

Chairman Alexander Opening Statement
Telehealth: Lessons from the COVID-19 Pandemic
June 17, 2020

I spoke recently with Tim Adams, the CEO of Ascension Saint Thomas Health, which has 9 hospitals in Middle Tennessee and employs over 800 physicians, who told me that in February before COVID-19, there were about 60,000 visits between patients and physicians each month.

Almost all of those visits were done in person. Only about 50 were done remotely through telehealth using the internet.

But during the last two months, Ascension Saint Thomas conducted more than 30,000 telehealth visits – or around 45 percent of all its visits – because of changes in government policy and the inability of many patients to see doctors in person during the COVID-19 pandemic.

Tim Adams expects that to level off at 15-20 percent of all its visits going forward.

The largest hospital in San Francisco told me that 5 percent of its visits in February were conducted through telehealth—and the hospital considered that to be a very high number. Then in March, telehealth visits made up more than half of all its visits.

Because of COVID-19, our health care sector and government have been forced to cram 10 years' worth of telehealth experience into just the past three months.

As dark as this pandemic event has been, it creates an opportunity to learn from and act upon these three months of intensive telehealth experiences, specifically what permanent changes need to be made in federal and state policies.

In 2016, there were almost 884 million visits nationwide between patients and physicians, according to the Centers for Disease Control and Prevention. If, as Tim Adams expects, 15-20 percent of those were to become remote permanently due to telehealth expansion during COVID-19 – that would produce a massive change in our health care system.

Our job should be to ensure that change is done with the goals of better outcomes and better patient experiences at a lower cost.

Policy changes

Part of this explosion in remote meetings between patients and physicians has been made possible by temporary changes in federal and state policies. The private sector, too, has made important changes. One purpose of this hearing is to find out which of these temporary changes in federal policy should be maintained, modified, or reversed—and also to find out if there are any additional federal policies that would help patients and health care providers take advantage of delivering medical services using telehealth.

Of the 31 federal policy changes, the three most important are:

1. Physicians can be reimbursed for a telehealth appointment wherever the patient is, including in the patient's home. That change was to the so-called "originating site" rule,

which previously required that the patient live in a rural area and use telehealth at a doctor's office or clinic.

2. Medicare and Medicaid began to reimburse providers for nearly twice as many types of telehealth services, including: emergency department visits, initial nursing facility visits and discharges, and therapy services.
3. Doctors are allowed to conduct appointments using common video apps on your phone, like Apple FaceTime, or phone texting apps, or even on a landline call, which required relaxing federal privacy and security rules from the Health Insurance Portability and Accountability Act, or HIPAA.

Many states made changes as well, most importantly making it easier for doctors to continue to see their patients who may have traveled out of state during the pandemic.

For example, a college student from Memphis, who attends college in North Carolina and has a doctor she sees in Chapel Hill, was able to go home to Tennessee during the pandemic and continue seeing her Chapel Hill doctor by FaceTime. Or, a patient in Iowa has been able to start seeing a new psychiatrist in Nashville.

The private sector adapted to these changes, too. One of our witnesses today is from Blue Cross Blue Shield of Tennessee, which has already begun to make permanent adjustments to its telehealth coverage policies based on some of the temporary federal changes in Medicare.

Looking forward

Looking forward, of the three major federal changes, my instinct is that the originating site rule change and the expansion of covered telehealth services should be made permanent.

One purpose of this hearing is to hear from the experts and discuss whether there may be unintended consequences, positive or negative, if Congress were to do that.

It's also important to examine the other 28 temporary changes in federal policy.

The question of whether to extend the HIPAA privacy waivers should be considered carefully. There are privacy and security concerns about the use of personal medical information by technology platform companies, as well as concerns about criminals hacking into these platforms. When HIPAA notification requirements are waived, a person might not even know that their personal information has been accessed by hackers. Additionally, several of these technology platforms have said they want to adjust their platforms to conform with the HIPAA rules.

Another lesson from these three months is that telehealth or teleworking or tele-learning is not always the answer, especially for people in rural areas or low-income urban areas who do not have access to broadband.

And still another lesson is that personal relationships involved in health care, education, and the workplace cannot always be replaced by remote technology. Children have learned about all they want to learn over the internet, patients like to see their doctors, and workplaces benefit from employees actually talking and working with one another in person. There are some limits on remote learning, health care, and working.

There are obvious benefits to allowing health care providers to serve patients across state lines during a public health crisis. As a former governor, I am reluctant to override state decisions, but it may be possible to encourage further participation in interstate compacts or reciprocity agreements.

Last week I released a white paper on steps that Congress should take before the end of the year in order to get ready for the next pandemic

One of those recommendations was to make sure that patients do not lose the benefits that they have gained from using telehealth during the COVID-19 pandemic.

Even with an event as significant as COVID-19, memories fade and attention moves quickly to the next crisis, so it is important for Congress to act on legislation this year.

Because of this 10 years of telehealth experience crammed into 3 months—patients, doctors, nurses, therapists, and caregivers can write some new rules of the road, and should do so while the experiences still are fresh on everyone's minds.