MULTI-STAKEHOLDER TASKFORCE OFFERS LONG-TERM RECOMMENDATIONS ON TELEHEALTH

On September 15, 2020, the Taskforce on Telehealth Policy (TTP) – convened by the National Committee for Quality Assurance, Alliance for Connected Care, and American Telemedicine Association – convened a **public briefing** on its **findings and recommendations** regarding the COVID-19 telehealth flexibility expansions (**full report**).

First announced in June 2020 (details), the TTP was convened to study the effects of the rapid telehealth expansion in the wake of COVID-19 and to identify recommendations to policymakers on long-term measures for improving access to telehealth services. The taskforce consisted of a wide range of members, including individuals from medical practices, health insurers, trade organizations, and the U.S. Department of Health & Human Services.

During the briefing, the TTP overviewed the major findings from its report. Overarchingly, the taskforce found the following:

- Telehealth is health care's natural evolution into the digital age, not another type of care;
- Telehealth can be a critical tool in advancing a well-coordinated, patient-centered, and value-optimized health care system;
- The COVID-19 flexibilities generated new evidence that question the basis for the current restrictions on the use of telehealth, which stem from assumptions based on less mature technology;

Based on these findings, the TTP then offered the following general recommendations for the long-term advancement of telehealth:

- The current gaps in broadband access, technology, and digital literacy must promptly be address to ensure equity and not increase disparities;
- The federal government should permanently lift the statutory restrictions on geographic and originating sites, rules around clinician/patient relationships, and providing care across state lines; and,
- The federal government should resume full HIPAA privacy enforcement (which has temporarily been relaxed) once the pandemic ends.

The taskforce was also organized into three sub-groups that examined three specific aspects of telehealth: patient safety and program integrity; data flow, care coordination, and quality measures; and telehealth's impact on the total cost of care (TCOC). We outline each sub-group's set of findings below.

- **Patient Safety and Program Integrity** – Here, the taskforce stated that the goal of patient safety is the same regardless of the modality of care (i.e., in-person vs. telehealth-based care). Specifically, they stated the goal is to provide care that does not result in preventable patient harm or mortality. To support the goals of patient safety, the taskforce found that telehealth provides value in its ability to reduce delays in receiving care, limit patient exposure to pathogens, and minimize the need to travel for medical care.

In regards to program integrity, the taskforce agreed that the federal government must protect against fraud, waste, and abuse. However, they added that arbitrary restrictions on telehealth in the name of preventing fraud is neither a justifiable nor viable program integrity strategy. Instead, they stated that the most effective approach to fighting fraud, waste, and abuse would be to integrate telehealth into existing program integrity strategies for in-person care.

The TTP's specific recommendations for patient safety and program integrity are located on p. 10 and p. 12 of the full report, respectively.

- **Total Cost of Care** – While the taskforce recognized there were some limitations on the data available, they were able to generate an array of findings based both on data reported by various organizations and anecdotal evidence. Most notably, the taskforce found preliminarily that broadened access to telehealth services did not lead to duplicative care. Instead, they found that patients typically used telehealth as a substitute to in-person care. The taskforce concluded this by examining health care utilization by modality between the time when telehealth access was broadened and when in-person care began to resume. Their analysis showed that, while the relative utilization of care modalities shifted during these times, *net utilization remained the same*. In other words, they found that patients do not appear to use more health care services when telehealth access is broadened. The taskforce did note, however, that more analysis will be needed to discern the longer-term progression of this trend.

  When examining readmission rates, the taskforce also found that patients were accessing transitional care management (TCM) services more frequently. Because TCM services are correlated with fewer readmissions, this suggested to researchers that telehealth could save costs over time by driving lower readmission rates.

  In addition, the taskforce found that patients were much more likely to keep their health care appointments when available via telehealth. The taskforce then noted that fewer missed appointments is associated with better compliance with care plans, which can lead to better health outcomes and reduced utilization of higher-cost visits over time. As a result, the taskforce concluded that telehealth could generate savings by lowering rates of missed appointments.

  Last, taskforce members also urged policymakers to consider the costs of telehealth as including aspects such as avoided transportation costs, time spent scheduling visits, missed work for patients or caregivers, childcare, elder care, etc.

  The TTP's specific recommendations for TCOC are on p. 25 of the full report.

- **Data Flow, Integration, and Quality Measures** – The taskforce noted that value-based care models are the best suited to leverage telehealth potential as compared to fee-for-service. On the notion of quality, the taskforce stated that clinicians should hold telehealth to the same quality standards as care provided in-person. They added that quality measures should adapt for use via telehealth rather than be reinvented entirely. They also suggested that requirements be put in place around telehealth platform certification for issues such as data sharing, care coordination, and privacy. The full set of recommendations for data flow are on p. 15, and for quality measures on p. 18.

The taskforce also noted that policymakers are under substantial pressure to create some permanent change following the pandemic. As they stated, a major difference now is that many individuals now have had

positive experiences accessing telehealth and can communicate to Congress that they want these flexibilities maintained. The taskforce did not speak to specifics around a potential expected timeline for action on this front, but remained optimistic overall that Congress may act given the upswell in political activation on this issue.