Advancing Telehealth through Action and Advocacy

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Geographically Isolated, Medically and Economically Underserved

Rural America and Urban Clusters
97% rural/3% urban

Health Professional Shortage Areas
Primary Care by County, 2019

Source: data.HRSA.gov, October 2019.
Similar Poverty Patterns in Urban and Rural Areas

County Poverty Rates 2013 - 2017

Percent by county:
- 30.0 or more
- 20.0 to 29.9
- 15.0 to 19.9
- 10.0 to 14.9
- Less than 10.0

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates. For more information, visit: https://www.census.gov/acs.html

Influence of High and Low Poverty and Place-based Mortality Risk

Transforming Health through Digital Care Delivery

**Telehealth Promises To Facilitate**

- Expansion and **access to provider** types and **health services**
- Provide **convenient points of care**
  - Direct to consumer
- Provide **linkage to critical health services**
- Deliver more **affordable care**
- Drive enhanced **quality outcomes**
Moving Mountains to Impact Change

Wide spread adoption depends on functional health policy
Broadband Deployment is Critical for Health Care Access

Current State
• Federal Communications Commission is mandated by the Telecommunications Act of 1996 to provide a “high-quality capability that allows users to originate and receive high-quality voice, data, graphics, and video services.

• 97.9% Americans in urban areas have access to fixed and mobile broadband.

• 68.8% of Americans in rural areas have access to fixed and mobile broadband.

Reach Potential
• Underserved, urban and rural areas
• Tribal and territorial areas
• Older adults in their homes
• Remote provider offices
• Areas deficient of critical access hospitals

Policy Need
• Further financing is necessary to extend broadband services to rural areas.
Practice Is Where the Patient Is

**Current State**
- Licensed independent practitioners need access to and ability to practice by telehealth modality
- State telehealth legislation and licensure rules drive practice behavior
- Limitations continue to exist across all disciplines

**Policy Need**
- Break down interstate licensure needed to see patients across state lines
- Eliminate loopholes that complicate practice across state lines (defining the provider-patient relationship)
- Ease credentialing and privileging requirements at originating sites
Payment Parity Matters

Current State
• **Discordance in payment** for same (telehealth and in-person) services and by insurance type.
• **Limitations** of payment based on patient location
• **Limitations on types of services** that may be provided

Policy Need
• **Expand coverage and payment parity** for same services **across ALL payers**
• Eliminate limitations of type and modality of telehealth consultation and services provided
Call to Action

• Strive to promote adoption of telehealth through research

• Evaluate effectiveness of telehealth by monitoring and measuring outcomes

• Transition care by telehealth from reactive to proactive

• Contribute to development of health policy

• Track legislation in your state and insert your expert voice!
Anywhere-to-Anywhere Rule at Veterans Affairs

- 25% of Veterans live in rural America
- Launched in 2018
- Lifted state licensing restrictions
- Veterans may be seen via
  - Online through a VA website
  - Video Connect smart phone application
- 900,000 telehealth visits in 2019 (↑17% from 2018)
- Plans to make ALL PCP and mental health providers available for telemedicine visits in 2020

https://www.modernhealthcare.com/information-technology/telemedicine-growth-follows-anywhere-anywhere-rule-va
Telehealth Resources

Center for connected health policy
https://www.cchpca.org/national-telehealth-policy

National consortium of telehealth resource centers
https://www.telehealthresourcecenter.org/

National telehealth technology assessment resource center (TTAC)
http://telehealthtechnology.org/

American telemedicine association
https://www.americantelemed.org/
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