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Health IT Leadership Roundtable  
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The U.S. health care delivery system is continually evolving, as new evidence, medical breakthroughs, and technology advance our capabilities to improve health and transform the practice of medicine.

Virtual care has long been touted as a key way to expand access to care and to improve efficiency, coordination, and flexibility of care. Virtual care tools such as telehealth and remote patient monitoring allow clinicians to furnish care and monitor patients' status more consistently and conveniently today. Meanwhile, new types of virtual care tools and services are being piloted, such as chat bots, electronic triage (e-triage), behavioral nudges, machine learning and artificial intelligence. These tools can also

### *Access, Efficiency, & Flexibility*

- / Equity – Congress should provide additional funding to the FCC and to HRSA to expand the reach of, and eligibility for, the Rural Healthcare Program, the Telehealth Network and Telehealth Resource Centers, and the Telehealth Network Grant Program.
- – HHS should continue to work with stakeholders to promote interoperability and patient access/sharing ability to health care information.
- – HHS and Congress should permanently lift many of the current barriers to the use of virtual care in the Medicare FFS program with focus on increased access, value and flexibility, including site of service restrictions, modality restrictions, and supervisory requirements. Additionally, States should consider what flexibilities should be maintained post-COVID-19, based on the unique circumstances and characteristics of their state populations.

### *Patient Experience and Trust*

- – HHS and health care stakeholders should provide funding and promote targeted outreach and education campaigns to help patients understand the types and benefits of virtual care tools and services that might be available to them and how they integrate with the rest of the health care delivery system.
- – HHS and health care stakeholders should work together to identify the key goals and desired outcomes, in order to modify current program oversight, quality and performance programs to ensure they can appropriately measure care delivered virtually.
- - More research is needed on how to effectively engage and communicate with patients through virtual care, in ways that improve patient experience and advance health equity.
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Virtual care services, such as chat-boxes, remote monitoring, and telehealth, had been growing in recognition and use prior to the beginning of the COVID-19 PHE, but the crisis has greatly accelerated their availability and uptake across markets and populations. Virtual care has become a critical tool for communicating with patients about the virus and how they can keep themselves and their family members safe; screening and triaging patients that need to be seen in person; and resolving lower acuity needs remotely - thus limiting potential transmission of COVID-19 and maintaining needed capacity in critical care centers.

For example, telehealth has primarily been used to-date to provide access to care in areas where there was a shortage of specialty physicians, or for on-demand virtual urgent care; it is now also increasingly supplementing other types of care and services, such as virtual office visits, home health services, or for home medication administration.



Virtual care is likely to persist as a key part of health care delivery in the U.S. given its potential to expand care access and provide greater efficiency and flexibility in care delivery – in addition to the high rates of patient and clinician satisfaction seen. Therefore, it is instructive to consider the foundational elements and policies that will need to be in place to establish patient trust and to ensure its future success.

This section will explore critical elements such as equity/infrastructure and digital literacy, interoperability, privacy & security, quality, and authority.

### *Infrastructure, Equity & Digital Literacy*

A critical first step in providing broad access to virtual care services is ensuring patients have access to broadband internet, the tools needed to connect to the internet, and comfort and familiarity with digital tools. Such limitations could inadvertently exacerbate disparities in care, especially in times when in-person care may not be an option.

Remote monitoring devices and two-way telehealth video calls rely on stable internet connections to succeed. Unfortunately, 19 million people, or six percent of the population, have no access to fixed broadband service; and almost a quarter of people living in rural areas lack access to broadband.<sup>5</sup> Compounding this issue is the fact that 77 percent of rural counties are also considered to be health professional shortage areas, where virtual care could help to fill ongoing care gaps.<sup>6</sup>

Moreover, certain population groups are less likely to have internet connectivity or the equipment need to facilitate virtual care. A third of households headed by an individual over the age of 65 lack internet. Additionally, more than one in three households in the U.S. who are headed by an individual over the age of 65 lack a desktop or laptop computer, and more than half do not have a smartphone.<sup>7</sup> Additionally Black and Hispanic adults are less likely than whites to own a traditional computer or have high speed internet at home.<sup>8</sup>

In addition to patient access and familiarity, virtual care also requires clinicians to have reliable connections and bandwidth, and the ability to invest in digital tools and training needed to provide care and engage patients virtually. Clinicians must also ensure that any platform or tool used is interoperable with the clinician's existing EHR and information systems, and that it appropriately protects patient privacy and security.

Successfully scaling virtual care will require funding and support for improving broadband infrastructure and availability, access to digital tools, and for education and training to improve familiarity and use of such tools - for both patients and clinicians. It may also require adding interpreter or other language access capabilities, to ensure that access is available to all.

To help meet some of these gaps, the Federal Communications Commission (FCC) has issued hundreds of millions of dollars in funding to eligible clinicians through the Rural Health Care Program and the COVID-19 Telehealth program (which was open to both rural and non-rural providers). These programs are intended to help clinicians provide connected care services to patients.<sup>910</sup> HHS has also provided funding through the Telehealth Network and Telehealth Resource Centers, the Telehealth Network Grant Program, and other programs.<sup>1112</sup> Additionally, FCC relaxed certain broadband rules to improve connectivity and relieve bandwidth concerns.<sup>13</sup>

As current and new virtual care approaches continue to advance and become more integrated into care delivery, these infrastructure/equity and digital literacy elements will become critical factors in ensuring success.

## *Interoperability*

Successful integration of virtual care into care delivery will also require full interoperability of systems and health information.

Unlike a traditional model, where a long-time clinician may keep a comprehensive physical record of care for a patient, some virtual care tools and services may require patients to be able to electronically access and share their health records and other information with new clinicians, as well as allow clinicians and other virtual care services to seamlessly access a patient's health record and add new information.

