

Testimony of BlueCross BlueShield of Tennessee Senior Vice-President and Chief Medical Officer Dr.
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Senate Committee on Health, Education, Labor and Pension (HELP)

“Telehealth: Lessons from the COVID-19 Pandemic.”

Wednesday, June 17th, 2020 at 10:00 a.m. (EST)

Good morning, Chairman Alexander, Ranking Member Murray, and members of the HELP committee. I am Dr. Andrea Willis, and I have the privilege of serving as the Chief Medical Officer at BlueCross BlueShield of Tennessee. As a board-certified pediatrician who has had the honor of serving as Deputy Commissioner for the Tennessee Department of Health and the first director of CoverKids, Tennessee’s State Children’s Health Insurance program, I am also a proud public health advocate and champion for the health and wellness of Tennesseans.

At BlueCross Tennessee, a taxpaying, not-for-profit health insurer celebrating its 75th year, our priority is the health of our 3.5 million members and the communities we serve. Our workforce is comprised of 6,800 colleagues, including 900 nurses, and as the state’s largest health plan, we provide benefits to more than 11,000 Tennessee companies and partner with over 29,000 providers across the state to help carry out our mission: peace of mind through better health.

Our members are enrolled in a variety of coverage options, including Medicaid, Medicare Advantage and commercial plans. We also administer coverage for large, self-insured groups and participate with other Blues plans across the nation as part of our affiliation with the BlueCross BlueShield Association.

First, we empathize with those across the nation and in Tennessee who have lost loved ones, have been furloughed or laid off, and seen their world change in ways none of us could have imagined.

Like other parts of our health care community, we’ve experienced the effects of COVID-19 – and most importantly, we’ve seen the effects of this pandemic on our members. We recognize the health disparities that have been exacerbated by this disease outbreak and are committed to doing our part to address those. We’ve also been fortunate to witness amazing and encouraging acts of empathy, compassion, dedication and innovation during these past few months. I am extremely proud to be a part of the community of medical professionals. I stand in complete awe, with reverence for the many health care

servants who set aside their own personal safety to be on the front lines in this fight. And I believe we all owe a tremendous debt of gratitude to all of those who are putting the needs of others above themselves each day.

Our health care system is sometimes slow to change, but I've been encouraged at how BlueCross Tennessee and our partners in Tennessee have responded so quickly to meet the needs of our communities during these unprecedented times. Telemedicine is certainly one of the areas in which we've seen change happen quickly and for the benefit of our members.

We've worked hard to adapt to meet the evolving needs of our members as COVID-19 spread throughout Tennessee. We were among the first plans to commit to waive testing costs and expand access to telehealth for our members – and we were the first major insurer to commit to making in-network telehealth services available on an ongoing basis after this crisis ends. We wanted our members to retain virtual access to the physicians they knew and trusted.

We have long supported telehealth interactions between specialists at one location interacting with other health care providers alongside their patients at another location. In fact, one of our earliest partnerships started back in 2012 to support high-risk maternity care.

COVID-19 vastly opened up direct telemedicine interactions between health care providers and their patients. This included physical and behavioral health services, and we reimbursed providers for these services at their currently contracted rate, or parity.

Prior to COVID-19, BlueCross Tennessee, we had seen utilization rates for telemedicine consistently below 30% for members with that benefit. As we expanded and encouraged telemedicine throughout the crisis, we saw utilization rates rise. And from mid-March to mid-May, we saw 50 times more telemedicine claims than during the same time period last year. The key was partnering with in-network providers. In general, those doctor-patient relationships transformed and thrived as they both turned to this method of interaction.

As a result of this growth in member interest and provider adoption, BlueCross Tennessee announced last month that we will extend our coverage of telemedicine services going forward. It was clear our members and providers wanted the choice to use virtual care and telehealth services was another way to collaborate with in-network providers to make quality care more convenient. We believe this was the right thing to do for our members and for the providers in Tennessee we rely on to care for those members.

