



AHIMA Policy Statement: Telehealth and Remote Patient Monitoring Technologies

AHIMA's Position:

AHIMA supports the use of public policy and other tools to expand access to care, reduce costs, and improve convenience for patients by using telehealth and remote patient monitoring technologies. Health information (HI) professionals have considerable knowledge and relevant experience to contribute in developing public policy that seeks to expand telehealth while ensuring the continuity of accurate, timely, and trusted health information. To expand access to care, reduce costs and improve convenience for patients using telehealth and remote patient monitoring technologies, AHIMA believes that public policy must:

- 1. Promote patient and provider choice.** Policy must ensure that patients and providers are not arbitrarily limited by geography or modality when receiving or offering telehealth services. Policy must also ensure that patients have access to telehealth services anywhere, including at home. Additionally, policy must encourage all technologies and/or modes of telehealth, provided the technology is safe, effective, appropriate, secure, interoperable, and can be integrated into a provider's clinical workflow.
- 2. Ensure parity between telehealth services and in-person services.** Policy must treat remote services no differently than services provided to patients in-person in terms of the scope of services that can be provided. Policy must also ensure that reimbursement of telehealth services is commensurate with the expense of providing such services, including investment in technology related to telehealth services. Additionally, policy must ensure equivalent documentation requirements, coding and billing rules/guidelines, and quality measures are consistently applied across all payers for telehealth services.
- 3. Invest in telehealth infrastructure,** including broadband internet access in rural and underserved communities (in both urban and rural areas) that have limited access to affordable and adequate connectivity, hampering their ability to deploy telehealth solutions.
- 4. Prioritize privacy and security.** Efforts to expand the use of telehealth requires consideration of appropriate privacy and security policies, including consent management and limits on the collection, use and disclosure of health information to that which is minimally necessary to the specific transaction in question. This also includes consideration of identity management and data storage and retention practices. Additionally, policy must consider the implementation of appropriate and consistent security safeguards for telehealth platforms, such as authentication and data encryption.
- 5. Facilitate the delivery of healthcare services across state lines.** Policy barriers that deter patients from seeking treatment across state lines using telehealth services may lead to fragmented or delayed care. Policy must encourage interstate licensure compacts and other licensure portability policies that enable clinicians to deliver care across state lines using telehealth services.

6. **Address disparities in the use and willingness to use telehealth and remote patient monitoring technologies.** Telehealth offers the potential to improve access to care and address disparities in underserved communities. However, evidence suggests that inequities exist in accessing telehealth services on the basis of age, gender, race/ethnicity, language, geography, and income.¹ To avoid increasing disparities, policy must identify and mitigate the underlying reasons why some groups have lower levels of use of telehealth services.
7. **Promote program integrity.** At the same time that public policy expands access to telehealth, it must also ensure appropriate guardrails and oversight are in place to prevent opportunities for fraud and abuse, including new approaches that monitor and audit unusual billing behaviors related to telehealth.

Background:

Telehealth involves “the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration.”² Similarly, remote monitoring, a subset of telehealth, involves the collection, transmission, evaluation, and communication of patient health data from electronic devices.³ Telehealth offers the ability to connect patients to critical healthcare services using different devices (e.g.—smartphone, computer, tablet, monitoring device) and modalities (e.g.—video conference, remote monitoring, phone, and secure messaging). Today, 76 percent of US hospitals have partially or fully implemented telehealth services within their facility.⁴ However, widespread adoption of telehealth remains elusive due to a number of challenges including but not limited to limitations on coverage and payment of such services under Medicare. As policymakers consider expanding access to telehealth and remote patient monitoring services, AHIMA members have the expertise to offer insight.

Key Points:

Removing telehealth restrictions and expanding such services could result in considerable benefits, including:

- Improved patient access to care and outcomes;
- Improved convenience for patients and caregivers as well as reduced travel and wait times;
- Improved patient self-management including enhanced medication adherence;
- Enhanced efficiencies for providers and other allied health professionals in offering healthcare services via telehealth; and

¹ Available at: <https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.120.048185>, <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774488>.

² Available at: <https://www.hrsa.gov/rural-health/telehealth>.

