



**Healthcare Information and Management Systems Society (HIMSS) and Personal
Connected Health Alliance (PCHAlliance)
Joint Statement for the Record
Hearing on “Telehealth: Lessons from the COVID-19 Pandemic”
Senate Committee on Health, Education, Labor and Pensions
June 17, 2020**

The Healthcare Information and Management Systems Society ([HIMSS](#)) is a global advisor and thought leader supporting the transformation of the health ecosystem through information and technology. As a mission-driven non-profit, HIMSS offers a unique depth and breadth of expertise in health innovation, public policy, workforce development, research and analytics to advise global leaders, stakeholders and influencers on best practices in health information and technology. The Personal Connected Health Alliance ([PCHAlliance](#)), a membership-based HIMSS Innovation Company, accelerates technical, business and social strategies necessary to advance personal connected health and is committed to improving health behaviors and chronic disease management via connected health technologies. HIMSS and PCHAlliance have long envisioned a health care system that seamlessly incorporates the use of connected care to enable resilient health care delivery that continuously improves quality and access to health care for consumers while reducing complexity and costs.

On behalf of our members, we thank you for holding today's hearing on “Telehealth: Lessons from the COVID-19 Pandemic” and for the Committee's leadership and focus on the role telehealth and connected care have played in addressing COVID-19. Today's discussion on how telehealth and connected care technologies were deployed during this pandemic to address the unique challenges brought by COVID-19 is a critical first step toward modernizing the federal policies around telehealth that have served as a barrier to more efficient and better quality care.

Further, the topic of today's discussion mirrors conversations that are occurring throughout the healthcare community around the successes and challenges the U.S. faces in deploying telehealth at such a large scale seemingly overnight. In response to the growing threat of COVID-19 and the goal of decreasing the risk of transmission for health care workers and their patients, our whole country transitioned to virtual care to ensure the safe, timely and effective treatment of patients under quarantine, while simultaneously attempting to limit any disruption in access to care, diagnosis and treatment of COVID-19. As we approach three months of widespread telehealth adoption, now is the time to reflect on lessons learned and how we can utilize our experiences and knowledge gained around telehealth to create a comprehensive legislative and regulatory framework that will better incorporate telehealth and connected care technologies and translate to a more resilient health care system.

HIMSS and PCHAlliance urge the following considerations to inform thoughtful dialogue about a post-COVID 19 telehealth policy framework:

Realize the Full Potential of Telehealth and Connected Care Technologies

HIMSS and PCHAlliance have long believed that evidence-based telehealth and connected care technologies hold great potential to improve access to high-quality care and address many accessibility issues that underserved areas and patients often face. Digital health plays a critical role in supporting healthcare resilience, transformation, and modernization during times of emergency and disruption. The benefits have been well documented from case studies of care delivery after Hurricane Katrina¹, as well as after the Japanese Tsunami², and now, with the COVID-19 Public Health Emergency (PHE).

Long before COVID-19, there was a compelling and growing evidence base around many applications of telehealth and connected care to:

- Increase access to health care, particularly for underserved and at-risk communities
- Promote administrative efficiency, including bi-directional communication of actionable information based on patient need
- Engage patients and caregivers for self-care and health engagement strategies
- Simplify the navigating of health care delivery, particularly for patients and caregivers³

The diverse array of connected care technologies and applications have the potential to promote a health care system that improves care quality, enables resiliency, and reduces complexity and costs. However, outdated and overly burdensome restrictions on the use of telehealth and other connected care technologies, particularly under Medicare, have limited the potential and impact of these valuable tools and services for health care providers and patients throughout our healthcare system.

In response to the urgent needs and challenges presented by COVID-19, regulatory changes across all levels of government unleashed an unprecedented wave of telehealth and connected care adoption across the country to protect patients and providers. As we continue to learn and grow from these experiences, we believe they will help afford us the opportunity to have honest and meaningful dialogue around the role and value that telehealth and connected care bring to our health care system.

Support for Telehealth and Connected Care Technology Waivers Beyond the COVID-19 PHE

HIMSS and PCHAlliance strongly applaud the actions taken by Congress and the Centers for Medicare and Medicaid Services (CMS) in response to COVID-19. Providing statutory authority to allow for waivers of 1834(m) restrictions on telehealth and removing other regulatory barriers on connected care provided a lifeline for healthcare providers and patients to use digital health solutions to support care delivery. It also helped ensure that

¹ <https://www.healthaffairs.org/doi/10.1377/hblog20150827.050201/full/>

² https://www.pchalliance.org/sites/pchalliance/files/PCHA_BuildingCaseStudy%20D-CAP%20FINAL.pdf

³ <https://www.himss.org/resources/providing-telehealth-visits-underserved-communities-case-study>

patients, caregivers, providers, and health systems avoided unnecessary exposure, particularly for patients with co-morbidities.

