Policy, Patients, and Telehealth’s Post-Pandemic Policy Potential

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Time: Ally or Enemy?

- Rarely are significant policy decisions made without the pressure of time

- Telehealth always showed promise, but there was never a time pressure to look at changes to really activate its full potential

- COVID-19 applied this time pressure immediately, firmly, and with no end in sight
Telehealth Volume of Claim Lines (As a Percentage of Overall Claims)

Source: Fairhealth.org, Monthly Telehealth Tracker
What is Telehealth’s Post-Pandemic Policy Potential?

- Key changes made at the federal level; what’s the current status and what needs to happen to keep them in place

- Licensure: Why this may be the most important issue in telehealth few are talking about

- How Minnesota is weighing the impact of the pandemic on its existing permanent telehealth law and temporary waivers

- How you can impact telehealth’s post-pandemic policy potential
Telehealth At The Federal Level

- Primarily impacts Medicare

- Extension of the Public Health Emergency (PHE) has relieved time pressure

- Payment and Reimbursement: An important piece of the discussion – needs to be sustainable

- Efficacy and use data are critical to decision making
Telehealth At The Federal Level: 1834(m) Restrictions

- Federal statute restricts where patients can access telehealth under the Medicare Program

- This was temporarily waived by Congress for the length of the PHE

- Congress has to act to continue it beyond the expiration of the PHE

- Broad agreement this needs to happen; far from certain it will
Telehealth At The Federal Level: Audio-only & Remote Patient Monitoring

- Audio-only telehealth: Available for length of PHE; can be made permanent via administrative action (Congress not needed)

- Audio-only can help bridge digital dive and address health inequities, but there are quality concerns

- Major strides made towards permanence for Remote Patient Monitoring (RPM) services

- Some changes still temporary, but overall moving right direction
Licensure: Critical Issue, Uncertain Future

- CMS temporarily waived physician licensure requirements for out-of-state physicians

- Only problem with is this policy essentially has no impact: States must also waive out-of-state licensing requirements to realize the full benefit of this modification

- Some states have made this change, others have relatively easy out-of-state telehealth licensing procedures, others have fully waived

- Permanent federal and state solutions exist, either are far from becoming reality
Telehealth at the State Level: Minnesota

- Significant telehealth statute already on the books

- The state acted quickly to add temporary waivers, similar to federal changes

- Minnesota legislative leaders recognize the need to carefully analyze potential changes with patients as the focus

- Each state is unique, but they are all grappling with the same question: how effective is telehealth, is it of similar quality to in-person visits, and will its adoption continue post-pandemic?
Telehealth’s Post-Pandemic Policy Potential Depends on You

• Policymakers want and need to hear from you – and because of our new, virtual world, it’s easier than ever

• Have a plan, tell your story, be a resource

• Don’t ramble and leave time for listening

• Call or e-mail me anytime with questions or for help: bpatrick@medicalalley.org; (952) 746-3825
Time: Ally or Enemy?

- Right now, time is telehealth’s ally

- More data is becoming available every day and a comprehensive analysis of telehealth’s quality is ongoing

- Welcome the scrutiny and use the opportunity to share your stories

- Cannot let a thorough review of data remove the urgency — or time will again change allegiances
Thank you.