

ISSUE BRIEF

Telehealth: Expanding patient access to specialty GI care

AGA position: AGA supports patient access to telehealth services regardless of location; coverage for telehealth services by all insurers; equitable provider reimbursement; and expanding telehealth research and quality initiatives.

Laws and regulations to expand telehealth

- **March 6, 2020**

Coronavirus Preparedness and Response Supplemental Appropriations Act. Loosens existing telehealth restrictions to enhance patient access to care services.

- **March 17, 2020**

Centers for Medicare & Medicaid Services (CMS) announced the expanded telehealth waiver in several areas, including the care of new patients for the diagnosis and treatment of COVID-19 as well as other conditions unrelated to the public health emergency.

- **March 27, 2020**

Coronavirus Aid, Relief, and Economic Security Act (CARES Act). Includes additional funding and flexibility for telehealth provision.

During the COVID-19 pandemic, Congress, Medicare and the payor community provided regulatory waivers and flexibilities to expand telemedicine access when services were suspended. Telehealth served as a lifeline for patients who were able to receive high-quality care from their care teams without risking exposure. Telehealth also improved access for underserved populations – those with limited mobility, social support, transportation options and local medical services. As in-person medical services resume and COVID-19 variants continue to cause turbulence in the U.S. health care system, regulatory waivers, telehealth flexibilities and payment parity are critical to support practices and ensure patient access to high-quality virtual specialty care.

Telehealth has opened new doors for disease management. For gastroenterology, telehealth expansion has facilitated the management of chronic conditions, including inflammatory bowel disease (IBD) and irritable bowel syndrome (IBS), and helped mitigate complications and hospitalizations in patients whose profound immunosuppression makes them at especially high risk for exposure even pre-pandemic^{1,2,3,4}.

Benefits to telehealth



Improving access: More than 1 in 4 (15 million) Medicare beneficiaries utilized telehealth between summer and fall 2020. Telehealth also increases access to specialty care for patients with physical disabilities or transportation issues who are not able to come to an in-office visit.



Patient satisfaction: Telehealth is popular – MedPAC noted 91% of Medicare beneficiaries were satisfied with their telehealth video visits. Patient satisfaction with telehealth across specialties and programs was high pre-pandemic and has remained so during COVID-19 with 75% of Americans having a strong interest in using telehealth.



Increased efficiency: No-show rates for telehealth visits (7.5%) during the COVID-19 pandemic were lower than both in-office no-show rates (36.1%) and pre-pandemic in-office no-show rates (29.8%).



Improve disparities: During the pandemic the U.S. Government Accountability Office (GAO) found beneficiaries utilized telehealth at relatively equal rates across racial and ethnic groups.

The future of the COVID-19 pandemic is still uncertain, but the future of medicine is clear: telehealth is here to stay. Preserving the current regulatory flexibilities is one step towards a more progressive and inclusive health care system that prioritizes patients, access and quality. As lawmakers consider permanent telehealth reform, we ask that the following priorities be considered:

- **Remove restrictions on the location of the patient and provider.** Permanently remove geographic and originating site restrictions to ensure all patients can access care where they are located.
- **Maintain and enhance Health and Human Services (HHS) authority to determine appropriate providers, services and modalities for telehealth.**
 - Ensure HHS and CMS maintain the authority to add or remove eligible telehealth services – as supported by data showing safety and efficacy – through a predictable regulatory process that gives patients and providers transparency and clarity.
 - Give CMS the authority to reimburse for telehealth modalities, including audio-only services, when clinically appropriate.
- **Fair reimbursement.**
 - Video visits and audio-only visits require the same if not more effort than in-person visits. Similarly, the quality and breadth of care that can be offered in virtual settings is equivalent to in-person visits in most circumstances and should be reimbursed at parity. Without reimbursement parity, we risk losing the gains in access and improving disparities we have seen with telemedicine thus far.

