

Incentivizing Telehealth in Rural Communities

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The Telehealth Divide

How did we get here?

- Overview of telehealth use pre-pandemic
- Trends for telehealth during public health emergency

What does it mean?

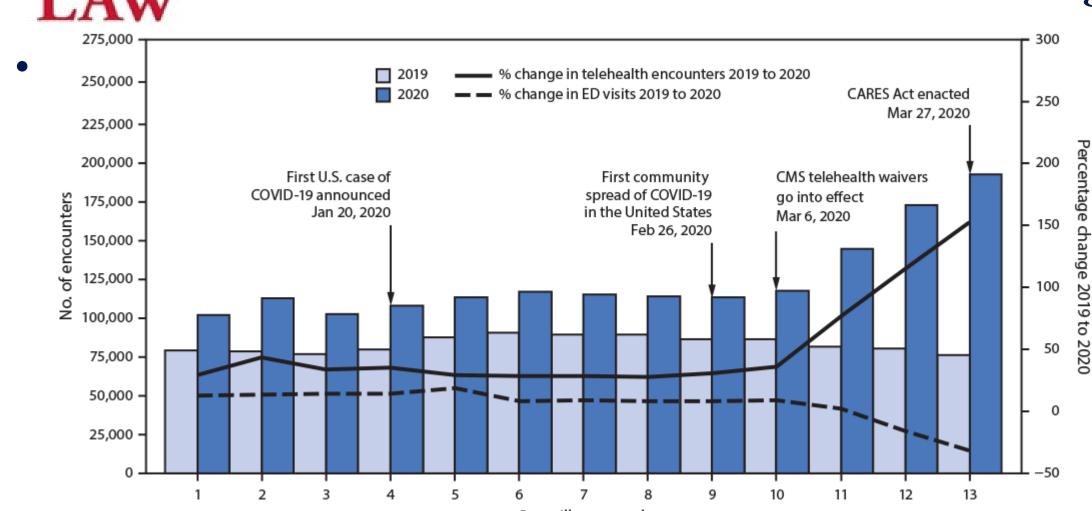
- Why are rural areas lagging in telehealth use
- What impact might increased urban telehealth usage have on rural access

Where should we go?

What initiatives should we consider to prevent telehealth as a health disparity

BELMONT How Did We Get Here?

Telehealth and the Public Health Emergency



Lisa M. Koonin et al., Number of telehealth patient encounters reported by four telehealth providers that offer services in all states and percentage change in telehealth encounters and ED visits — U.S., Jan. 1–Mar. 30, 2019 (comparison period) and Jan. 1–Mar. 28, 2020. Lisa M. Koonin et al., *Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic* – U.S., Jan.-Mar. 2020, MMWR Morb. Mortal Wkly Rep 2020 (Oct. 30, 2020)

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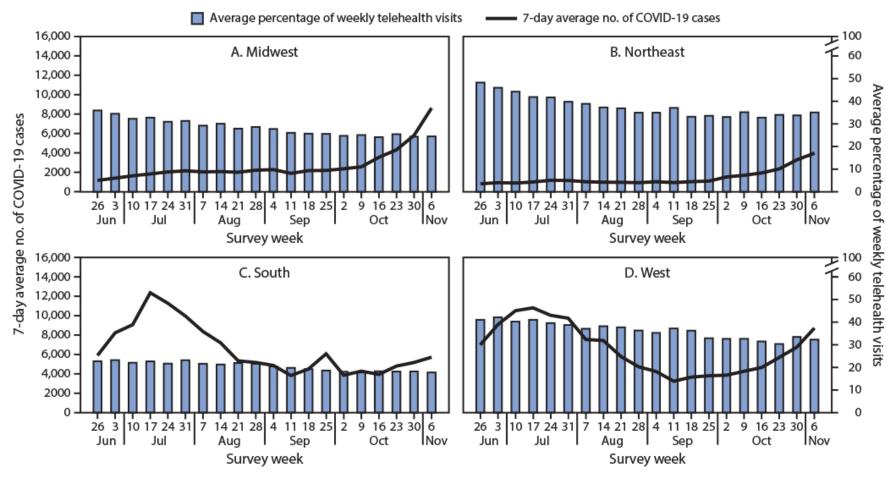
BELMONT How Did We Get Here? Telehealth and the Public Health Emergency

- Federal Waivers
 - OCR/HIPAA Flexibility
 - CMS-Medicare
 - DEA
- State and Other Waivers
 - Licensure
 - Payment parity/coverage parity
 - Medicaid 1135 Waivers

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How Did We Get Here? Telehealth Landscape During the PHE

