



200 First Street SW
Rochester, Minnesota 55905

March 2, 2021

The Honorable Anna Eshoo
Chairwoman
House Committee on Energy and Commerce
Subcommittee on Health
Washington, DC 20515

Ranking Member Brett Guthrie
House Committee on Energy and Commerce
Subcommittee on Health
Washington, DC 20515

Dear Chairwoman Eshoo and Ranking Member Guthrie:

On behalf of Mayo Clinic and the patients we serve, thank you for holding a hearing on March 11, 2021 on “The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care.”

More than one million people from all 50 states and 135 countries come to Mayo Clinic to receive the highest quality care at sites in Minnesota, Arizona, Florida and Wisconsin. As part of the largest integrated, not-for-profit medical group practice in the world, Mayo Clinic is dedicated to finding answers for patients through medical care, research and education. With more than 70,000 employees, Mayo Clinic brings together teams of specialists with a persistent and unwavering commitment to excellence.

The COVID-19 pandemic has highlighted the importance of telehealth in delivering critical health care services to all populations, particularly to disadvantaged and vulnerable patients. In the face of state stay-at-home orders, telehealth has served to reduce health care disparities and to protect patients and doctors from spreading or contracting the disease. Mayo Clinic applauds the U.S. Department of Health and Human Services (HHS) and the United States Congress for acting quickly to provide greater flexibilities in the telehealth space, such as Health Insurance Portability and Accountability (HIPAA) and billing and reimbursements flexibilities, and Centers for Medicare and Medicaid Services (CMS) waivers. However, these flexibilities and waivers are temporary and will expire at the end of the COVID-19 public health emergency.

The emergence of COVID-19 accelerated the transformation of health care delivery across the Mayo Clinic enterprise in Minnesota, Florida, Arizona and Wisconsin. This dramatic transformation was the result of necessity as providers, at Mayo Clinic and beyond, raced to meet the immediate needs of the populations we serve – from the very rural to the most urban.

Efforts in the telehealth space have increased access to allow for care delivery in safe and local environments. Patients can conduct these visits from home without having to risk virus exposure by traveling. Recent data received from Mayo Clinic patient surveys also indicates that patients are equally satisfied with video visits as with in-person visits overall.

While many types of care are best provided in-person, Mayo Clinic has demonstrated the benefits of providing care virtually to some patients in appropriate situations over the past decade. Since the onset of the COVID-19 pandemic, Mayo Clinic has conducted more telehealth visits per day across all our sites than we completed in calendar year 2019. While the COVID-19 pandemic has presented many challenges, perhaps its greatest opportunity and legacy will be the transformation in the practice of health care delivery itself. Mayo Clinic Platform and the Center for Digital Health enabled the exponential growth of telemedicine and remote care, artificial intelligence and data analytics. Our teams provided essential remote care through 1.2 million telephone and video visits. We were able to monitor more than 9,200 COVID-19 patients through our remote monitoring complex care program, allowing patients with even moderate to severe symptoms to be cared for safely at home, while also increasing bandwidth in our hospitals for the sickest patients.

Patients receiving routine care have experienced real benefit from care appointments conducted virtually, including within their homes (or current location) and via telephone. For some patients with limited access to broadband or high-speed internet, audio-only appointment options still allow a patient to receive care without burden or increased risk of exposure by needing to travel. Of course, allowing patients to receive this care where they are has also been essential to minimizing exposure risk while still caring for patients and their ongoing health needs.

Even before the pandemic, Mayo Clinic's innovation allowed us to offer successful virtual care programs in fields where access issues impact outcomes, such as obstetrics and gynecology (OB/GYN). In 2011, Mayo Clinic created "OB Nest," a new prenatal care program based on constant and direct support from a nursing team to meet the on-demand needs of expecting mothers through 24/7 support and at-home monitoring. The program was designed collaboratively with input from patients, OB/GYN staff (including midwives and physicians), and researchers.

OB Nest focuses on the patient experience. It utilizes proactive patient check-ins and asynchronous connected care visits as well as secure online messaging. A randomized controlled trial regarding OB Nest in 2014-2015 shows that the program: significantly reduced prenatal care appointments, improved patient satisfaction with care, decreased pregnancy related stress and maintained the quality and safety of prenatal care. Given the program's success, Mayo Clinic has transitioned all low risk patients to the OB Nest model of care. The ability to use telehealth to provide care for expecting mothers is essential to improving access and equity. OB Nest also aims to de-medicalize the experience of pregnant women by providing a supporting and empowering experience that fits within a patient's daily life. Our patients are using self-monitoring tools via a text-based smartphone application to communicate with our care team and moderated online communities to connect with other pregnant women. For many women, this personal connection alleviates isolation, particularly in rural areas.

As you consider proposals to codify certain flexibilities and recognize care provided virtually as an appropriate delivery modality, please know that Mayo Clinic strongly believes that the leading care delivery models of the future will, as appropriate for the patient, incorporate virtual care as an essential component of achieving high-value care delivery with optimal outcomes. As such, the regulatory environment must also evolve to ensure that it supports innovative modes of care delivery that meet the patient in his or her home. This regulatory stability is necessary to support future delivery innovation as well, and Mayo Clinic continues to develop innovative models of care that build upon virtual care benefits. For example, last year Mayo Clinic launched its [Advanced Care at Home](#) model of care in June 2020 with pilot projects in the Jacksonville, Florida, and Eau Claire, Wisconsin, areas to offer acute care in a home environment, serving 226 patients who would otherwise have been hospitalized. Mayo Clinic is building upon that experience as an approved participant under the Acute Care at Home program announced by CMS in November.

In addition to the federal regulatory flexibilities granted by HHS, it is also critically important that the state regulatory environment address the evolving needs of the virtual care delivery to ensure that patients across the country can access specialized expertise from physicians at Mayo Clinic despite their location. Currently, one of the single most challenging barriers to offering Mayo Clinic's expertise to patients with serious and complex disease across the country is the lack of a coordinated licensure system for physicians who could treat patients in multiple states. As such, Mayo Clinic strongly supports provisions in the Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act that temporarily waive licensing requirements through the end of the COVID-19 health pandemic.

Thank you again for holding this important hearing. Should you or your staff have any questions about Mayo Clinic's work in virtual care or would like more information, please contact Anne Rohall-Andrade, Director, Federal Policy and Engagement at Rohall-Andrade.Anne@mayo.edu.

Sincerely,

A handwritten signature in black ink, appearing to read 'Piper Nieters Su', written in a cursive style.

Piper Nieters Su, JD
Division Chair, External Relations
Mayo Clinic

Cc: Chairman Frank Pallone
Ranking Member McMorris Rodgers
The Honorable Angie Craig