



**To: Senate Committee on Health & Welfare**  
**Subject: Coverage of Health Care Services Delivered by Audio-Only Telephone**  
**Date: February 22, 2021**  
**Contact: Hillary Wolfley, Associate Director, VPQHC (hillaryw@vpqhc.org)**

As your committee continues its discussion of the coverage of health care services delivered by audio-only telephone, we wanted to bring to your attention the work that VPQHC carried out on this topic, alongside the Vermont Statewide Telehealth Workgroup, last year. Please note that the House Committee on Health Care took VPQHC's work and report on this topic into consideration, and integrated the relevant recommendations into the proposed bill.

Between July 31, 2020 and October 6, 2020 VPQHC reconvened the Vermont Statewide Telehealth Workgroup in an intensive series of weekly meetings, to explore the intersection of audio-only telemedicine and clinical quality. In addition to direct care providers from across the continuum of care, workgroup members include representatives from provider organizations, payers, the Health Care Advocate's Office, The Department of Public Service, The Green Mountain Care Board, and other groups. VPQHC arranged for a series of local, regional, national, and global, leaders in telehealth and healthcare quality to speak to the workgroup on the topic; details on the meeting series, including the speaker line up, can be found on the [VPQHC website](#).

After hours of meetings, engaging with Subject Matter Experts, and other workgroup members, we arrived at the consensus that audio-only telemedicine has provided Vermonters access to their healthcare under COVID-19, and outside of a pandemic response, has the ability to support the continuity of care for individuals that face barriers to accessing their healthcare through traditional telemedicine and in-person visits. While audio-only telemedicine is not a silver bullet for achieving equitable access to health care, it is a step in the right direction under the current conditions of our healthcare delivery system of fee-for-service payments, and in a world where the digital divide exists. It is imperative we use every tool available to ensure patients get a measure of care where they need it, when they need it, as we simultaneously bridge from where we are currently as a delivery system, to where we want to be. The workgroup recognized that missteps in care delivery can occur with any type of encounter, and there is currently a lack of research surrounding the sensitivity of utilization, appropriateness, outcomes, and cost, stratified by clinical condition, health care setting, and telehealth modality.<sup>1</sup>

In order to ensure that quality care is delivered by audio-only telemedicine, and patient safety is safeguarded, our recommendations are as follows:

**Healthcare Quality Measurement, Monitoring & Evaluation**

- Identify how to utilize claims data to monitor the quality, utilization, and cost

**Provider Education and Training**

- Ensure providers receive the ongoing access and support they need to deliver high-quality telehealth

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<sup>1</sup> Cutter, Christina, et al. "Establishing a 'New Normal' for Value-Based Telehealth." *Health Affairs Blog*, 8 Oct. 2020, doi:10.1377/hblog20201006.638022.



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- of care delivered via audio-only telemedicine (which can be embedded in a more comprehensive Vermont telehealth analysis)
- Ensure current peer review processes are applied to audio-only telemedicine
  - Provide guidance on nationally-recognized healthcare quality metrics for monitoring and evaluating healthcare delivered by audio-only telemedicine; metrics that are agnostic to encounter type (ex. appropriate antibiotic use; patient and provider satisfaction)
  - Apply associated benchmarks, where available, for comparative performance purposes; stratify by modality type, include qualitative and quantitative data
  - Ensure providers and organizations are aware of nationally-recognized telehealth systems measure frameworks, and those in development, and support them with implementing those frameworks as needed

- If opportunities for improvement are identified through routine monitoring and evaluation of audio-only telemedicine, work as a coordinated group to identify whether trainings exist that can address those needs, and if they do not, leverage resources to develop those trainings
- Vermont law, under 18 V.S.A. §9361, includes a robust informed consent policy for telemedicine. Continue training providers to discuss the modality options for receiving care, the risk and benefits associated with each, and any cost for the visit.

### **Patient Engagement & Empowerment**

- Ensure patients are at the center of the healthcare decision making, and are engaged in their care plan.
- Explore whether additional means for patient voices to be heard need be established to support continuous quality improvement
- Support patient education by disseminating tools and resources such as to how to prepare for an audio-only visit, types of questions to ask their provider, and how to advocate for their preferences

The following is a list of additional resources for your reference:

- [Agency for Healthcare Research & Quality: The Evidence Base for Telehealth: Reassurance in the Face of Rapid Expansion During the COVID-19 Pandemic](#)
- [NCQA: Taskforce on Telehealth Policy – Final Report](#)
- [Institute for Healthcare Improvement: Telemedicine: Center Quality and Safety](#)

We hope the committee finds this information helpful. Please do not hesitate to reach out should you have any questions.