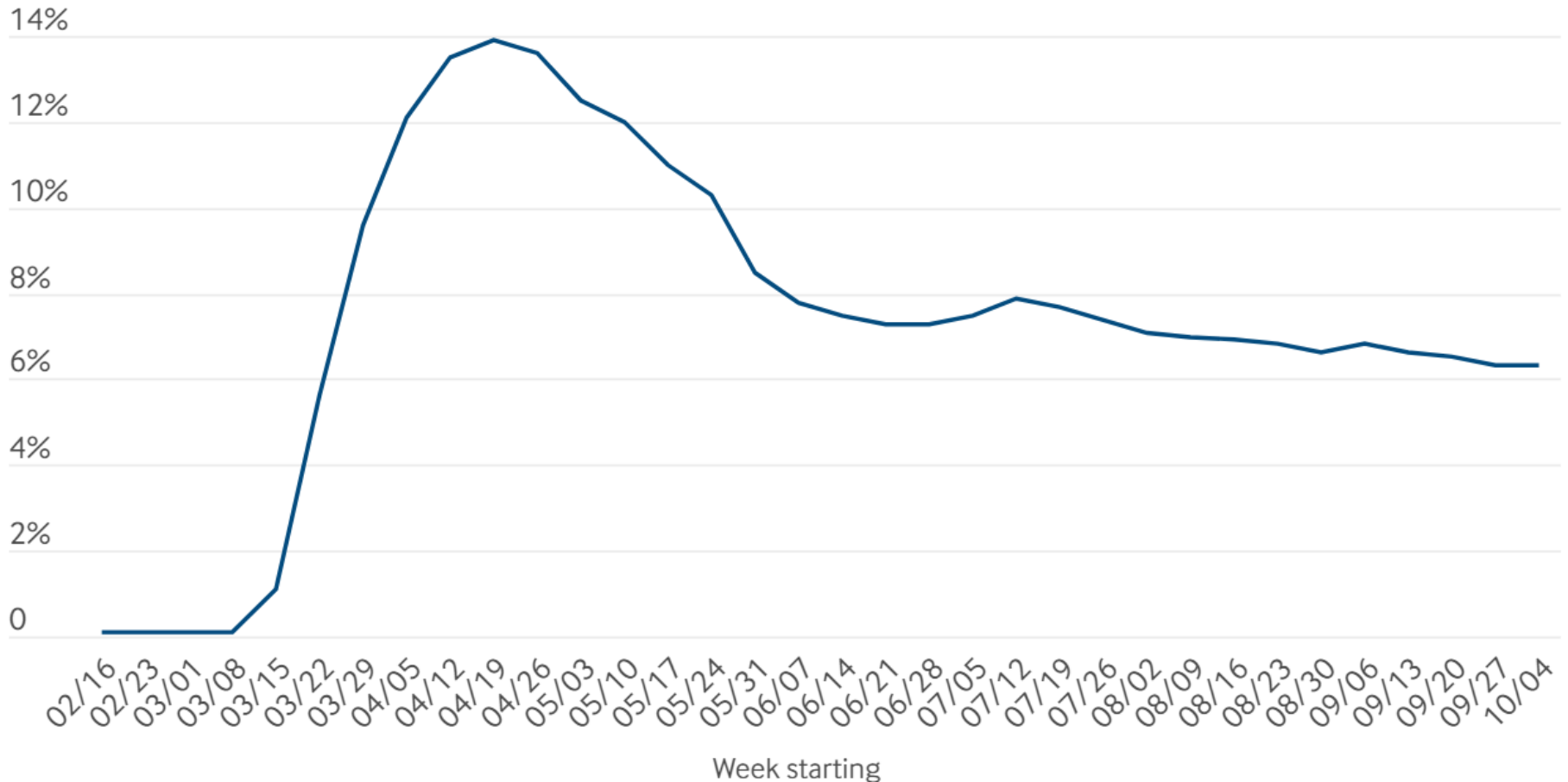


Post-Pandemic Payment and Regulations for Telemedicine: A Policy Framework

Ateev Mehrotra MD

Urgency in Determining Post-Pandemic Policy

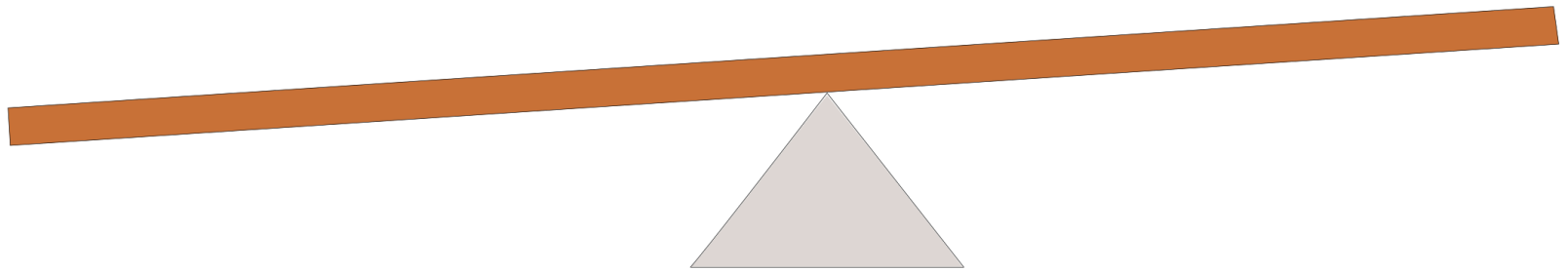
Number of telehealth visits in a given week as a percent of baseline total visits



Difficult balancing act

Potential to improve
access to care

Risk of increased
spending



Telemedicine's ability to make care convenient and more accessible — the key to its enormous potential to improve the health of many patients — may also be its Achilles' heel.

