

MEMORANDUM

TO: REDC

FROM: Center Road Solutions

DATE: June 4, 2020

RE: Telehealth and COVID-19 in Rural Areas

On June 4, the Bipartisan Policy Center hosted a webinar to discuss their new report and the current state of health in America amidst COVID-19. Telehealth's effects on rural areas was the focus of the discussion with a panel of experts ranging from Capitol Hill to doctors providing services virtually. The panel was moderated by former senator, Dr. Bill Frist, with opening remarks from Bill Hoagland, Senior Vice President of the Bipartisan Policy Center, and Walter Panzirer from Helmsley Charitable Trust.

Key Takeaways:

- Telehealth has greatly assisted in preventing our health system from being overwhelmed throughout the COVID-19 pandemic.
- Telehealth still faces substantial challenges despite the recent relaxing of regulations through the CARES Act. Now legislators must decide which changes to make permanent.
- The cost of telehealth is uncertain, and the reimbursement system is still a major obstacle for many providers.

Opening Remarks:

Bill Hoagland, Senior Vice President, Bipartisan Policy Center:

- Stats have found a dramatic increase in telehealth claims:
 - 7.5% over a 4,000% increase.
- CARES Act legislation has relaxed telehealth regulations to allow the spread and wider use of telehealth.

Walter Panzirer, Helmsley Charitable Trust:

- The Helmsley Charitable Trust believes that your zipcode should not dictate what your health outcomes are. Access to quality healthcare should be equal, whether in a major city or small rural town. Helmsley Charitable Trust:
 - Has contributed \$400 million to upper Midwest states; \$100 million has been dedicated to expanding telehealth services.
 - COVID-19 has pushed telehealth further and the Helmsley Trust hopes that these changes will be permanent.

Bill Frist, MD:

- This pandemic has given major city dwellers a taste of what many rural citizens have to deal with every day in regard to their healthcare.
 - These issues are exacerbated in rural areas during the pandemic.
- Frist was dedicated to improving healthcare in rural areas while in the Senate. His solutions included telehealth expansion.
- Many of the changes made in the wake of COVID-19 are great, but now they must be made permanent.

Q&A Session:

Q: Bill Frist: Why is it so much harder for people in rural areas to access care? What has this meant for patients?

Alan Levine, Executive Chairman, President & CEO, Ballad Health:

- "Rural America" is really about 90% of America, which creates a host of complications. There are problems with broadband access, differences in telehealth regulation by state, and geographic

limitations in terms of how far a person must travel to get in-person care. Ballad Health has been committed to providing care with the help of technology.

Q: Bill Frist: What challenges do you see?

A: Jennifer McKay, M.D., Medical Information Officer, Avera Health:

- Lots of challenges just with infrastructure. Our IT department has worked hard to improve this within our system across 32 states. Licensing and credentials is another big one – but payment is the biggest. We have to think about where reform is going to come from. We hope that because so many people have now seen the benefits of telehealth, we'll be able to see positive, permanent change. We have set up call centers that helped to avoid 50 ER visits per day.

Q: Bill Frist: What has been the overall approach to telehealth and what is the future looking like?

A: Jim Parker, Senior Advisor for Health Reform; U.S. Department of Health and Human Services

- COVID-19 required telehealth to ensure that patients could seek treatment while observing social distancing guidelines. This created a need to relax regulations across the board. Telehealth services have seen a significant increase and these changes provided important opportunities for rural individuals. Now, we face challenges for what lay ahead. We have to look at the data to determine what the best way forward is for patients and providers. We haven't quite determined whether telehealth will save money or not yet; the CBO has taken a pretty conservative stance.
- Out of necessity we found ourselves having to pursue telehealth rather aggressively; but we hope that we can now help legislators move telehealth forward in a more permanent way.

Q: Bill Frist: Does Congress share Jim's enthusiasm for telehealth?

A: Kripa Sreepada, Health Policy Advisor, Senator Tina Smith (D-MN)

- There is certainly bipartisan interest in pursuing telehealth further and making changes permanent. In getting through COVID-19, my boss has wanted to consider the things that will give us hope; telehealth is one of those things.
- We need to consider the things that are working right now when we consider what needs to be made permanent. Once we've determined that, we can look at what additional changes need to be made to further expand telehealth. We are seeing an uptick in telehealth visits and should consider whether patients and doctors prefer to use telehealth as a first step. We need to think about what services should be restricted to audio only versus what warrants a video call.

Q: Bill Frist: Many providers are unable to be adequately reimbursed for telehealth. Where are we on this issue?

A: Alan Levine:

- It is possible that some costs will increase with the spread of telehealth, but we have to consider what will happen if we try to cut costs by limiting care that is needed. We view costs to include the denial of care because of the downstream costs. At least on the front end when legislators make decisions on reimbursement, it makes sense to us to provide reimbursement based on the equivalent cost of a personal visit because it helps to recover some of the initial capital investments.

Q: Bill Frist: Can you comment on the quality and availability of care with telehealth?

A: Dr. McKay:

- The quality is equivalent, if not better in many ways. As I'm sitting here, I got a notification that a patient rather far away needed me to see them. I have been able to start researching the case and I am now prepared to speak with the physician on the ground when I'm done here. Through telehealth, patients get undivided time with their provider. As long as we are listening to our patients, they will tell you what is wrong.
- In our e-emergency services, we have actually developed a process where we can intubate over the call. We are able to support "the boots on the crowd." I can say rather positively that telehealth prevented a surge in many places.
- Telemedicine is a well-known capitalization of technologies that we use every day. The things that get in the way are things like infrastructure, licensing, regulations, et cetera. I would say to allow the creative minds to focus on the medicine.

Q: Bill Frist: How much flexibility do you think will be necessary for payment on different aspects of telehealth services? And what can this country do for internet access connected to telehealth?

A: Jim Parker:

- Telehealth broadly applied throughout the country cannot be adequately implemented without proper infrastructure. We could develop a magnificent reimbursement plan and have it stalled if the infrastructure is not there to provide the services.

A: Kripa Sreepada:

- I think we also have to question what services require what. Does a behavioral therapist need to sit face to face with a patient or can they operate effectively through audio only? What fields of medicine need video accessibility?

Q: Bill Frist: What changes in telehealth are we seeing specifically in rural areas?

A: Dr. McKay:

- We're still observing this. We have had to provide some muscle to determine what we can do in terms of the relaxed regulations to ensure we could grow right now in all of this uncertainty. In South Dakota, we saw more patients in their homes for COVID-19 than in a brick and mortar establishment.

Q: Bill Frist: What are the challenges for cross-state providers?

A: Dr. McKay:

- This is very complicated. We have an entire department dedicated to get doctors credentialed across state lines. Technology has done a great job in helping this process.

Q: Bill Frist: How do we ensure seniors who are not tech savvy or just those individuals lacking in data capabilities able to access telehealth?

A: Dr. McKay:

- When you are an internist you have a special heart for older patients. Older patients value the accessibility of using the telephone. Many older patients have also learned to use technology through their families, their children, their grandchildren. While it may take them a little longer to get used to using these different platforms, they can and will do it.

A: Alan Levine:

- It's important to provide services in a way that they are comfortable with but it is also important to remember that in the years to come, those that age-in to this demographic will expect to use these technologies because they are using them now. It won't always be so controversial.