

NCOIL

Health Insurance & Long Term Care Issues Committee

Telemedicine Authorization and Reimbursement Act
December 10, 2020

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The background of the slide is a solid dark blue color. It features a pattern of light blue, five-pointed stars arranged in a grid. The stars are slightly faded and overlap each other, creating a subtle texture. The stars are positioned in a way that they appear to be floating or layered behind the text.

Our Mission

To ensure that everyone has access to quality, affordable health care regardless of health status, social need, or income.

The background of the slide is a dark blue color with a grid of lighter blue stars. The stars are arranged in a pattern that resembles the stars on the United States flag, with five stars in the top row and four stars in the bottom row.

Our Goal

To expand access to quality, affordable health care in the near term while paving a path toward durable, people-centered federal policies that achieve our mission.

Our Leadership

Emily Barson, *Executive Director*



Previously:

- ★ Senior Advisor,
Get America Covered
- ★ Director of
Intergovernmental and
External Affairs, Department
of Health and Human
Services

Diverse Perspectives

Our partners are deeply committed to United States of Care's work to improve the health care system for people, while increasing health care access and affordability. They represent a diversity of cross-sector perspectives and are uniquely positioned to provide strategic insight to drive positive change in health care.

Board of Directors

Our bipartisan Board supports our mission and principles and represents a wide variety of relevant expertise in governance and health care delivery and policy.

Founder's Council

More than 100 experts from across industries and experiences including patients and caregivers, advocates, clinicians and other care providers, policy experts, former elected and appointed officials, and others.

Entrepreneurs Council

Leading executives who combine transformational thinking with practical solutions and the real-world success necessary to solve our most substantial health care challenges.

Voices of Real Life

Individuals representing diverse communities with various experiences and health care perspectives who guide our work of listening and centering the experiences of people.

Centering People's Needs into Action

We aim to deeply understand people's needs, language, and emotions about their and their family's health, and turn these learnings into concrete policy solutions for policymakers.

Our Public Engagement intensive listening research includes:

- ★ Deep, direct conversations
- ★ Public opinion research analyses
- ★ Commissioned research
- ★ Testing and ongoing integration of findings into people-centered policy design



OUR COMMITMENT

Listen

to people's language and needs

Amplify

people's voices and shared needs

Generate

concrete, actionable messaging and policy recommendations

Partner

to elevate recommendations

Empower

people as essential partners to creating change



Virtual care as a solution to **addressing barriers** people experience in **accessing care** and **reducing disparities**

The Issue

We know that people face barriers accessing the health care that meets their unique needs.

Our Work

- ★ **Closing gaps in access through virtual care:** COVID-19 is unleashing a revolutionary expansion in virtual care. Without careful attention, these changes may leave people and communities behind who already face barriers accessing care.
 - Leverage our listening research to understand people's diverse experiences with virtual care
 - Identify, develop and share policies and approaches that reflect people's priorities and close gaps in access

United States of Care Virtual Care Resources

unitedstatesofcare.org/

October 15, 2020 Blog

Can Virtual Care Permanently Revolutionize Health Care? Only If We Look At It the Right Way

By Jennifer DeYoung, Director of Policy, Building Blocks of Health Reform

Virtual care has been heralded as the future in the delivery of health care. But are we looking at it the right way?

Practically overnight, the pandemic forced providers to reimagine the way they care for patients.

Once regulatory flexibilities were granted — COVID-19 unleashed a revolution in virtual care. But is all the virtual care hype moving us towards a more equitable health care system for those who don't have good access to care now?

Under virtual care, people can visit with their doctor over a video chat, with a telephone call, or using instant messaging instead of going in-person to their



USofCare's Summary of Key Virtual Care Legislative Policy Areas Directly Impacting People's Ability to Access Care

*This brief was authored by **Jen DeYoung** (Director of Policy, Building Blocks of Health Reform), **Joanna Dornfeld** (Sr. Director of External Affairs), and **Catherine Jacobson** (Policy Coordinator, Building Blocks of Health Reform) | November XX, 2020*