Framework

1. No single telemedicine policy
2. Policy should be formulated through the lens of value

Value = health outcomes achieved per dollar spent

High-value

Receive specialty
care otherwise not
available

Improved chronic-
illness management

Low-value

Unnecessary
follow-up visits

Visits to discuss
lab tests

Visits for colds

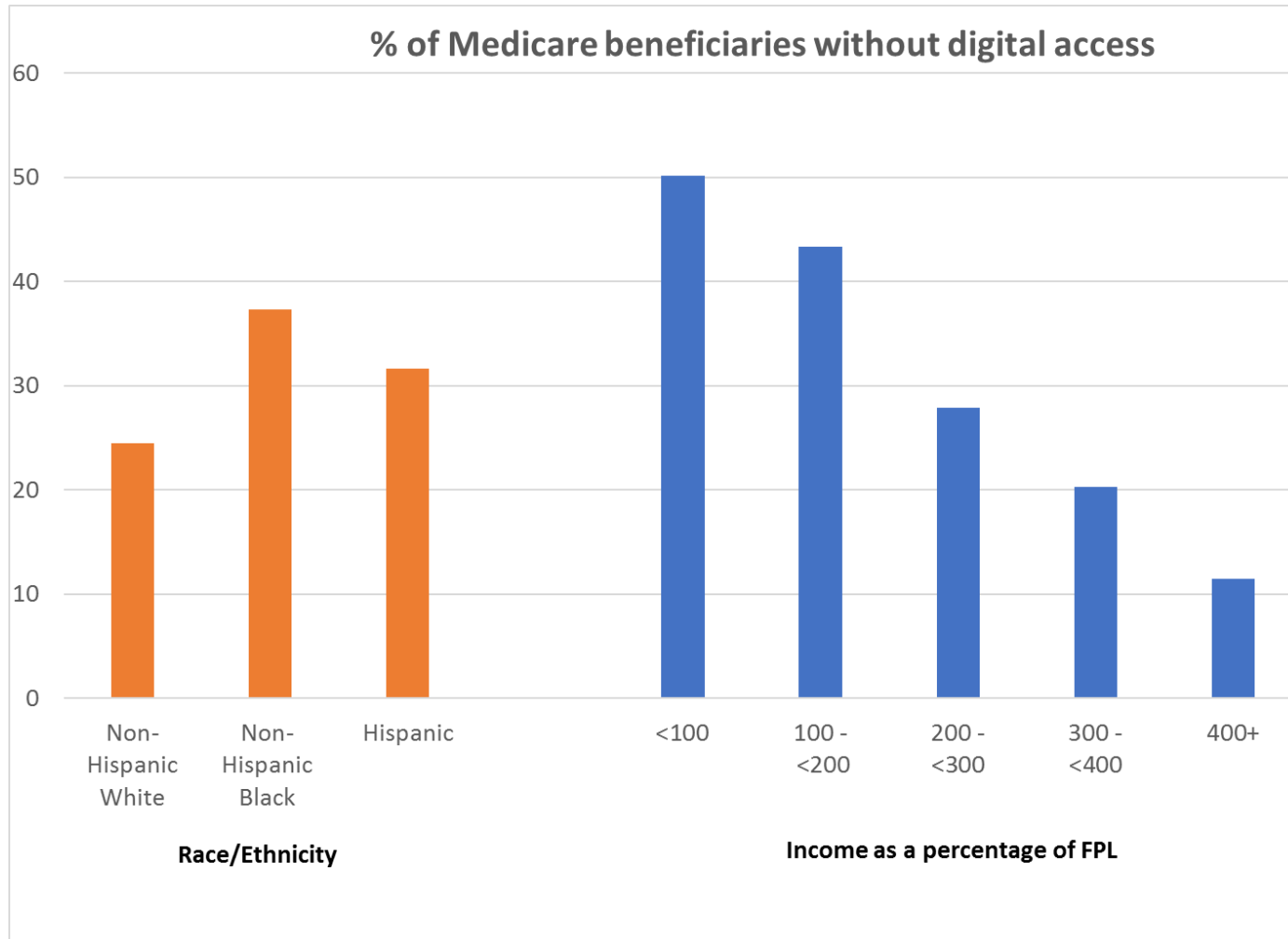
Considerations when thinking of value

- Which patient
- Which condition
- Care additive vs. substitution
- Relative costs of telemedicine vs. in-person care