Because the data is still accumulating, it's too early to definitively say that the expansion of telehealth has improved health outcomes, but it has undoubtedly improved access to care. As a result of this expansion, providers are able to continue delivering necessary care while maintaining social distancing. Telemedicine has highlighted the keen abilities that providers have to truly listen to their patients and to hone in on the chief complaint and pertinent history of the patients to make an informed diagnosis and plan of care. We wanted to ensure adequate reimbursement for medical providers treating our members so that there would be no barrier to doing so especially right now, considering the financial impact this pandemic has had on physician practices and hospitals.

The increased use of telemedicine we've seen in Tennessee include visits with primary care providers and specialists, behavioral health providers, and other therapists. While we don't yet have quantifiable data to verify it, we also believe the availability of telemedicine is reducing some inappropriate emergency room and urgent care use by allowing patients to get in touch quickly with their primary care physician. That was certainly important as we were collectively prioritizing facility services for those with the most severe symptoms and needs. Access to physician services via telemedicine also helps our members access care they may have foregone otherwise, and without the increased risk of infection.

It is easy to see how this mode of interaction can effectively break down a barrier to access to care. Improving access to care in rural areas has been a priority in my state of Tennessee and this expansion plays an important role towards doing just that. Telemedicine allows access to care during work hours in lieu of taking an entire day off. It can allow for follow up interactions with high-risk patients that may be negatively impacted by sitting in a waiting room. The use cases are many.

With the rapid and widespread adoption of this new method of care delivery, we recognize we may identify and make changes to address issues we couldn't address during the crisis that began in March. Existing processes related to credentialing, contracting, reimbursement and audit policies will be useful tools to guard against fraud, waste and abuse — and they need to be a part of telemedicine practice. In addition, we carefully monitor data to ensure that our network providers are rendering the services and that the level of care is appropriate to the practitioner delivering the services. We are closely monitoring prescriptions that are generated from telemedicine. And most importantly, we listen to both the compliments and complaints coming from the consumers. These actions are aligned with our role as a member advocate committed to providing access to affordable, evidence-based care.

In addition, we believe there needs to be a discussion around what measures need to be in place to protect the privacy and security of our members as they interact with their physicians. We have those protections and requirements in place with our existing physician agreements so we have a basis from which to start. But given the speed at which we enabled telemedicine services in March, that's an area we believe warrants some additional conversation.

I do believe we can address these issues while continuing to support telemedicine. As the saying goes, we don't believe we should let perfect be the enemy of good. We do not need to pull back from where we are today to address these challenges. We don't have all the answers today, but we are committed to collaborating and building a sustainable path forward that serves the interests of our members and the providers who care for them.

I'll conclude by sharing a final thought about telemedicine and its ability to improve our health care system:

We all recognize the need to reduce the cost of care in our nation's health care system. And we likely agree that a payment model which places a priority on quality and improved health outcomes is a better approach than continuing to pay for services on an at unit-cost basis, also known as "fee for service."

Creating a regulatory environment which expands the tools health care professionals have available to engage with their patients and offer services should be our shared goal. Likewise, the ability to apply penalties for abuses of telemedicine should be a necessary component to protect those that this is meant to serve.

As I mentioned earlier, access to care is a key component of improving quality and outcomes. Telemedicine provides that opportunity and is one of those tools. The increase in utilization demonstrates that our members and providers – your constituents – have come to appreciate this capability.

More than 85% of primary care physicians in our provider network in Tennessee participate in at least one value-based program with BlueCross BlueShield of Tennessee. These are programs which reward physicians who can successfully engage members, help them manage their care and improve overall health.

Telemedicine can help them achieve that goal. And when that happens, our members benefit and we get one step closer to achieving our mission of peace of mind through better health.

I am honored and have appreciated the opportunity to share BlueCross of Tennessee's approach to telemedicine as we continue to support affordable access to services and high-quality care in line with our mission.