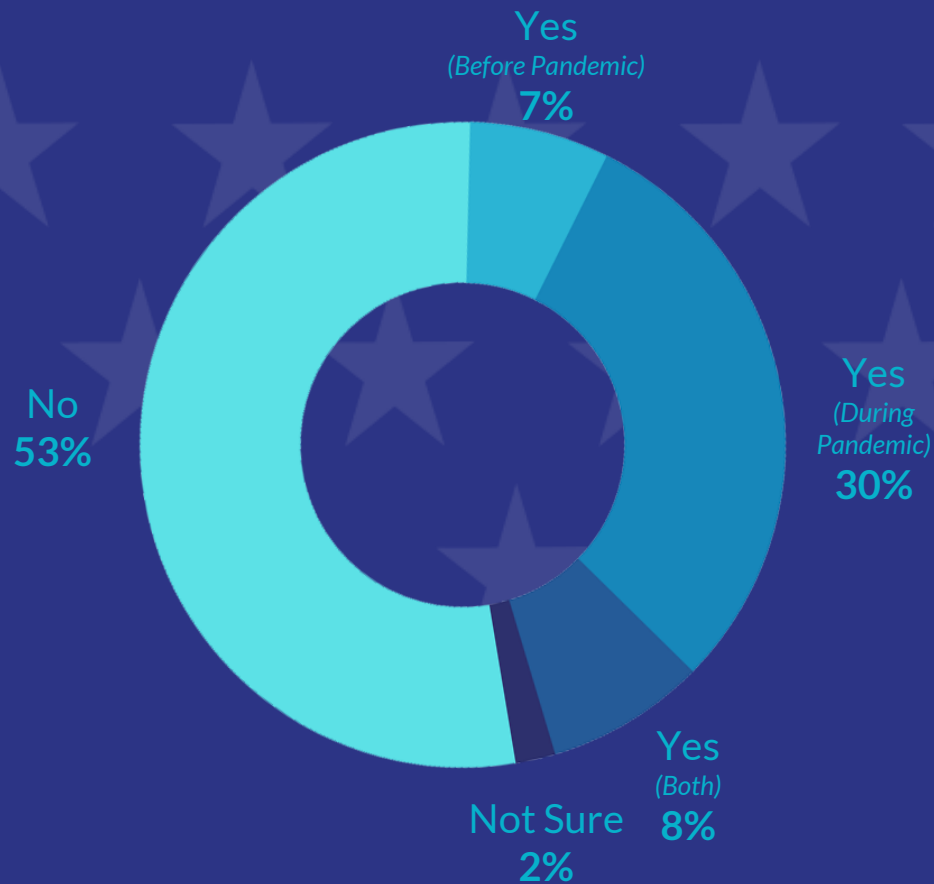
EXECUTIVE SUMMARY

The current COVID-19 pandemic has exacerbated access to health care challenges for everyone due to the quarantine and stay-at-home measures. Decisions had to be made to quickly identify new ways for people to access health care. **Virtual care**—including telehealth, remote monitoring, and other remote forms of communication—is one approach that was moderately used prior to the pandemic, but has been widely implemented as part of the COVID-19 response. The U.S. Department of Health and Human Services found that in April [43.5%](#) of Medicare primary care visits were provided through telehealth compared with [0.1%](#) in February prior to the public health emergency. Other forms of virtual care are also becoming more widespread. A patient companion app had about 2,300 downloads in 2019, found that [more than 22,300 downloads](#) occurred in the second quarter of 2020 alone. [One survey](#) found that 76% of respondents reported that they've used telehealth during the pandemic, a growth of 154%. While virtual care visits are now [somewhat decreasing](#) from their initial height, they are still nowhere near where they were prior to the pandemic.



November 2020 National Survey, N=1000

Have you received health care virtually with a doctor, nurse or other health care provider?



November 2020 National Survey, N=1000

44% of respondents overall, and **59%** of people with a disability, have received virtual care, most doing so as a result of COVID-19.








Reactions among those who have received virtual care were mostly positive—**87%** said there was something they liked about the experience compared to just **53%** who said there was something they didn't like.

November 2020 National Survey, N=1000

| Liked Least About Virtual Experience | Overall |
|--|------------|
| Did not feel like the visit was personalized and/or did not trust that my provider could get an accurate assessment or diagnosis | 19% |
| Had trouble getting the technology or internet to work | 12% |
| Did not know how much it was going to cost or did not think the cost was reasonable | 7% |
| Trouble finding a private location | 6% |
| Could not communicate well with my provider due to language or accessibility issues | 6% |
| TOTAL | 53% |

| Liked Most About Virtual Experience | Overall |
|--|------------|
| Didn't have to leave my place of residence | 46% |
| More convenient to fit into my schedule | 26% |
| I connected with my health provider more | 14% |
| TOTAL | 87% |

From the Research: Greatest barriers to accessing virtual care

| | |
|--|---|
|  Absence of Technology | <p>No readily access to technologies needed for virtual care including smart phones, computers with cameras, and tablets.</p> |
|  Unreliable or Nonexistent Internet and Phone Data | <p>Limited or no access to consistent wifi or phone service. Long-term problem for rural areas.</p> |
|  Limited Digital Literacy | <p>Lack of knowledge or unfamiliarity with digital platforms including emails, online forms, using a camera, etc.</p> |
|  Unacceptance and Mistrust of Technology as an Option of Care | <p>Lack of trust in a provider getting an accurate examination and diagnosis via virtual care. Unable to feel there is a personal connection to a provider via virtual care.</p> |
|  Lack of Physical Accommodations | <p>Difficulty utilizing virtual care due to a disability including needing an ASL translator, screen reader technology, and phone/tablet stand to hold technology</p> |
|  Privacy Concerns | <p>Concerned about being able to find a private location for virtual care visit. Concerned about provider being in a private location. Concerned about needing someone to be part of the appointment to assist with technology. Concerned about data privacy.</p> |
|  Language Proficiency Barriers | <p>Limited English proficiency making it difficult to set up appointments, follow instructions, communicate with provider, and understand follow up requirements without translations and interpreters.</p> |

By putting the patient first, policy measures have the potential to close gaps in virtual care access.

- ★ When clinically appropriate, **patients must have the flexibility to choose how they would like to receive care** whether it is in-person or through any of the multiple virtual modalities.
- ★ Permanent virtual care policies should address barriers people experience in accessing virtual care, including:
 - Proper provider reimbursement levels for in-person vs. video vs. phone appointments;
 - New definition of the geographic locations where providers can deliver care and where patients are able to receive care; and
 - Coverage of tele-mental health services, in addition to primary care.



Join us to be part of the solution
*in creating a virtual care system
that works for all of us*

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