important in the context of heart failure, in which approximately half of the patients living with heart failure are 70 years and older. Finally, patients and clinicians may occasionally encounter technical difficulties when conducting virtual visits. These may include an inability to initiate the virtual visit, connectivity issues and/or audio/video problems. Some of this may be a direct result of larger than anticipated volumes of users concurrently attempting to use a platform in the setting of the COVID-19 crisis. Over time, the hope is that software upgrades will address these issues and that platforms will be able to accommodate a greater number of users. Of note, if and when these technical issues arise, switching to a telephone visit is a reasonable solution.

Recent legislative and administrative policy changes related to licensing, privacy, location of patient, prior existing relationships between patients and clinicians, prescriptions, and reimbursements have been relaxed and/or updated to allow

telehealth to thrive in the era of the COVID-19 pandemic. Distant health technologies that align with virtual visits, including biosensing wearables and other diagnostic tools, may be increasingly adopted. Whether the use of virtual visits can improve adherence, decrease no-show rates, decrease office overhead, improve transitions of care from the inpatient to outpatient setting, or prevent emergency department visits and hospital admissions and readmissions for patients with heart failure is yet unknown. This underscores the need to collect outcomes data.

In summary, the COVID-19 pandemic has generated an important opportunity to learn about delivering heart failure care in a different way that should be fully embraced well beyond the current crisis. Even after this pandemic crisis recedes, patients may continue to have concerns about in-person office visits and travel, and may prefer to continue with a degree of physical distancing through virtual visits. There is great potential to increase visits and maintain close patient interactions virtually beyond the end of the current public health emergency. With these expectations in mind we believe that virtual visit models of care will become the norm in the U.S. health care system as we move forward, especially for patients with heart failure.

HFSA urges the committee to review its full paper in *Journal of Cardiac Failure* and to take our society's experience into consideration when developing any legislation related to the future use and implementation of a robust telehealth system to benefit patients, caregivers, and the nation's overall healthcare system.