



Telehealth Talking Points

- Many physicians have quickly deployed new technologies or updated existing capabilities to deliver telehealth services. Given these investments, **an automatic return to pre-COVID telehealth policies would be a setback for physicians and patients' access to care.**
 - According to a recent AAFP survey, more than 80% of family physicians began offering virtual visits during COVID-19 and nearly 70% would like to provide more virtual care in the future.
- **Physicians need adequate and stable telehealth reimbursement to continue providing virtual care to their patients.**
- To protect patients, themselves and their staff, **physicians need to be able to continue offering telehealth services to their patients, even as practices resume in-person care.**
- **Congress should enact legislation to eliminate geographic and originating site restrictions for Medicare telehealth services** to ensure that all beneficiaries nationwide can continue to access virtual care, regardless of their location, when the public health emergency ends.
- As Congress and the Administration contemplate other long-term changes to telehealth policy, it is critical to recognize that **telehealth is one modality of providing care but cannot and should not fully replace in-person primary care.**
- **Telehealth is most effective within the context of an existing patient-physician relationship, and policies regarding coverage, payment and tax treatment of telehealth services should be designed to strengthen that relationship rather than disrupt it.**
 - A nationwide consumer survey found that patients are more comfortable using telehealth with their own physician; a majority of patients feel it is important for the telehealth provider to have access to their medical records.
- **Telehealth can enhance the medical home.**
 - Virtual visits allow physicians to observe their patients at home which can provide helpful context and allow them to do things like connect more easily with family caregivers, develop more personalized treatment plans, and identify unmet social needs and connect them with community resources. These benefits are lost with telehealth is not provided by the patient's usual source of care.
 - Congress should invest in resources to support community-based primary care clinicians' adoption of telehealth to ensure that patients who seek care outside of large health systems can receive virtual care from their medial home.
- To truly achieve the promise of telehealth, **policymakers must address the "digital divide"** -- lack of access to broadband or to computers and smartphones, and lack of technical literacy. Without thoughtful long-term policies, telehealth can exacerbate disparities in access to health care and health outcomes.

- Congress should invest in resources to expand access to digital care such as digital health navigators and development of platforms and digital health tools that are culturally and linguistically appropriate (i.e. non-English).
- Broadband access is a social determinant of health and should be included in any infrastructure legislation.
- **Insurance “carve-outs” for telehealth services**, where a payer contracts with a network of virtual-only clinicians to provide care rather than covering virtual care provided by in-network clinicians, **threaten the continuity of patient care**.
- The **AAFP supported Senator Wyden’s *Expanding Access to Telehealth Act (S. 4230)* last Congress**, which would ensure that all Medicare beneficiaries can continue to access to E/M and mental health services provided via telehealth beyond the public health emergency. This legislation expands beneficiaries’ access to care while protecting the physician-patient relationship.