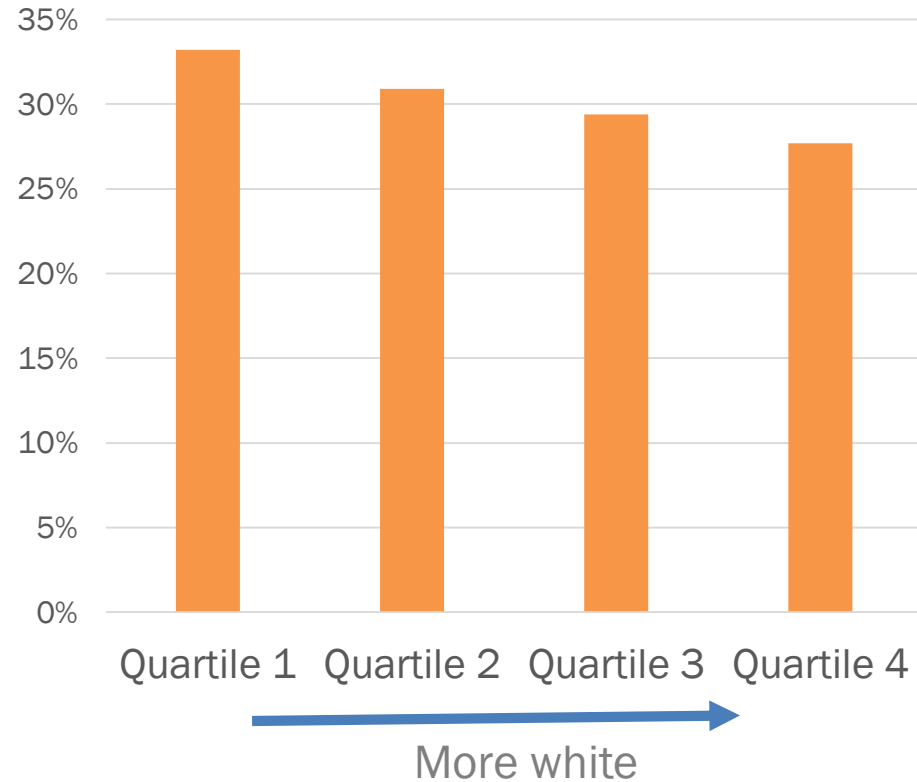
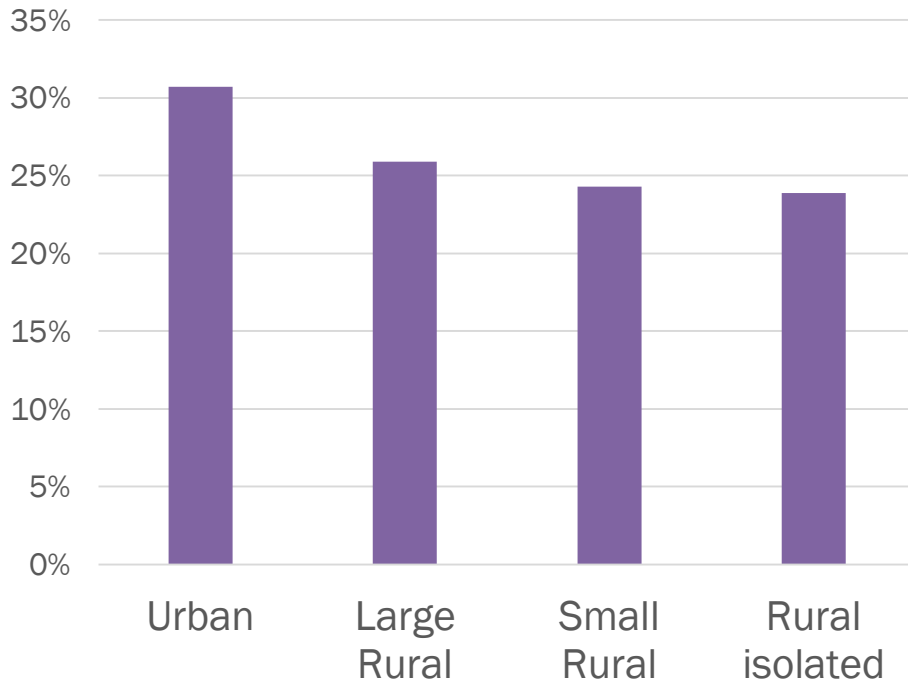
Strategies to encourage high-value & discourage low-value care

- Alternative payment models
- Benefit design, out-of-pocket costs or “time costs”
- Limit coverage to certain patients, providers, or conditions
- Payment rate for telemedicine
- Regulations such as requiring an in-person visit before a telemedicine visit

Concern that “digital divide” will limit uptake of telemedicine among disadvantaged populations



Percentage of all visits that are via telemedicine (video/phone) among patients with commercial insurance during pandemic



My recommendations

- Encourage alternative payment models whenever possible
- Limited expansion to certain high-value conditions and high-risk communities
- Remove all regulations for FQHCs and rural health clinics that limit their use of telemedicine
- Pay for telemedicine visits at lower rates than in-person visits. Do not require payment parity.
- Pay for telephone calls for a limited period of time (e.g., 2 years) as a period to facilitate expanded access to video visits