MEDICAL ALLEY
A S S O C I A T I O N

Tuesday, March 2, 2021

Representative Angie Craig
1523 Longworth House Office Building
Washington, D.C. 20515

Congresswoman Craig:

On behalf of the Medical Alley Association, we submit this statement for the record of the House of Representatives Committee on Energy and Commerce Subcommittee on Health hearing titled "The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care."

As you know, this pandemic has profoundly changed many aspects of life for the foreseeable future, perhaps none more than the delivery of healthcare services. While telehealth has been touted as the future of healthcare for decades, the COVID-19 pandemic accelerated a telehealth revolution across our country in just a few months.[1] Before the pandemic, telehealth had high potential to transform care models, yet only 14% of Americans had participated in a telemedicine visit at least once.[2] But when the novel coronavirus came to the United States, federal policymakers eased regulations to encourage the use of telemedicine by patients in all locations, and the number of Americans who reported having participated in at least one telehealth visit increased by 57%.[2] By early April, just one month after the federal government and most states had declared a state of emergency, telemedicine accounted for 69% of health visits, and the home had become a hub of healthcare delivery.[3,4]

The swift transformation of healthcare through the expansion of telehealth and virtual care delivery enabled the critical continuity of care for patients across the country, and our members have played a critical role. With on-demand platforms and integrated solutions, they enabled an overburdened healthcare system to effectively respond to the extraordinary patient demand nationwide.

Telehealth played a critical role in the beginning of the response to the pandemic by helping reduce the spread of COVID-19 and lessen the strain on hospital systems by minimizing the surge of patient demand on facilities and equipment.[5] Nearly half of Americans have chronic conditions, and many needed non-virus-related care throughout the pandemic.[1] Telehealth helped patients with chronic illnesses or other non-virus-related problems to continue their care plans without increasing their risk of infection.[5]

Looking ahead, telehealth has the strong potential to provide value beyond the pandemic. In most cases, telehealth drives down the cost of care by decreasing hospital admissions, reducing opportunity

[1] Weeks Where Decades Happen: Telehealth 6 Months into COVID-19, https://www.healthcaredive.com/news/telehealth-6-months-coronavirus/581447/.

[2] 2020 State of Telemedicine Report, https://c8y.doxcdn.com/image/upload/v1599769894/Press%20Blog/Research%20Reports/2020-state-telemedicine-report.pdf.

[3] Telehealth Grew Wildly Popular Amid Covid-19. Now Visits are Plunging, Forcing Providers to Recalibrate, https://www.statnews.com/2020/09/01/telehealth-visits-decline-covid19-hospitals/.

[4] How the Pandemic is Accelerating the Hospital-at-Home Concept, https://liberatehealth.medecision.com/how-the-pandemic-is-accelerating-the-hospital-at-home-concept/.

[5] Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic, https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html.

costs, and improving management of chronic diseases.[6] Critically, telehealth also improves patient engagement and satisfaction, ultimately leading to better clinical outcomes, as telehealth is convenient and allows patients to receive care in the comfort of their own homes.[5,7,8,9] It offers a new means to locate health information, communicate with practitioners, and access follow-up care.[5]

Despite these positives, too many seniors, people of color, and low-income individuals have reduced access to the internet, less technological expertise, or face other language, cultural, or social barriers limiting their ability to access and use telehealth.[10] Health equity must be a focus of efforts to expand telehealth and a key consideration when performing outreach during and beyond the pandemic.[11]

Many federal telehealth policy changes are temporary, ending after relevant public health emergencies (PHEs) subside, prompting the question: What policy changes should be made permanent and what policy changes are still needed? Further, as a result of PHEs, the expanded use and awareness of how telehealth can be integrated into care delivery has provided an opportunity to update and modernize the law so it does not prevent patients from receiving care in the most efficient and effective manner possible.

Specifically, Medical Alley encourages Congress to consider the following policies:

1. Allow patients to access safe and effective care from the most convenient location for them that does not compromised the quality of care and ensures the safety of the patient.
2. Provide and protect the flexibility to use the most effective care delivery models available to manage and treat chronic or acute conditions to keep patients at home, resulting in lower costs through the avoidance of costly emergency room visits or hospital readmissions.
3. Prevent unnecessary utilization of telehealth in care delivery, while retaining flexibility for willing patients to conveniently, safely, and securely access care through all eligible synchronous and asynchronous telehealth modalities.
4. Ensure sustainable payment for delivery of telehealth services without restricting innovation in care delivery while accruing as many benefits as possible for the patient including lower costs, time saved, reduced work and transportation challenges, and improved outcomes.
5. Continue the increased adoption and use of telehealth to treat all conditions – when medically appropriate – safely and effectively by regularly evaluating and expanding provider types eligible to deliver care via synchronous and asynchronous telehealth modalities and enabling access to digital devices and technology, such as artificial intelligence (AI), virtual coaching, and other asynchronous telehealth delivery modalities.
6. Identify opportunities to use telehealth to better understand, track, and approach social detriments of health (SDOH) impacting patients and more effectively provide access to the care or other assistance necessary to help meet their needs.

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[6] The Promise of Telehealth Beyond the Emergency, https://americansforprosperity.org/wp-content/uploads/2020/08/20_77978_Telehealth_v04.pdf.
[7]Substitutive Hospital at Home for Older Persons: Effects on Costs, https://medicallyhome.wpengine.com/wp-content/uploads/2018/12/Substitutive_Hospital_at_Home_for_Older_Persons-_Effects_on_Costs.pdf.
[8]Scalable Hospital at Home With Virtual Physician Visits: Pilot Study, https://medicallyhome.wpengine.com/wp-content/uploads/2018/12/Clinically_Home_Trial.pdf.
[9]Scalable Hospital at Home With Virtual Physician Visits: Pilot Study, https://medicallyhome.wpengine.com/wp-content/uploads/2018/12/Clinically_Home_Trial.pdf.
[10]The Digital Divide in Adoption and Use of Personal Health Record, Arch Intern Med. 2011; 171(6):568-574. doi:10.1001/archinternmed.2011.34
[11]How to Make Remote Monitoring Tech Part of Everyday Health Care, https://hbr.org/2020/07/how-to-make-remote-monitoring-tech-part-of-everyday-health-care.

As you and your colleagues consider the merits of permanent changes, the Medical Alley Association and our members are ready to provide insights, experiences and expertise to support advancing the transformational gains already made and continue to move telehealth and virtual care delivery forward to meet the needs and shifting expectations of patients.

Thank you for your consideration. If you have any questions, please contact me at bpatrick@medicalalley.org

Sincerely,

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The Medical Alley Association