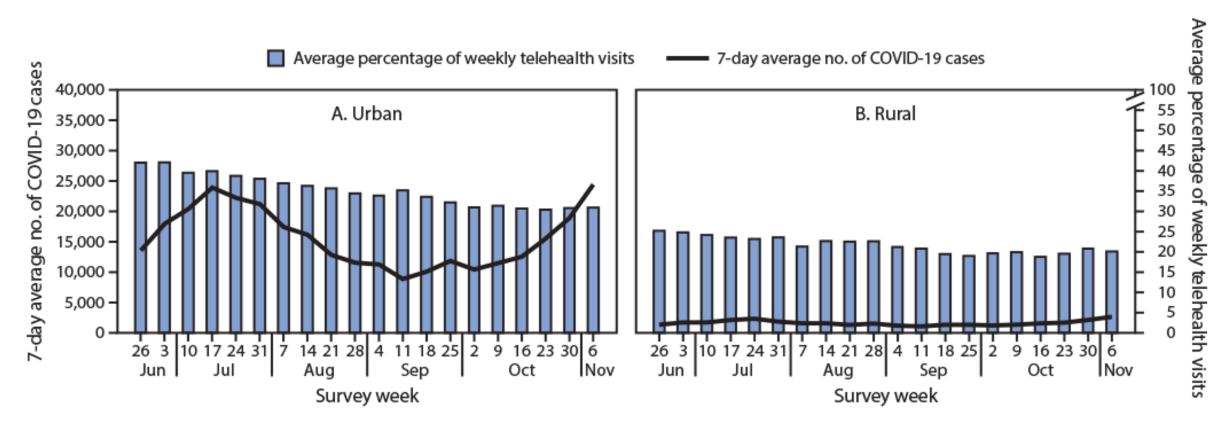


Average percentage of weekly telehealth visits among consecutively responding HRSA funded health centers Source – H.B. Demke et al., Trends in Use of Telehealth Among Health Centers During the COVID-19 Pandemic – U.S., June 26-Nov. 6, 2020, MMWR Mob. Mortal Wkly Rep, CDC (Feb. 19, 2021)

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How Did We Get Here? Telehealth Landscape During the PHE



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What Does it Mean? Promise of Telehealth

- Promise of telehealth to bridge health access issues in rural communities
 - Ability to access specialists not otherwise available in rural/HPSA settings
 - Better care coordination and integration
 - Potential for helping to curb hospital closures
 - Capability to address transportation issues that exacerbate access
 - Convenience and efficiency for patients
- And yet...

BELMONT What Does it Mean? Promise of Telehealth

- Pre-Pandemic slight rural edge:
 - **-** 2012-2019
 - 11 visits per 1,000 patients in rural settings
 - 7 visits were 1,000 patients in urban settings
 - During Pandemic urban takes off:
 - June 2020
 - 147 visits per 1,000 patients in rural settings
 - 220 visits per 1,000 patients in urban settings
 - Increase across all age groups
 - 90.2% of users resided in relatively less rural regions v. 9.8% in more rural regions

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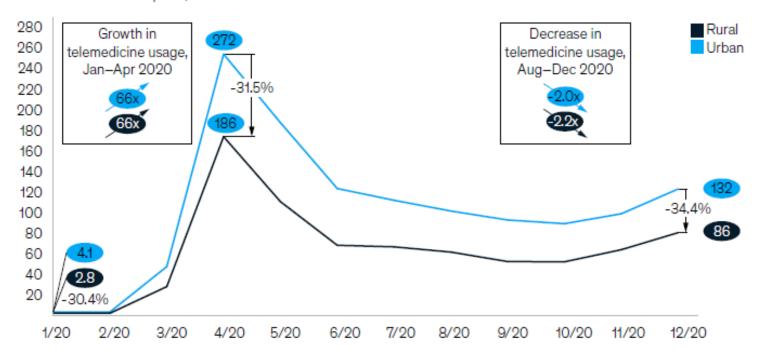
BELMONT What Does it Mean? Widening Gap

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While telemedicine use has increased dramatically in rural areas since the onset of the pandemic, adoption is still ~34% lower than in urban counties.

Change in telemedicine usage rates for evaluation and management visits

of telehealth visits per 1,000 total visits1



Jesse Bradford et al., COVID-19 and rural communities: Protecting rural lives and health, McKinsey & Co., (Mar. 2021).

Analysis limited to counties with at least 2,000 total COVID-19 cases per 100,000 residents. Source: Compile, January-December 2020; www.compile.com

BELMONT What Does it Mean? Widening Gap

- Structural Challenges
 - Logistical implementation barriers
 - Broadband access (8x more likely to lack access at home)
 - Lack of providers/partners
- Personal/Behavioral Preferences
 - Prefer non-web-based modality
 - Physician preference/lagging economic benefit for infrastructure costs
- Increased interest and familiarity from urban populations

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BELMONT What Does it Mean? Risks and Dangers



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BELMONT Where Should We Go? **Ongoing Efforts**

Presidential Documents

Executive Order 13941 of August 3, 2020

Improving Rural Health and Telehealth Access

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

Section 1. Purpose. My Administration is committed to improving the health of all Americans by improving access to better care, including for the approximately 57 million Americans living in rural communities. Americans living in rural communities face unique challenges when seeking healthcare services, such as limited transportation opportunities, shortages of healthcare workers, and an inability to fully benefit from technological and care-delivery innovations. These factors have contributed to financial insecurity and impaired health outcomes for rural Americans, who are more likely to die from five leading causes, many of which are preventable, than their urban counterparts. That gap widened from 2010 to 2017 for cancer, heart disease, and chronic lower respiratory disease.

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BELMONT Where Should We Go? **Current Proposals**

- 84 Federal Proposals in 2020-2021
 - 41 Proposals During 117th Congressional Session
 - 43 Proposals During 116th Congressional Session
- Themes
 - Rural Focus 8 bills
 - Mental Health Focus 10 bills
 - Making Certain Waivers Permanent 8 bills
 - Bills Considered to be Bipartisan 62 bills

BELMONT Where Should we Go? Recommendations

- Increased attention to the telehealth gap between rural and urban populations
 - MedPac has urged a cautious approach
 - Fraud concerns remain high
- Incentives for telehealth technologies in rural communities
 - Increased funding for resources and training
 - Increased funding/support for partnerships with urban providers
- Continued emphasis on infrastructure and broadband access through FCC
- Continued focus on reimbursement and payment parity