Telehealth: Improving Access, Empowering Patients, and Reducing Costs

Telehealth connects individuals and their healthcare providers when an in-person interaction is not clinically necessary or feasible. It also can help facilitate physician-to-physician consultation. In the 30-plus years that telehealth has been in use, it has been consistently shown to be a safe and quality care modality, a convenient option for both patients and the clinicians who care for them, and a secure environment for the collection and transmission of personal health information.[1] During the COVID-19 pandemic in the United States, millions more Americans than ever before connected with physicians and other providers using telehealth beyond primary care visits, including behavioral health, chronic care, oncology, post-op care, and cardiology.

Telehealth and virtual care can increase access to care for rural communities, underserved and vulnerable patient populations, and to individuals unable to secure in-person care, ensuring that everyone has access to safe, effective, and appropriate care when and where they need it. Telehealth also improves efficiencies, helps to reduce costs, and enables healthcare providers and hospital systems to do more good for more people. In fact, between mid-March and mid-October 2020, over 24.5 million out of 63 million beneficiaries and enrollees have received a Medicare telemedicine service during the PHE.[2]

The ATA defines the most commonly used approaches in telehealth to include real-time, synchronous, interactive encounters between a patient and a healthcare provider via video, telephone, or live chat; secure, asynchronous or chat-based interactions; and remote patient monitoring for ongoing condition monitoring and chronic disease management.

HHS-OIG Agrees That "Telefraud" is Not Telehealth

Recent media reports highlighting concerns about a potential increase in telehealth schemes are misleading. Principal Deputy Inspector General Christi A. Grimm, in a February 26, 2021 public statement clarified that telehealth does not lead to increased rates of fraud and that bad actors using telecommunication services to perpetrate 'telefraud' should not be conflated with the legitimate practice of telemedicine or imply that telehealth services are at greater risk of abuse than in-person services under Medicare:

> "We are aware of concerns raised regarding enforcement actions related to 'telefraud' schemes, and it is important to distinguish those schemes from telehealth fraud. In the last few years, OIG has conducted several large investigations of fraud schemes that inappropriately leveraged the reach of telemarketing schemes in combination with unscrupulous doctors conducting sham remote visits to increase the size and scale of the perpetrator's criminal operations. In many cases, the criminals did not bill for the sham telehealth visit. Instead, the perpetrators billed fraudulently for other items or services, like durable medical equipment or genetic tests."[3]

Unfortunately, health care fraud is nothing new in the United States, and scammers find ways to use methods like call centers and international telemarketing scams to defraud patients and taxpayers. These bad actors are not telehealth providers but rather criminals masquerading behind scams to take advantage of patients. Call centers and international telemarketing scammers — not telehealth providers — put patient safety at risk and do not represent the legitimate practice of telehealth or the

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[1] https://www.americantelemed.org/resource/why-telemedicine/

[2] https://www.cms.gov/newsroom/press-releases/trump-administration-finalizes-permanent-expansion-medicare-telehealth-services-and-improved-payment

[3] https://oig.hhs.gov/coronavirus/letter-grimm-02262021.asp?utm_source=oig-web&utm_medium=oig-covid-policies&utm_campaign=oig-grimm-letter-02262021

well-established operations of health systems and telehealth companies. The cornerstone of these fraudulent arrangements, like many traditional health care scams, is to facilitate illegal kickbacks and bribes for medically unnecessary services and medical equipment. The ATA would consider additional guardrails for telehealth, specifically as proposed by the OIG, that do not require prior in-person consults, limit access to any modality including audio-only, or otherwise create barriers to patients seeking legitimate and needed care. The ATA welcomes the opportunity to work with the OIG on this issue moving forward.

The Inspector General's February 26, 2021 statement is consistent with a HHS-OIG 2018 audit that found that the limited number of improper telehealth payments were the result of deficiencies in Medicare claims forms or the result of providers who inadvertently billed for telehealth delivered to beneficiaries outside of the 1834(m) geographic site restrictions. Both instances underscore how the regulatory complexity of pre-pandemic Medicare has long slowed the adoption of telehealth.[4]

Aggressive law enforcement efforts to counter these scammers masquerading as health care organizations must remain a priority. The ATA and its members are committed to working with the OIG, Congress, and other officials to crack down on fraud, including through detection models, audit mechanisms and other systems to prevent illegal prescribing and billing—whether remote or in person. But as Congress considers how best to permanently expand telehealth post-pandemic, it is critical that the policy solutions under consideration accurately address *the type of fraud* committed by these organizations and individuals.

Characteristics of Legitimate Telehealth Providers

Importantly, HHS-OIG recognizes that telehealth improves access to care, increases patient convenience, and increases efficiency in the delivery of services.[5] Principal Deputy Inspector General Christi A. Grimm notes that early in the COVID-19 pandemic, "OIG recognized the value of expanding options for accessing health care services. Telehealth is a prime example. Where telehealth and other remote access technologies were once a matter of convenience, the public health emergency made them a matter of safety for many beneficiaries."[6]

The ATA notes the following attributes of legitimate telemedicine providers:

- Compliance with the same state and federal regulatory requirements as traditional health care providers that treat patients in-person
- Access to licensed and board-certified providers
- Medically appropriate uses and emphasis on clinical protocols consistent with the standard of care
- Safe and secure technology
- Clear identification of patient and provider, alongside valid consult report and medical record

Your Resource – the ATA

As you consider policies regarding telehealth technology, please consider the American Telemedicine Association (ATA) as a resource. As the only organization completely focused on advancing telehealth, the ATA is committed to ensuring that everyone has access to safe, affordable, and appropriate care when and where they need it, enabling the system to do more good for more people. For more information, please visit www.americantelemed.org.

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[4] https://oig.hhs.gov/oas/reports/region5/51600058.pdf

[5] *Provider Shortages and Limited Availability of Behavioral Health Services in New Mexico's Medicaid Managed Care*

[6] https://oig.hhs.gov/coronavirus/letter-grimm-02262021.asp?utm_source=oig-web&utm_medium=oig-covid-policies&utm_campaign=oig-grimm-letter-02262021