Joint Task Force on Affordable, Accessible Health Care
October 28, 2021

Policy Option: Remote Access to Health Care Services; Telehealth

Description

Telehealth broadly defined (distinct from *telemedicine*), refers to a wide scope of remotely-provided healthcare services. While telemedicine refers specifically to remote **clinical** services, telehealth can encompass remote **non-clinical** services, such as provider training, administrative meetings, and continuing medical education, as well as to clinical services.

Prior to the COVID-19 pandemic, coverage and use of telehealth was limited. While many states required Medicaid and small- and individual-group markets to cover services, actual use of services by health care professionals and patients was limited, and reimbursement levels were not always at parity with "in-person" services.

During the pandemic, states moved quickly to temporarily expand the use of these services as a tool to maintain access to services at a time when social distancing was a priority. Since these changes, telemedicine use has greatly expanded from a tiny proportion of office visits pre-pandemic to a high of 16 percent of visits at large practices (more than 100 clinicians) by mid-April 2020. Evidence suggests that virtual visits for behavioral health increased substantially, in part to accommodate greater demand for such services during the crisis.

It is helpful to think of service delivery via telehealth as occurring across several modalities:

- *Synchronous*: This includes real-time telephone or live audio-video interaction typically with a patient using a smartphone, tablet, or computer. In some cases, medical equipment (e.g., digital stethoscopes, etc.) can be used by another professional physically with the patient, while the consulting medical provider conducts a remote evaluation.
- *Asynchronous*: This includes "store and forward" technology where messages, images, or data are collected at one point in time and interpreted or responded to later. Patient portals can facilitate this type of communication between provider and patient through secure messaging.
- *Remote patient monitoring*: This allows direct transmission of a patient's clinical measurements from a distance (may or may not be in real time) to their healthcare provider.

Who Will it Affect, and How?

- Patients. In addition to the benefits of social distancing to reduce exposure to infectious disease, telehealth can promote continuity of care for patients by making care available in situations where patients are not physically or geographically capable of making an office visit. Similarly, telehealth may promote service use for those who are medically or socially vulnerable and who do not have ready access to providers. Telehealth can also help preserve the patient-provider relationship at times when an in-person visit is not practical or feasible.

- Providers. As with patients, continuity of treatment is a primary benefit of telehealth to providers. Primary care providers, specialists and subspecialists are able to establish and maintain relationships with patients who may not otherwise be able to access services. Telehealth can also relieve stress on the health workforce by providing greater access

and breadth of provider participation, particularly when site of service and other restrictions are relieved. Finally, telehealth can be a tool to promote systems transformation when built into practice transformation.

- Insurers. While expanded access and workforce considerations certainly benefit insurers, they potentially come at the price of increased costs. Insurers were generally supportive of telehealth expansions as a response to the pandemic. Their continued support will be largely be guided by its impact on costs. Do services replace existing in person services? Or, do they supplement existing services, increasing overall cost? If so, is there an offsetting quality or performance benefit to the increased cost? Insurers are likely to support limits and controls to ensure program integrity and compliance.

Expected Outcomes/Policy Considerations

- Preserving the gains in access to telehealth made during the temporary expansions authorized as a result of the pandemic will require policy consideration in a number of key areas, including:

- Infrastructure support. Leveraging new and existing broadband grant programs and federal relief funds public funds to maintain the broadband network, including the development of regional Wi-Fi/hotspot capacity.

- Increasing the provider pool. Maintaining access gains and relieving workforce stress requires consideration of expanding the pool of providers beyond state-based or locally-based professionals.

- Reimbursement. Reimbursing additional ways of delivering service via telehealth, including audio-only and asynchronous services.

- Payment parity requirements. Consideration of appropriate payment levels for services delivered remotely versus in-person; i.e., requiring public and commercial plans to reimburse at similar levels for services delivered in person versus via telehealth.

- Treatment restrictions. Rationalizing restrictions on prescribing medications and/or treatment via telehealth.

- Service barriers. Removing prior service barriers, i.e., requiring prior in person visits before commencing telehealth services.

State Activities

Vermont is currently at the forefront of state activity with respect to telehealth coverage and payment and has, either through statute or administrative action required:

- Telehealth coverage in in Medicaid and commercial plans
- Payment parity for similar services for commercial plans
- Coverage of telephone only and asynchronous services.
- Relaxation of physician order and site of service rules to ease access to providers.

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Vermont is also actively investigating options to widen access to providers across state lines via a Telehealth Working Group created by Act 21 of 2021 to compile and evaluate methods for facilitating the practice of health care professionals throughout the United States using telehealth modalities. The Working Group's report is due to the General Assembly by December 15, 2021.

Twenty-two states changed laws or policies during the pandemic to require more robust insurance coverage of telemedicine. Eight states made statutory changes to expand this coverage, which are likely to remain permanent. The remaining states made changes under existing executive or emergency authority, which are temporary.

In addition to requiring coverage of services (5 states required coverage where non had previously existed) state expansions focused on:

- Providing for coverage of audio only services.
- Requiring parity in cost sharing.
- Requiring parity in reimbursement rates.

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