We fully acknowledge that the purpose of these regulatory flexibilities was to address the unique needs brought by COVID-19, on a temporary basis. However, the rate at which patients and providers rapidly and decisively adopted telehealth as a key tool in supporting, augmenting, and in many cases substituting for in-person care indicates not only a willingness, but a desire to embrace these tools on a permanent basis.

We believe now is the time to work towards creating a comprehensive policy framework that is predictable, forward-looking, and encourages innovative and novel approaches to care delivery. In addition to reimagining and rewriting the policies that once held back technology and discouraged innovation, we must capitalize on many of these temporary flexibilities and make their adoption permanent.

While we understand these decisions will require further deliberation and development, some of the key policy changes that we support making permanent include:

- Lifting all originating site restrictions in Medicare
 - A patient's home should be an originating site
 - Geographic restrictions for provision of telehealth services should be eliminated
- Allowing clinicians to reduce or waive any potential cost-sharing obligations when cost sharing is minimal for telehealth and communication technology-based services – currently Office of the Inspector General (OIG) policy is non-enforcement of cost sharing.
- Enabling remote patient monitoring in Medicare to begin without an in person, face-to-face visit for new and existing patients.
- Allowing the use of clinically-appropriate audio-only telehealth when accompanied by remote patient monitoring, sharing of patient generated health data (e.g. home blood pressure readings or glucose meter readings), or services with an evidence-base showing equal efficacy (including counseling or medication adjustment to treat mental health conditions)
- Allowing delivery and billing of telehealth services by allied health professionals, e.g. respiratory therapy telehealth services by respiratory therapists and nurses; physical therapy telehealth services by physical therapists.

Prepare for a post-Public Health Emergency Transition to Limit Disruption and Ensure Continue Support for Evidence-Based Connected Care

When our nation's COVID-19 PHE expires, many of the waivers and temporary health care standards and policies that have been adopted for Medicare, Medicaid, private payers, and professional licensure are also set to expire. To minimize any disruption to health care delivery this may cause, we will need a transition, rather than a sudden termination, to ensure stability, embed resilience, and develop a modern, value-based, health delivery system.

To address the unique health care challenges faced during the pandemic, US health care providers have made significant investment in technology, workflow, and training to stand-

up and provide the full range of evidence-based connected care services, specifically telehealth, remote physiologic monitoring, and communication technology-based services. For many, particularly smaller practices, this required capital investment in addition to new policies, procedures, and training.

We want to ensure that a viable post-PHE plan exists that allows providers the opportunity to safely care for all patients, as well as have access to all available treatments, including digital health solutions. Ultimately this would reassure patients and providers that their care will not be disrupted, and provide clarity to health care providers that the investments made during the pandemic can be leveraged moving forward into the future. Such actions would signify a commitment to developing a framework focused on advancing value-based, patient-centered health care to guide the time-defined phasing down of some waivers and the transition to permanence of others.

Additional Considerations

- Lack of reliable and affordable broadband has continued to prevent many patients and providers from utilizing telehealth, as has lack of access to technologies that can support live voice-video communications or provide real-time or regular tracking of a patient's physiological data.
- HIMSS and PCHAlliance are encouraged by the anecdotal evidence that digital health, particularly telehealth services, has enabled continued, appropriate, care delivery, while supporting care options that protect patients, caregivers, and providers. As the U.S. and the world continue to fight the pandemic, we should be working together to identify and collect the necessary metrics to answer expected public policy questions on return on investment, impact on patient access and patient-provider satisfaction, and appropriate reimbursement levels.
- As we chart a path forward for continuing the benefits that connected care technologies enable, we should be guided by evidence – not just of clinical effectiveness, but of measures including cost-savings and convenience for patients. Equivalent clinical outcomes, achieved at lower costs or in ways more convenient for patients should always be encouraged.
- Many of HIMSS/PCHAlliance's recommendations require system-level improvements to current healthcare delivery processes. Our members recognize that it is never enough to simply digitize current processes and hope for significantly different outcomes. Rather, the health care system must embrace digitization, and have the incentives and flexibility to adapt current processes to the unique value and benefit of digital technology. Additional flexibilities unrelated to the current PHE waivers may be necessary to realize the full benefits of connected care.

Again, thank you for your leadership and bringing attention to this important issue. The temporary changes made in response to COVID-19 have had a tremendous impact in every community across the United States, and we simply cannot revert to where we were before. We look forward to the opportunity to discuss these issues in more depth. Please feel free to contact David Gray, HIMSS Senior Manager, Government Relations & Connected Health Policy, at dgray@himss.org, or, Robert Havasy, Managing Director of PCHAlliance, at rhavasy@pchalliance.org, with questions or for more information.