Our Charge

• Evaluate rapid transition to telehealth during COVID-19

• Develop consensus recommendations to:
  o Mitigate risks
  o Maximize benefits
  o Ensure quality, accessibility and efficacy
  o Fully integrate telehealth into healthcare ecosystem

Subgroups formed to focus on priority areas:
  o Patient Safety and Program Integrity
  o Data Flow, Care Coordination and Quality Measures
  o Impact on Total Cost of Care
Members of the Taskforce on Telehealth Policy

Peter Antall, MD, Amwell
Kate Berry, AHIP
Regina Benjamin, MD, Founder, BayouClinic/Gulf States Health Policy Center, Former U.S. Surgeon General
Krista Drobac, Alliance for Connected Care
Yul Ejnes, MD, American College of Physicians
Rebekah Gee, MD, Louisiana State University
Nancy Gin, MD, The Permanente Federation
Kate Goodrich, MD, Humana
Ann Mond Johnson, ATA
Chuck Ingoglia, National Council for Behavioral Health
Megan Mahoney, MD, Stanford
Chris Meyer, Marshfield Clinic
Ricardo Munoz, MD, Children's National
Peggy O’Kane, NCQA
Kerry Palakanis, DNP, APRN, Intermountain
Michelle Schreiber, MD, CMS Liaison (non-voting)
Dorothy Siemon, JD, AARP
Julia Skapik, MD, MPH, NACHC
Jason Tibbels, MD, Teladoc
Nicholas Uehlecke, HHS Liaison (non-voting)
Andrew Watson, MD, UPMC
Cynthia Zelis, MD, MD Live
Top-Line Findings

• Telehealth is healthcare’s natural evolution into the digital age, not another type of care

• Telehealth can be critical tool in advancing a well-coordinated, patient-centered, value-optimized health care system

• COVID-19 flexibilities generated new evidence and adaptations that question restrictions from when technology was less mature and use cases more limited
Impact on Total Cost of Care

• No excess cost and utilization observed thus far during COVID – need data from post-pandemic to draw firm conclusions on impact of expanded telehealth
  o Increased behavioral care is an exception and may have potential to improve costs and outcomes

• Telehealth may also improve costs via:
  o Fewer missed appointment (no-show rates) that improve compliance
  o Fewer costly SNF patient transfers to hospitals/EDs
  o More use of transitional care management that cuts readmissions
Kerry Palakanis, DNP, APRN
Intermountain Healthcare
Patient Safety and Program Integrity

- Telehealth can enhance safety by preventing care delays, reducing exposure to pathogens, minimizing travel
  - Fund research on patient safety best practices and update existing safety reporting for telehealth
- Emerging tools, such as artificial intelligence, may have potential to make it easier to detect fraud, waste and abuse that occurs throughout health care
  - With telehealth, investigators can uncover Internet Protocol (IP) addresses and other digital signatures to help ID bad actors
Data Flow, Integration, Quality Measures

- Value-based care models best leverage telehealth’s potential
- Hold telehealth to same quality standards as other settings
  - Adapt, rather than reinvent, quality measures for telehealth
- Require telehealth platform certification on data sharing, care coordination, privacy
  - Align with 21st Century Cures Act / other care setting policies
- Move to living, care coordination document shared among all care team members (not just telehealth) and away from silos
- Pilot digital patient experience surveys leveraging telehealth digital aspects
Andrew Watson, MD, MLitt.
University of Pittsburg Medical Center
Overarching Findings & Recommendations

• Broadband, tech, trust, digital literacy gaps need to be promptly addressed to ensure equity and not increase disparities as health care moves into digital age

• Permanently lift telehealth restrictions on originating sites, clinicians, conditions and previous clinician/patient relationships and care across state lines as long as encounters meet appropriate standards of care or unless limits are necessary in specific situations

• Resume full HIPAA privacy enforcement
Regina Benjamin, MD
Former Surgeon General of the United States
Questions?
Thank You!