Issue Brief

Recommendations to Advance Telehealth during and after the COVID-19 Pandemic

BACKGROUND

The use of telehealth services has expanded dramatically since the onset of COVID-19, driven by necessity and enabled by emergency changes to the policy landscape. To assess the implications of this broad expansion, the Milken Institute Center for the Future of Aging, Center for Public Health, and FasterCures analyzed recent policy updates and trends related to telehealth and put forward a series of actionable recommendations. This brief discusses recent legislative and regulatory changes and identifies opportunities to scale access to services, foster health equity, and support innovation in the months and years ahead.

To encourage progress in telehealth, the Milken Institute recommends the following:

1. Permanently lift Medicare location restrictions on telehealth to ensure that older adults can receive a variety of services in their homes and communities, regardless of where they live.

2. Meet the growing need for behavioral health care by addressing barriers to remote care and expanding the availability of telebehavioral health services.

3. Increase equitable access to telehealth services through digital technology, literacy programs, and broadband coverage.

4. Support development and implementation of innovative telehealth and mobile health technology for prevention, well-being, clinical care, and research.

5. Develop and document clear data sharing standards to support transitions of care across acute, post-acute, and long-term care settings, including care provided in the home and in residential care facilities.

ISSUE IMPACT

Widespread adoption of social distancing practices and measures to preserve health systems' capacity at the onset of the COVID-19 pandemic severely disrupted access to health-care services. Over the ensuing months, Congress, the Department of Health and Human Services (HHS), and the Centers for Medicare & Medicaid Services (CMS) took many critical steps to temporarily waive certain requirements and authorize reimbursements for a wide variety of telehealth services.

The Coronavirus Preparedness and Response Supplemental Appropriations Act waived long-standing fee-for-service (FFS) Medicare telehealth restrictions, including those related to geographic requirements as to where a patient must be located to receive telehealth services and originating site requirements that prevented patients from accessing services in their homes. Subsequently, the Coronavirus Aid, Relief, and Economic Security (CARES) Act implemented additional updates, such as facilitating rural health clinics and federally qualified health centers to provide telehealth services. Medicare Advantage (MA) plans, which were able, but not required, to offer more telehealth benefits than Medicare FFS following regulatory changes in 2019, received guidance from CMS allowing them to further increase access to telehealth services for enrollees. CMS also issued guidance on statutory and regulatory changes that states can implement to expand access to telehealth services for Medicaid and Children's Health Insurance Program (CHIP) beneficiaries.

HHS further bolstered access to telehealth services by authorizing, during the COVID-19 emergency, the use of video conferencing platforms[1] that are not compliant with the Health Insurance Portability and Accountability Act (HIPAA). This action allowed providers to quickly shift to virtual care and patients to engage with health-care professionals through familiar mobile apps. Specific to behavioral health, the Drug Enforcement Administration suspended enforcement of laws requiring face-to-face examination before prescribing controlled substances to ensure uninterrupted access to medication-assisted treatment (MAT).

Taken together, these changes to telehealth policy, along with others made in response to the COVID-19 pandemic, have had a significant impact. Nearly 1.7 million Medicare FFS beneficiaries received telehealth services in a single week in April 2020, up from 13,000 per week before the pandemic. By the end of August, more than 36 percent of Medicare FFS beneficiaries received telehealth services, with MA plans reporting significant increases in utilization, as well. From March through June 2020, services delivered to Medicaid and CHIP beneficiaries via telehealth increased by 2,632 percent compared to the same time period in 2019. Private insurers saw a 4,347 percent increase in telehealth claims, and a survey of mental health providers across the country found a 12-fold increase in the provision of telehealth services since the beginning of the pandemic.