Several pieces of legislation have been introduced in this Congress that include these priorities. We ask Congress to support and advance the following:

AGA SUPPORTS

CONNECT for Health Act of 2021

S. 1512/ H.R. 2903

Sponsors: Sen. Brian Schatz, D-HI; Rep. Mike Thompson, D-CA

Protecting Rural Telehealth Access Act

S. 1988

Sponsor: Sen. Joe Manchin, D-WV

Telehealth Modernization Act

S. 368/ H.R. 1332

Sponsors: Sen. Tim Scott, R-SC; Rep. Buddy Carter, R-GA

1. Serper M, Nunes F, Ahmad N, Roberts D, Metz DC, Mehta SJ, Positive Early Patient and Clinician Experience with Telemedicine in an Academic Gastroenterology Practice during the COVID-19 Pandemic, *Gastroenterology* (2020), doi: <https://doi.org/10.1053/j.gastro.2020.06.034>.
2. Lam K, Lu AD, Shi Y, Covinsky KE. Assessing Telemedicine Unreadiness Among Older Adults in the United States During the COVID-19 Pandemic. *JAMA Intern Med.* Published online August 03, 2020. doi:10.1001/jamainternmed.2020.2671
3. Kichloo A, Albosta M, Dettloff K, et al. Telemedicine, the current COVID-19 pandemic and the future: a narrative review and perspectives moving forward in the USA. *Fam Med Community Health.* 2020;8(3):e000530. doi:10.1136/fmch-2020-000530
4. Dobrusin, A., Hawa, F., Gladshteyn, M., Corsello, P., Harlen, K., Walsh, C. X., Alaparthy, L., Weinstein, M., Baig, N., Sousa, A., & Gunaratnam, N. T. (2020). Gastroenterologists and Patients Report High Satisfaction Rates With Telehealth Services During the Novel Coronavirus 2019 Pandemic. *Clinical gastroenterology and hepatology: the official clinical practice journal of the American Gastroenterological Association*, 18(11), 2393-2397.e2. <https://doi.org/10.1016/j.cgh.2020.07.014>

For more information

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CONGRESSIONAL MEETING TALKING POINTS

Telehealth: Expanding patient access to specialty GI care

- We appreciate the telehealth flexibilities that were implemented as they allowed providers to continue to deliver care and manage patients' conditions. Share a story about how telehealth impacted you or your patients.
- For GI, telehealth has facilitated the management of chronic conditions, including IBD and IBS, and helped mitigate complications and hospitalizations in patients whose profound immunosuppression put them at especially high risk for exposure even pre-pandemic.
- Other benefits of telehealth include:
 - Increased efficiency: No-show rates for telehealth visits (7.5%) during the pandemic were lower than both in-office no-show rates (36.1%) and pre-pandemic in-office no-show rates (29.8%).
 - Improve disparities: During the pandemic GAO found beneficiaries utilized telehealth at relatively equal rates across racial and ethnic groups. Telehealth also improved access for underserved populations – those with limited mobility, social support, transportation options and local medical services.
- Additional issues that need to be addressed to modernize the health care system's shift into telemedicine, include expanding broadband internet and technology access to conduct a telehealth visit.
- As telehealth reform is considered by Congress, we ask that the following be included:
 - Extend current telehealth waivers and flexibilities beyond the public health emergency.
 - Remove restrictions on the location of the patient and provider.
 - Maintain and enhance HHS authority to determine appropriate providers, services and modalities for telehealth.
 - Fair physician reimbursement for telehealth services, including continued reimbursement of telephone E/M at the same rates as in-person E/M after the public health emergency is over.
- The following bills contain these provisions, and we ask that the legislator support them:
 - CONNECT for Health Act of 2021 (S. 1512/ H.R. 2903)
 - Protecting Rural Telehealth Access Act (S. 1988)
 - Telehealth Modernization Act (S. 368)/ H.R. 1332)
- Thank your lawmaker if they have supported any of these bills.