³ Available at: <https://hbr.org/2020/07/how-to-make-remote-monitoring-tech-part-of-everyday-health-care#:~:text=Remote%20patient%20monitoring%20is%20a,health%20data%20from%20electronic%20devices>.

⁴ Available at: <https://www.aha.org/factsheet/telehealth>

- Increased communication and shared decision-making between the provider and patient about the patient's care plan.

However, realizing the benefits of telehealth requires addressing certain challenges including:

- **Geographic and originating sites restrictions for telehealth services under Medicare.** Permanent removal of these restrictions from federal statute would enable providers to offer additional telehealth services outside of rural areas and enable patients to receive such services anywhere, including at home. This includes removal of the current limitations on types of services that can be provided via telehealth under Medicare.
- **Adequate reimbursement in the provision of telehealth services.** Expanding access to care using telehealth services requires consideration of the value telehealth provides and the related cost of delivery of services, including investment in the telehealth platform and other fixed costs related to the provision of telehealth services.
- **Varying documentation requirements, coding and billing rules/guidelines and quality measures across payers.** Such variability hinders the ability to analyze information in a consistent, standardized, and meaningful way across different payers. It also creates administrative burdens for providers and payers. New approaches will require consistent application of documentation requirements, coding and billing rules/guidelines, and quality measures across all payers.
- **Limited connectivity to technological devices** (e.g., smartphone, tablet, computer) for a telehealth visit. New approaches will require access to reliable internet connections that support high-speed transmissions to take advantage of telehealth services.
- **Limited access to technological devices for telehealth services.** Consideration must be given to patients who may lack the knowledge or capacity to operate and troubleshoot audiovisual equipment, including patients that may have inexperience with technology or suffer physical and/or cognitive disabilities.
- **Varying state licensure requirements** which often limit providers and other clinical staff to practicing in state(s) where they are licensed. New approaches may require harmonization of state laws, regulations, and policies to expand the use and implementation of telehealth.
- **Protecting privacy and maintaining data security.** Expansion of access to care using telehealth services requires providers to continue to be good stewards of health information, including the collection, use, maintenance, and disclosure of such information. Appropriate and consistent privacy and security measures must also be in place to safeguard health information collected by telehealth technologies that may not be covered by the Health Insurance Portability and Accountability Act (HIPAA).
- **Inequities in accessing telehealth services on the basis of age, gender, race/ethnicity, language, geography, and income.** Telehealth has the potential to improve access to care for patients who have previously experienced challenges in accessing in-person care. New approaches require a better understanding of the exact

barriers patients face to help guide implementation strategies so that all patients can effectively access telehealth services without compounding existing inequities.

Current Situation:

With the onset of the COVID-19 pandemic, the Centers for Medicare and Medicaid Services undertook a series of steps to expand telehealth services for Medicare beneficiaries under the Stafford Act and the National Emergencies Act. These waivers included but were not limited to: expanding payments for telehealth services to rural health clinics and federally qualified health centers; increasing payments from telephone visits to match in-person visits; and waiving limits on the type of practitioners who can offer telehealth services under Medicare. Prior to the public health emergency, approximately 13,000 Medicare beneficiaries received telehealth services on a weekly basis.⁵ Since then, over 9 million beneficiaries received a telehealth service through mid-June 2020.⁶

At the same time, the US Department of Health and Human Services (HHS) Office for Civil Rights (OCR) issued guidance stating its intent to exercise enforcement discretion and waive penalties for HIPAA violations against providers who in good faith used applications that allow for video chats, including FaceTime, Zoom or Skype, during the public health emergency.⁷

In addition, Congress dedicated \$200 million to the Federal Communications Commission (FCC) as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act to assist providers in providing telehealth services to patients at home or in mobile locations in response to the COVID-19 pandemic.

While a number of studies suggest that telehealth usage has tapered off since hospitals and physician offices have returned to in-person visits, industry analysts expect the trend towards telehealth adoption to continue.⁸ As policymakers consider removing restrictions associated with telehealth services, AHIMA stands ready to bring its experience and expertise to the table.

⁵ Available at: <https://www.healthaffairs.org/doi/10.1377/hblog20200715.454789/full/>.

⁶ Available at: <https://www.healthaffairs.org/doi/10.1377/hblog20200715.454789/full/>.

⁷ Available at: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>.

⁸ Available at: <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality#>.