Although these increases were driven by necessity, emerging data indicate high patient satisfaction with telehealth services and a willingness to engage remotely in the future. Prior to the pandemic, both patients and physicians were reluctant to substitute telehealth services for in-person care. A recent Change Healthcare-Harris Poll found that 80 percent of survey respondents agreed that COVID-19 has made telehealth an indispensable part of the health-care system. While there are challenges with telehealth services—especially for low-income and older populations—they can be a powerful tool to increase health-care access, quality, and efficiency, as well as to further integrate prevention and wellness. Given this, the Milken Institute recommends the following actions to advance telehealth during and after the COVID-19 pandemic.

RECOMMENDATIONS

1. **Permanently lift Medicare location restrictions on telehealth to ensure that older adults can receive a variety of services in their homes and communities, regardless of where they live.**

   Prior to the COVID-19 pandemic, Medicare FFS beneficiaries could not access telehealth services unless they lived in areas with a shortage of health-care professionals, and patients were required to travel to specific sites to receive care. The types of health facilities, clinicians, and allowable services were also limited. The response to COVID-19 significantly increased the availability of telehealth services for Medicare beneficiaries, yet older adults will lose access at the conclusion of this public health emergency unless further action is taken.

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1. HIPAA regulations require the safeguarding of electronic protected health information (ePHI). For telehealth providers, this means using HIPAA-compliant video conferencing platforms that have appropriate encryption and executing a business associate agreement (BAA) with each platform used to provide services. A BAA requires the video conferencing platform, such as Zoom or Skype, to protect ePHI in accordance with HIPAA guidelines.

The Milken Institute strongly supports the recommendations of the Taskforce on Telehealth Policy (led by the National Committee for Quality Assurance, the Alliance for Connected Care, and the American Telemedicine Association), which call for permanently lifting geographic restrictions and limitations on originating sites, allowing telehealth for various types of clinicians and conditions, and acknowledging that telehealth visits can meet the requirements for establishing clinician/patient relationships. While CMS recently made regulatory updates to expand the list of reimbursable telehealth services, congressional action is needed to move several of these critical changes forward. Bipartisan bills to address this are currently under consideration, including the Protecting Access to Post-COVID-19 Telehealth Act of 2020 (H.R. 7663) and the Telehealth Modernization Act (S. 4375). Modifications to Medicare FFS also benefit MA enrollees because MA plans must cover the same services.

2. **Meet the growing demand for behavioral health care by addressing barriers to remote care and expanding the availability of telebehavioral health services.**

   Demand for behavioral health care is outpacing availability, with existing and projected shortages in providers, as well as inequitable geographic differences in access to services. The current crisis has increased the need for care, compounding these challenges. A Kaiser Family Foundation tracking poll found that in July 2020, 53 percent of adults reported negative mental health impacts due to worry and stress over the coronavirus, up from 32 percent in March. Further, 12 percent of respondents reported increased alcohol and substance use.

   Emergency actions addressed barriers to telebehavioral health services during this critical time, but they will expire without legislative change. The Telehealth Response for E-prescribing Addiction Therapy Services (TREATS) Act (S. 4103/H.R. 7593) would amend the Ryan Haight Act to permit initiation of MAT during telehealth appointments and would expand Medicare coverage to include mental health services through audio-only phone calls. Additional policy options are also recommended by a number of advocacy organizations, such as the American Psychiatric Association, to address parity in reimbursement for telehealth with in-person services and care across state lines, which is often constrained by state licensing requirements.

3. **Increase equitable access to telehealth services through digital technology, literacy programs, and broadband coverage.**

   While 81 percent of US adults own smartphones and 85 percent have access to the internet, significant disparities in access to telehealth services for critical groups remain. Half of older adults do not have a smartphone, and 34 percent of Medicare beneficiaries living below the federal poverty level report no internet usage. Across the country, there are areas where broadband coverage is limited—the Federal Communications Commission (FCC) reports 21.3 million people do not have access—preventing engagement through audio-visual communication technology. Further, even with access to digital devices and connectivity, nearly 32 million US adults lack the skills to navigate technology. Those with low digital literacy tend to be older and less educated, and are more likely to be Black, Hispanic, or foreign-born.

