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Taskforce on Telehealth Policy Issues Final Report

Remote healthcare recommendations set guidelines for policymakers

Twenty-three of the nation's leading healthcare experts released their much-anticipated final report on Tuesday, September 15, identifying challenges and opportunities for telehealth in the wake of the COVID-19 pandemic. The Taskforce on Telehealth Policy, convened by the [National Committee for Quality Assurance](#), the [Alliance for Connected Care](#), and the [American Telemedicine Association](#), spent the summer building consensus among its members on a comprehensive set of findings and recommendations.

Taskforce members – representing a broad spectrum of health plans, providers, consumer advocates and health quality experts from the public, private and non-profit sectors – see the report as a blueprint for how policymakers can harness the rapid expansion of telehealth and create lasting healthcare improvements that prioritize patient safety, quality, and equitable access to care.

“These recommendations were developed through broad consensus and clearly seek to establish telehealth as a permanent modality,” said Ann Mond Johnson, CEO, the American Telemedicine Association. “We heard loud and clear from a range of stakeholders that virtual care must remain an option for patients and providers after the public health emergency is over. Our recommendations provide guidance on aligning standards, quality, payment, and program integrity to make telehealth available to all, including those in underserved and rural communities and our most vulnerable patient populations.”

The Taskforce on Telehealth Policy posted the full report [online for public review](#). Highlights of the report's key findings and recommendations include:

- Telehealth is the natural evolution of healthcare into the digital age. It is essentially a setting or modality of care, rather than a type of care. As such, it should be held to the same standards and quality measures as in-person care wherever possible and appropriate.
- Early data suggests that telehealth has substituted for a good deal of in-person care during the pandemic without increasing overall costs. Studies show that it can also relieve travel burdens, risks, and care delays, improve behavioral care access, and reduce missed appointments, costly transfers to hospitals and emergency departments and hospital readmissions.
- Policymakers must expand efforts to ensure access to broadband and technology infrastructure to promote equity and not exacerbate care disparities as healthcare moves into the digital age.



- Policymakers should maintain the following specific COVID-19 policy changes:
 - Lifting geographic restrictions and limitations on originating sites.
 - Allowing telehealth for various types of clinicians and conditions.
 - Acknowledging that telehealth visits generally can meet requirements for establishing a clinician/patient relationship.
 - Lifting restrictions on telehealth across state lines.
- Full enforcement of the privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA) should resume when the current public health emergency ends.
- The ongoing move from fee-for-service to value-based arrangements in healthcare should enhance the ability of patients, payers and providers to leverage telehealth's potential.

A full list of Taskforce on Telehealth Policy Members is below:

Peter Antall, MD, Chief Medical Officer, Amwell

Regina Benjamin, MD, Chief Executive Officer, BayouClinic/Gulf States Health Policy Center, former Surgeon General of the United States

Kate Berry, Senior Vice President of Clinical Innovation, America's Health Insurance Plans

Krista Drobac, Executive Director, Alliance for Connected Care

Yul Ejnes, MD, Clinical Associate Professor of Medicine, Brown University; Board of Regents Chair-Emeritus, American College of Physicians

Rebekah Gee, MD, Chief Executive Officer, Louisiana State University Health System

Nancy Gin, MD, Executive Vice President of Quality & Chief Quality Officer, The Permanente Federation, Kaiser Permanente

Kate Goodrich, MD, Senior Vice President Trend and Analytics, Humana

Chuck Ingoglia, President & Chief Executive Officer, National Council for Behavioral Health

Ann Mond Johnson, Chief Executive Officer, American Telemedicine Association

Megan Mahoney, MD, Chief of Staff, Stanford Health Care, Clinical Professor, Division of Primary Care and Population Health, Stanford University

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Chris Meyer, Director of Virtual Care, Marshfield Clinic

Ricardo Munoz, MD, Chief, Division of Cardiac Critical Care Medicine, Executive Director, Telemedicine, Children's National Health System, Co-director, Children's National Heart Institute, Professor of Pediatrics, The George Washington University School of Medicine

Peggy O'Kane, President, National Committee for Quality Assurance

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Michelle Schreiber, MD, Federal Liaison, Director, Quality Measurement & Value-Based Incentives Group, Center for Clinical Standards & Quality, Centers for Medicare & Medicaid Services (non-voting)

Dorothy Siemon, JD, Senior Vice President for Policy Development, AARP

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Jason Tibbels, MD, Chief Quality Officer, Teladoc Health

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