

MEMORANDUM

Date: May 6, 2020

To: Residential Eating Disorders Consortium

From: Center Road Solutions

RE: Brookings Events Webinar: Telehealth before and after COVID-19

On May 6, the Center for Technology Innovation at Brookings and the John Locke Foundation hosted a webinar to discuss an upcoming paper on the topics of telehealth, regulations, reimbursement, and licensure requirements. The speakers discussed the ways in which the COVID-19 pandemic has accelerated telehealth's expansion, state parity laws in connection to telehealth, and the future of telehealth in America after COVID-19. Dr. Nicole Turner Lee moderated the panel consisting of Jordan Roberts, Health Policy Analyst at the John Locke Foundation; Ross Friedberg, Chief and Legal Affairs Officer for Doctors on Demand; and Dana Lichtenberg, Assistant Director of Congressional Affairs at the American Medical Association. The Chairman of the Federal Communications Commission (FCC), Ajit Pai, spoke before the panel.

Key Takeaways:

- Virtual healthcare will be an integral part of America's primary care field moving forward, particularly for rural and Native American communities.
- Telehealth should not be treated separately from traditional healthcare in terms of federal and state regulations.

Opening Remarks: Ajit Pai, Chairman, FCC

- Increased FCC funding has enabled telehealth resources to expand across the country, particularly in areas lacking in traditional, brick and mortar healthcare providers.
 - 2018: \$571 million allotted, indexed for inflation for rural healthcare programs
 - 2019: saw an increase in transparency and predictability; strengthening safeguards against waste, fraud, and abuse.
 - \$100 million pilot program, Connected Care, to extend beyond brick and mortar communication.
- The COVID-19 pandemic is a pivotal moment for telehealth. One in eight Americans have used some kind of telehealth communication within the last month alone.
- The FCC's goal is to take advantage of the opportunity to work with others. The CARES Act provided for the establishment of telehealth programs with the FCC.
- The Rural Digital Opportunity Fund is for rural, remote expansion of connectivity.
- The FCC sees a bright future for telehealth and knows that technology can now deliver a better and more effective healthcare system.

Panelist Q&A:

Q: Define the terms telehealth, telemedicine, and digital health.

A: Jordan Roberts, Health Policy Analyst, John Lock Foundation

- Telehealth is a broad term describing all of the different types of technology available. This can include a wide variety of medical providers; it is not exclusive to physicians connecting with patients.

- Telemedicine is a narrower term that describes the care delivered in a clinical setting that is now being delivered virtually. It is a type of telehealth.
- Digital health describes software applications or consumer-facing hardware. You can think of this as a FitBit or Apple Watch that keeps the patient/user in control of the functions.

Q: What is your opinion about relaxing some barriers to telehealth?

A: Ross Friedberg, Chief and Legal Affairs Officer, Doctors on Demand

- Doctors on Demand is a national platform operating in all 50 states. We often face obstacles dealing with state regulations if a doctor is in one state but treating a patient in another. What's going on with payment or licensure? Payment was the biggest barrier; now that Medicare and Medicaid are approved – at least temporarily – it is easier to get some of these patients treatment.
- If there is a hurricane, we bring in utility workers from other states to help – it's the same idea here with hot spots around the country for licensure waivers.

Q: Explain state parity laws and how they may be impacting telehealth.

A: Jordan Roberts

- Parity laws try to serve as an incentive to adopt telehealth by ensuring that providers are reimbursed accordingly, but this may actually be contradictory to telehealth's cost-effective nature. Paying for virtual healthcare on the same scale as in person healthcare doesn't really make sense because it costs less.

A: Dana Lichtenberg, Assistant Director of Congressional Affairs, American Medical Association

- Historically, telehealth services have been underpaid, so I would argue that telehealth should be getting the same payment because they are using essentially the same resources, knowledge, et cetera, that they normally would in a clinical setting.

Q: If you could give one piece of advice to Congress on this topic, what would it be?

A: Ross Friedberg

- Congress has to look at what's happening with primary care right now – it's in crisis. Without primary care, there is no telehealth. Primary care can leverage telehealth to help it grow.

A: Dana Lichtenberg

- Congress has to stop treating telehealth differently than traditional care. Restrictions should be removed. The piecemeal approach is not working; they are picking winners and losers.

A: Jordan Roberts

- Don't restrict anything; we want to allow for as much usage of these services as possible. Allow providers and insurers to determine reimbursement. States must consider where there is the greatest need in their communities.