The Milken Institute recommends accelerating efforts to increase equity in access to telehealth services. MA plans recently received clarification that they can provide smartphones and tablets as supplemental benefits to facilitate access to telehealth services. Other payers should identify ways to offer devices to enrollees lacking them. Training and interventions to increase digital literacy through patient navigators, care coordinators, and community health workers are needed to ensure the successful use of devices and telehealth software. Allowing service delivery through audio-only appointments and asynchronous modalities can also help bridge the digital divide when clinically appropriate.

Because nursing homes continue physical distancing measures to stem the significant and disproportionate impacts of COVID-19 on residents, targeted efforts for this population are needed to increase digital connectivity. The Milken Institute supports the Advancing Connectivity during the Coronavirus to Ensure Support for Seniors (ACCESS) Act (H.R. 6487/S. 3517), which would provide funding to nursing homes to expand access to telehealth in facilities, as well as for technologies and services that connect residents to families and loved ones.

Broadband access for health-care providers and individuals must also improve to ensure that telehealth services can reach all who would benefit. The CARES Act allocated $200 million for telecommunications services and devices, but more must be invested to spur progress. The Healthcare Broadband Expansion During COVID-19 Act (H.R 6474/S. 3838) addresses this issue and would allocate $2 billion to expand telehealth and high-quality internet connectivity at public and nonprofit health-care facilities in rural, urban, and suburban areas.

4. Support development and implementation of innovative telehealth and mobile health technology for prevention, well-being, clinical care, and research.

With increasing telehealth utilization and the continued growth in mobile health apps and monitoring devices, significant opportunities exist to leverage new technology to improve prevention, well-being, clinical care, and research. Technology companies in this space are developing increasingly connected environments that integrate collection and analysis of health data, linkage with providers, and individual health feedback. Key factors affecting the potential impact of these innovations include patient and provider trust, the security of personal data, and effective regulatory frameworks that keep pace with rapid advancements. In 2019, CMS updated billing codes to permit reimbursement for remote monitoring of patients at home by care teams, an essential early step toward scaling up access.

Further, during this pandemic, the Food and Drug Administration has granted flexibilities for product developers to use telemedicine and remote monitoring technologies to continue ongoing clinical trials and enroll patients into new trials. These tools support efforts toward decentralized clinical trials with the opportunity to increase patient participation and diverse patient representation. The Milken Institute recommends exploring opportunities to expand covered services and benefits using new technologies, as well as making permanent critical temporary changes in telehealth policy to provide the stability needed to foster innovation.

5. **Develop and document clear data sharing standards to support transitions of care across acute, post-acute, and long-term care settings, including care provided in the home and in residential care facilities.**

   To improve and scale the promise of technology, the communication pathways and accuracy of the information moving among primary care doctors, specialists, hospital settings, and skilled nursing facilities must be reliable and easily shared. Interoperability—that is, the ability of different systems, devices, and applications to access, exchange, integrate, and cooperatively use data—remains a substantial challenge, especially for operations outside of hospital-based systems and physicians' offices.

   Clear data sharing standards can improve communications between health- and long-term care providers and their patients while protecting privacy. To that end, the Taskforce on Telehealth Policy recommends stakeholders and policymakers work toward telehealth platform certification

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These activities are designed to help people build meaningful lives in which they can experience health and well-being, pursue effective education and gainful employment, and access the resources required to create ever-expanding opportunities for themselves and their broader communities.

The Milken Institute Center for the Future of Aging promotes healthy, productive, and purposeful aging.

The Milken Institute Center for Public Health develops research, programs, and initiatives designed to envision and activate sustainable solutions leading to better health for individuals and communities worldwide.

FasterCures, a center of the Milken Institute, is working to build a system that is effective, efficient, and driven by a clear vision: patient needs above all else. We believe that transformative and life-saving science should be fully realized and deliver better treatments to the people who need them.