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PCC Responds Favorably to Telehealth Taskforce Report and Calls for Changes to Spur Further Care Integration and Comprehensive Payment

October 2020

The Primary Care Collaborative (PCC) welcomed the Taskforce for Telehealth Policy's (TTP) charge in June to examine key considerations that are front-of-mind for primary care in the age of COVID: how does telehealth impact quality, coordination, and costs? The Taskforce's final report offers initial findings and recommendations that should be considered as policymakers chart the road ahead for telehealth now and post-pandemic. Many of these are sensible and important, while a few recommendations need further shaping. In light of the TTP's final report, PCC calls on policymakers to:

1) Embed telehealth within existing advanced primary care and alternative payment models
2) Continue to provide telehealth parity until a COVID-19 vaccine is widely distributed
3) Support comprehensive, prospective payment for primary care that allows for flexible integration of telehealth
4) Address the underlying factors that contribute to and exacerbate health inequities, including those that are connected to telehealth

Embed telehealth within existing care models—A common refrain today is that telehealth is one *modality* for delivering care, not a form of care itself. PCC agrees with this view: telehealth is one tool, among many, to facilitate interactions between patients, their families, and clinicians, and payment models should recognize it as such. Yet, the TTP's recommendations call on CMS to pilot a program that parses out virtual care support through a "virtual medical home model" with "access to designated patient navigators and other tools to maximize data sharing, care coordination, patient experience and outcomes." While the report suggests that such a model could complement or enhance the patient centered medical home (PCMH), it instead risks creating a parallel delivery model focused solely on virtual services. PCC believes that tools such as telehealth can advance patient care when they are integrated into existing models, such as the medical home and accountable care organizations, that are already inclusive of a variety of care settings, care team members, and modalities. Research shows that key drivers of patient satisfaction in telehealth encounters are good communication, trust, and patient-provider relationship building. The TTP's emphasis on interoperability and data-sharing, including by those delivering care virtually, is an important one; but it can, and should, be achieved within an advanced primary care model that addresses all aspects of care, regardless of how it's delivered.

Telehealth parity until a COVID-19 vaccine is widely distributed—The report calls for important changes to telehealth payment—including removing originating site and geographic restrictions—but does not go so far as to call for permanent payment parity between in-person and telehealth visits. PCC generally agrees with the TTP's conclusions that reimbursement for telehealth should be more nuanced than straight parity, reflecting the cost and value of the service (with value defined broadly, including patient considerations such as

satisfaction, transportation costs and missed work and/or school time). Yet the country faces an unabating pandemic that continues to pose financial strain on clinicians and an ongoing safety threat to patients. During this time—both for the remainder of the official public health emergency, and afterwards, until the U.S. has widely distributed a vaccine—public and commercial payers should continue to offer full parity for in-person, visual/audio, and audio-only visits. Telehealth parity laws are associated with increased utilization for outpatient visits. Offering full parity during this time will ensure that, for the near-term, clinicians and their care teams have a full suite of options to safely provide routine care, chronic care management, and behavioral health services for their patients who would otherwise go without, and the assurance that practices will be paid for it.

Comprehensive payments offer best payment solution for telehealth—While payment parity between in-person and telehealth offers an important stopgap for the short-term, comprehensive payments for primary care are the ultimate answer for best deploying virtual technology. Models that move away from itemized and transactional fee-for-service (FFS) enable clinicians to flexibly use telehealth when and where it's most appropriate for patients. That may mean a full virtual visit with a clinician, a quick message via a patient portal, or the transmission of data from a remote patient monitoring device. While the Taskforce report does not call for prospective, comprehensive payments as a major recommendation, it does acknowledge the importance of "accelerating adoption of value-based payment models" and that "payers should…retain the ability to innovate with product offerings that reward value-based providers." Indeed, the report asserts that value-based payment models "should alleviate many of the…concerns" that restricted telehealth to start, including fears around patient safety, service overutilization, fraud, and quality. PCC believes that accountable entities and prospective payment models offer primary care the best opportunity to capitalize on telehealth's promise without relying on a fragmented and burdensome FFS payment structure.

Address factors that contribute to and exacerbate health inequities, including those connected to telehealth—Research shows that 80% or more of health outcomes are driven by social determinants of health. PCC strongly agrees with the report's call to "promptly expand efforts to ensure universal access to broadband and other needed telehealth technology" to ensure that the country's increased reliance on virtual technology does not worsen existing inequities. The Green Center's national survey of patients showed that, in May, 29% of patients did not have the broadband required to support most digital health care platforms and 28% lacked tablets or computers at home. Data published in JAMA support this, finding that 26% of Medicare beneficiaries lack a desktop/laptop computer with a high-speed internet connection at home *and* lack a smartphone with a wireless data plan. While telehealth is one way of addressing access issues and extending the capabilities of a diverse care team, the lack of access to affordable devices and connectivity can also pose new barriers to access. Lawmakers should support policies that aim to address them, such as the BRIDGE Act of 2020 and other proposed infrastructure legislation.