January 30, 2023

The Honorable Brian Schatz  
United States Senate  
722 Hart Senate Office Building  
Washington, DC 20510

The Honorable Mike Thompson  
United States House of Representatives  
400 Cannon House Office Building  
Washington, DC 20515

Dear Senator Schatz, Representative Thompson, and members of the Telehealth Working Group:

The Society of General Internal Medicine (SGIM) appreciates your leadership and efforts to expand access to telehealth services. Our members have consistently delivered telehealth services to patients during the COVID-19 pandemic and believe that virtual care plays a vital role in expanding access to care outside of the public health emergency, particularly for the vulnerable populations our members treat. As such, we are pleased to provide this feedback to inform the revised version of the CONNECT for Health Act of 2021 that will be introduced this Congress.

SGIM is a member-based medical association of more than 3,300 of the world’s leading academic general internists, who are dedicated to improving the access to care for all populations, eliminating health care disparities, and enhancing medical education. Our members are committed to ensuring patients have equitable and affordable access to the highest quality of care possible.

We are pleased to provide comments on the following topics:

- Measuring domains of telehealth quality, including care that is safe, effective, patient-centered, timely, efficient, and equitable.
- Addressing disparities in telehealth utilization.
- Ways to support telehealth education and training for providers and beneficiaries.
- Approaches to facilitate providers seeking to deliver telehealth out-of-state.
- Payment parity between in-person and virtual care.
- Guardrails and beneficiary protections.
- Eliminating the originating site, distant site and geographic restrictions and providing coverage for audio-only services.
- Measuring domains of telehealth quality, including care that is safe, effective, patient-centered, timely, efficient, and equitable.

SGIM has a strong commitment to supporting health services research and is pleased that you are considering how to address the measurement of telehealth quality. Any systematic assessment of telehealth must be nuanced regarding the purpose of the visit or the specific chief complaints, how the visit fits into a patient’s overall care plan, and the modality used—audio-visual or audio-only. To understand the effectiveness of telehealth services, it will be important to develop an evidence base that includes to which diseases, patients, or chief complaints the telehealth services are being applied.
complaints telehealth is best suited. While evaluation of certain uses of telehealth may be more straightforward (e.g., one-off use for urgent care, or post-hospital discharge appointments), some of the most transformative aspects of telehealth services — to extend and enhance longitudinal care relationships for chronic disease management, whether for diabetes, mental health, or to combat the opioid epidemic — must be evaluated comparing hybrid, integrated longitudinal care to in-person alone, to help determine the ideal “dose” of telehealth.

Additionally, evaluation of telehealth equity must consider other factors, including patient factors such as social drivers of health, as well as geographic and health system factors. The optimal “dose” of telehealth may be different when mobility, transportation, financial, geographic or other barriers necessitate a harm reduction approach, and additional telehealth access may not be ideal, but is better than no access. How well virtual care serves a patient, and whether it improves equity will depend heavily on these factors. When determining how to best measure equity in this context, SGIM recommends that evaluations occur at multiple levels, including the patient, geographic, and the health system levels.

Besides considering patient outcomes and satisfaction, measurement should also factor in the impact of telehealth on clinician well-being. Shortages of primary care physicians, and general internists specifically, are long standing and well documented. Telehealth is not only a valuable tool to extend the reach of the existing workforce and improve patient access, but also provides a benefit to the provider.

When considering how outcomes measures should be formulated, SGIM recommends that the CONNECT for Health Act direct the implementing agency to build on what already exists in the literature on patient safety, quality, and equity. Additionally, any measures should utilize existing data infrastructure and sources, which would reduce burden on providers and allow for comparison to care delivered prior to the pandemic when telehealth was not widely available. For telehealth safety, SGIM urges you to include additional investment in protecting ambulatory patient safety and new measures development. Presently, the literature on this topic is underdeveloped and relying upon it may result in a flawed measurement structure.

Finally, SGIM urges you to consult with and potentially authorize the Agency for Healthcare Research and Quality (AHRQ) to conduct these evaluations. They are well suited to support the nuanced evaluation of telehealth services that is needed, and as you know, have already evaluated telehealth use during the pandemic. AHRQ has infrastructure in place that could be expanded to do this measurement and evaluation work.

• **Addressing disparities in telehealth utilization.**

SGIM is committed to reducing health care disparities and improving health equity and are pleased you are considering how to address disparities in telehealth utilization in the next iteration of the CONNECT for Health Act. We recognize that the *Infrastructure Investment and Jobs Act* (P.L. 117-58) provided funding to expand broadband access, and believe once implemented, this will help mitigate the disparities to an extent. As we have mentioned,
disparities in telehealth utilization must be addressed at multiple levels—the patient, community, and health care system levels. **To do this work, Congress should provide funding to AHRQ implement and evaluate different strategies focused on reducing disparities.** Any assessment of success should be tied to clinical or patient-reported outcomes as ultimately reducing telehealth disparities should reflect improvements in patient health, access, and satisfaction.

- **Ways to support telehealth education and training for providers and beneficiaries.**

Except for those physicians practicing in the Veterans Administration or in rural areas, few physicians had experience with telehealth prior to the COVID-19 pandemic forcing physicians to learn on the job. **SGIM commends you for your interest in education and training and urges Congress to authorize a pilot program to support telehealth education at health care institutions.** An education program should include provider training on how to deliver care in a virtual environment; guidance for teaching attendings who supervise resident physicians while they perform virtual visits; and training at the patient level so patients understand what to expect from a virtual visit and engagement with their care team.

