



Telehealth Principles Addendum

The COVID 19 Pandemic caused a radical shift in the telehealth landscape with the share of Medicare visits conducted through telehealth in 2020 increasing 63-fold, from approximately 840,000 in 2019 to 52.7 million¹. There is no question that the public health emergency (PHE) has provided a new lens through which to examine the efficacy, equity, and cost effectiveness of telehealth. Federal and state telehealth flexibilities affecting everything from coverage and reimbursement, service offerings, covered locations, eligible providers, equipment requirements, and HIPAA enforcement have provided health care researchers a trove of new data from which to learn and create a new foundation for evidence-based best practice and policy. This process, and the process of identifying and validating optimal quality metrics for evaluation, as well as the process of translating evidence to policy, takes coordinated effort by academic institutions, government agencies, non-profit organizations, and associated organizations; and this coordination takes time. However, the American Heart Association continues to follow research outcomes closely and based upon the findings to date we present the following update to our existing principles for telehealth².

- 1) Telehealth policies should focus on expanding access to care, including supporting the home as a covered site of care and FQHCs, RHCs, and Safety Net Hospitals as both distant and originating eligible sites.
- 2) Telehealth policies should support provision of equitable care, including expanded access to low-cost broadband and health care technologies, payment for appropriate audio-only components of care, integration of low-cost interpreter services, accessibility for those with physical and mental disabilities, promotion of improved digital and health literacy across populations, and prioritization of patient privacy considerations.
- 3) Telehealth policies should focus on reducing or containing cost of care, while maintaining or improving quality of care.
- 4) Telehealth policies should focus on incentivizing provision of care through, or in coordination with, the patient centered medical home model.
- 5) The modality by which care is provided, and the degree to which remote and in-person care is integrated, is determined by the clinical circumstances, needs for care coordination, best practices, and patient or provider preference to deliver the highest healthcare value. Telehealth payment approaches should incentivize this determined provision of care.
- 6) Telehealth policies should encourage integration of telehealth technologies into Electronic Health Records (EHR) systems and interoperability between systems,

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so that data from telehealth encounters are stored in a similar manner to in-person care and are truly interoperable.

- 7) Telehealth policies should promote the development of consensus quality and outcome metrics for telehealth use cases, through funding and support of ongoing research and multi-organizational collaboration, to facilitate identification and validation of best clinical and operational practices.
- 8) Telehealth policies should ensure adherence to established standards of care for a given diagnosis or condition, regardless of whether a service is rendered in-person or via a telehealth modality.
- 9) Healthcare clinicians are the group best suited to determine if a telehealth visit is medically appropriate for any given patient, and policies should prevent barriers to care such as prior authorization, carve outs for telehealth care, and ensure coverage parity with fair and transparent payment for telehealth services.

References:

1. Bosworth A, Ruhter J, Samson LW, Sheingold S, Taplin C, Tarazi W and R Z. Medicare Beneficiary Use of Telehealth Visits: Early Data from the Start of the COVID-19 Pandemic. 2020, https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//198331/hp-issue-brief-medicare-telehealth.pdf
2. Schwamm LH, Audebert HJ, Amarenco P, Chumbler NR, Frankel MR, George MG, Gorelick PB, Horton KB, Kaste M, Lackland DT, Levine SR, Meyer BC, Meyers PM, Patterson V, Stranne SK, White CJ, American Heart Association Stroke C, Council on E, Prevention, Interdisciplinary Council on Peripheral Vascular D, Council on Cardiovascular R and Intervention. Recommendations for the implementation of telemedicine within stroke systems of care: a policy statement from the American Heart Association. *Stroke*. 2009;40:2635-60.10.1161/STROKEAHA.109.192361, <https://www.ncbi.nlm.nih.gov/pubmed/19423851>