All virtual care tools, including telehealth platforms and digital health tools will need to incorporate standardized and interoperable data elements based on a sufficient digital identify management foundation, ensuring that information collected through one tool can easily be ingested by another, helping to promote more integrated, connected care. Additionally, advanced analytics, clinical decision support, and other tools also depend on standardized and seamless health information sharing to enable accurate data aggregation and analysis.

The 21<sup>st</sup> Century Cures Act placed new prohibitions on information blocking, and the resulting regulations from the Centers for Medicare & Medicaid Services (CMS) and the HHS Office of the National Coordinator for Health IT (ONC) intend to establish a system where clinicians, payers, and others can seamlessly share, and provide patients with ready access to, standardized electronic health information.<sup>1415</sup>

## *Privacy & Security*

Interoperability of health data and privacy and security of health data must go hand-in-hand.

The Health Insurance Portability and Accountability Act (HIPAA) provides strong safeguards for the privacy and security of patient health data when maintained by a covered entity or a business associate.

However, as virtual care expands, new types of tools and providers are emerging that may not be treated as covered entities or business associates under HIPAA, and therefore are not subject to its privacy and security protections. These limitations in data protections may serve to reduce availability or coverage for digital tools, and/or may lead patients to inadvertently disclose or share their health information or use tools that they believe provide the same protections as those covered by HIPAA.

For example, in response to the growth in demand for and use of telehealth during COVID-19, HHS Office for Civil Rights (OCR) issued a notification of enforcement discretion for telehealth remote communications, allowing clinicians to use non-HIPAA-



provide care to patients. Such tools are widely available and used by patients, but do not ordinarily meet HIPAA standards for privacy and security. OCR notes that “providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.”<sup>16</sup>

As patients seek the care and services that meet their needs, including telehealth, remote monitoring, and other types of virtual care, they should be able to trust that their health information is protected at all times. It is important to establish strong privacy and security safeguards so that patients can safely and in an informed way, select their care options and share their health information.

### *Quality & Program Integrity*

An additional key element to the success of virtual care is ensuring that there are processes and mechanisms in place to oversee and assess the quality of care provided, and to ensure the appropriate use of high-quality virtual services. Incorporating quality and performance metrics into virtual care delivery models will help to improve the care provided while also collecting valuable information that can be used to better understand the benefits and limitations of virtual care and for continuous improvement.

For example, the National Quality Forum has suggested assessing telehealth quality through evidence-based measures that evaluate (1) a patient’s access to care, the clinician’s access to appropriate technologies and services, and access to relevant clinical information; (2) the cost savings to the patient, the care team, payers, or the system; (3) the experience of the patient and care team; and (4) the clinical, operational, and technical effectiveness of the care provided.<sup>17</sup>

To meet these goals, current quality performance measurement programs will need to adjust measures and data collection processes to account for care delivered virtually. This may include research and/or focus groups on patients, families, and caregivers to identify aspects of care that are most important to them and/or critical to their patient experience.

As a first step, in June 2020, NCOA announced the approval of a set of adjustments to 40 widely used Healthcare Effectiveness Data and Information Set (HEDIS) measures to account for telehealth services.<sup>18</sup> NCOA, the Alliance for Connected Care, and the American Telemedicine Association also convened a workgroup and issued a Request for Information to develop consensus recommendations for policymakers on expanding virtual care while ensuring “high standards for access, efficacy, quality, patient safety, program integrity, and the integration of remote care into the healthcare ecosystem.”<sup>19</sup>

Developing a comprehensive and integrated way to assess quality and performance of care delivered virtually will be a key in improving health outcomes and ensuring appropriate care.

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<sup>16</sup> HHS Office for Civil Rights. “Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency.” Available here: <https://bit.ly/3qvdKln>

<sup>17</sup> National Quality Forum, “Creating a Framework to Support Measure Development for Telehealth.” August 2017. Available here: <https://bit.ly/38F1OaO>

<sup>18</sup> NCOA. “COVID-Driven Telehealth Surge Triggers Changes to Quality Measures.” June 5, 2020. Available here: <https://bit.ly/38A222M>

<sup>19</sup> NCOA. “Taskforce on Telehealth Policy.” Available here: <https://bit.ly/38DKHWw>

## *Authority*

Although telehealth and other virtual care services have been in use for decades now, statutory and regulatory barriers at the federal and state levels have limited their scope and reach.

At the federal level, federal law currently regulates coverage of telehealth and remote monitoring in Medicare, largely limiting the use of telehealth services to services provided from certain originating and geographic areas. Specifically, the Medicare fee-for-service program will only cover telehealth services that are provided to a patient located in certain clinical sites or certain rural areas. There are also limitations on the types of clinicians that may bill for telehealth services, restrictions on certain store-and-forward technologies, and limitations on covered codes. Federal law provides Medicare Advantage organizations more flexibility to offer telehealth services to enrollees.

In response to the COVID-19 PHE, Congress and CMS acted to reduce many of the longstanding barriers to the use of telehealth and other virtual care services in the Medicare program. CMS waived the originating site and geographic location restrictions, expanded the list of covered services, allowed practitioners to practice across state lines in accordance with state law, waived direct supervision requirements, and lifted certain HIPAA and Anti-Kickback Statute limitations.<sup>2021</sup> CMS







On March 13, 2020, President Trump issued a national emergency declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as known as the "Stafford Act," in response to COVID-19.

and/or chronic conditions,<sup>22</sup> permit clinicians to provide remote patient monitoring services to both new and established patients and to allow for remote patient monitoring services to be reported to Medicare for periods of time that are fewer than 16 days, but not less than 2 days, during a 30-day period.<sup>2324</sup>