SGIM recognizes that the Centers for Medicare & Medicaid Services (CMS) is evaluating whether virtual direct supervision should become a permanent policy and in what circumstances virtual supervision is appropriate. We have urged the agency to retain this flexibility and believe it plays a significant role in primary care delivery and residency training. The type of training program described above would help ensure appropriate supervision and delivery of quality care.

Moreover, **Congress should also consider providing specific resources for CMS to develop materials for Medicare beneficiaries to support appropriate utilization and engagement in virtual care.** The digital divide is real and wide for many beneficiaries. To ensure expanded access to telehealth services fulfills its promise, beneficiaries, as well as physicians, must be trained to use the technology.

- **Approaches to facilitate providers seeking to deliver telehealth out-of-state.**

The COVID-19 public health emergency provided a unique circumstance to allow physicians to deliver care across state lines. Long-term physician-patient relationships contribute to the delivery of high quality primary care as physicians develop an understanding of many of the factors affecting a patient’s health supporting better management. Greater flexibility to deliver care across state lines outside of an emergency situation will support these longitudinal relationships, and a patient’s health. Physicians who have delivered longitudinal virtual care to patients across state lines are now faced with a choice: either apply for licensure in other states that their patients might travel to or stop offering virtual visits to patients who will be out-of-state on the day of their requested visit. Not only is it costly and burdensome for physicians to apply for multiple licenses, but also it is extremely difficult and burdensome for physicians to know in which states to apply.
SGIM recognizes that there are many factors that must be considered to formulate a workable interstate licensure policy and recommends that the CONNECT for Health Act include a provision that allows physicians to deliver care to existing patients across state lines. As Congress considers other options, we urge you to support policies which will fundamentally extend longitudinal care relationships, not fragment it as current state licensure policy is doing. Additionally, Congress should develop a structure that supports appropriate care across state lines without being unduly burdensome administratively or financially.

- Payment parity between in-person and virtual care.

SGIM recognizes that all virtual visits do not incur the same costs for space, supplies, and staff as in-person visits do. However, practices must make significant investments in the adoption and maintenance of telehealth equipment and software, and these visits require significant staff time to deliver high quality and safe virtual care for patients. As the public health emergency has progressed, many of the institutions where our members practice have begun to prioritize in-person care, and we fear that the elimination of payment parity will accelerate this trend, potentially to patients’ detriment. We recommend that Congress provide for payment parity between in-person and virtual care whether delivered by audio-visual or audio-only technology.

- Guardrails and beneficiary protections.

SGIM members provide comprehensive primary care and specialize in management of complex and chronic medical conditions, for which longitudinal relationships with care teams are paramount. This ability to extend longitudinal care is what has made telehealth so transformative. However, our members have also seen the opposite – rises in standalone, commercial telehealth services that threaten to fragment meaningful, longitudinal primary care relationships. As Congress weighs guardrails to telehealth, we urge you to apply this critical lens and support policies that will extend meaningful relationships, while being mindful of potential threats from services that do not provide comprehensive, longitudinal care.

- Eliminating the originating site and geographic restrictions, extending the ability of Federally Qualified Health Centers and Rural Health Clinics to provide telehealth services, and providing coverage for audio-only services.

SGIM is deeply appreciative of the actions Congress has already taken to extend the waiver of the originating site and geographic restrictions, extend the ability of Federally Qualified Health Centers and Rural Health Clinics, and coverage of audio-only services through December 31, 2024 in the Consolidated Appropriations Act, 2023 (P.L. 117-328). We recommend that these policies be made permanent in the next version of the CONNECT for Health Act. Our members’ experiences over the last three years demonstrate that telehealth and audio-only services can be delivered successfully to patients outside of these limited locations and may improve access and compliance.
Telehealth can play a critical role in improving access to health care services for Medicare beneficiaries. For example, during the pandemic patients have been able to receive care in a location that is most convenient to them, thereby decreasing the likeliness for patients to delay care until they can attend an in-person visit or seek care in emergency settings. By allowing patients this flexibility, we can better prevent health complications and worsened health conditions that become more complex and expensive to treat. This flexibility would also benefit patients who are unable to take time off from work, arrange transportation, or afford childcare or elder care. Moreover, permanently relaxing the originating and geographic site restrictions would help to eliminate barriers created by the shortage of primary care providers in many geographical areas once the public health emergency concludes.

The ability to deliver audio-only services has been extremely important for Medicare beneficiaries who lack access to high-speed broadband or the technology necessary for video visits. Specifically, audio-only E/M services have been a valuable tool to ensure patients continue receiving care during the pandemic and there are many circumstances in which they will continue to be beneficial after the public health emergency concludes. Through audio-only E/M visits, SGIM members have successfully managed various chronic diseases, including but not limited to diabetes and hypertension. Eliminating this flexibility will limit access to some of the most vulnerable Medicare beneficiaries. Therefore, SGIM strongly recommends Congress act authorize the coverage of audio-only care on a permanent basis.

SGIM has developed a detailed position statement on telehealth that we will share as soon as it is published and available for public dissemination. We appreciate your continued leadership and support for these issues and would welcome the opportunity to meet with you to discuss them further. If you have any questions or require additional information, please contact Erika Miller at emiller@dc-crd.com.

Sincerely,

LeRoi Hicks, MD, MPH
SGIM President