



Statement for the Record

House Committee on Ways & Means Health Subcommittee

HEARING ON CHARTING THE PATH FORWARD FOR TELEHEALTH

April 28, 2021

The National Association of ACOs (NAACOS) appreciates the opportunity to express our views on the Health Subcommittee hearing regarding charting the path forward for telehealth. We strongly support the Committee's work to advance telehealth and ensure that accountable care organizations (ACOs) are supported in their efforts to provide care to patients.

NAACOS represents more than 12 million beneficiary lives through hundreds of organizations participating in population health-focused payment and delivery models in Medicare, Medicaid, and commercial insurance. Models include the Medicare Shared Savings Program (MSSP), the Next Generation ACO Model, the Direct Contracting Model, and alternative payment models supported by a myriad of commercial health plans and Medicare Advantage. NAACOS is a member-led and member-owned nonprofit organization that works to improve quality of care, outcomes, and healthcare cost efficiency.

NAACOS looks forward to working collaboratively with the Committee on telehealth policy. NAACOS has been a long-time supporter of telehealth, which creates opportunities to increase the efficiency of care and improve patient outcomes, two goals of coordinated care. During the COVID-19 public health emergency (PHE), Congress has granted the Centers for Medicare & Medicaid Services (CMS) vast powers to waive Medicare's usually restrictive limitations on telehealth, which providers taken advantage of. We have heard from many ACOs whose patients and providers have embraced virtual visits. Most ACOs expect to continue offering telehealth in some way after the PHE is lifted.

NAACOS supports broader telehealth coverage and wants to see many of the freedoms granted during the pandemic made permanent. However, we are concerned about potential adverse effects on spending and ACO attribution. Evidence to date on how well telehealth lowers spending has been mixed, and we do not have a great sense for what changes will occur in ACO attribution if current telehealth waivers are made permanent. While policymakers should eliminate onerous barriers to telehealth, the expansion of digital health needs to be carefully balanced with considerations about potential misuse, abuse, and spikes in Medicare spending.

To the extent that the Committee is identifying viable ways to expand the use of telehealth in a cost-effective manner that ensures quality, we think that Congress could use ACOs and other alternative payment models as a vehicle to test and pursue broader reforms. Since ACOs take accountability for patients and are increasingly at financial risk for their spending and quality, they should be granted waivers on telehealth's use. To date, waivers exist for just a small slice of MSSP ACOs and CMS Innovation Center models, but those waivers are limited to patients' geographic location and originating

site. For example, Congress could eliminate patients' out-of-pocket expense for remote patient monitoring for those in ACOs, waive any need to have an established relationship with a patient, allow wider use of certain modalities such as audio-only visits, and alleviate certain physician supervision requirements. Policymakers, which include Congress and CMS, should also be cognizant of ensuring continuity of care. The rise of telehealth improves access to care but also makes it easier to disrupt established patient-physician relationships. Incentives should be provided to have care delivered in virtually integrated practices as part of a comprehensive care strategy, and deference should be given to Medicare providers who are accountable for patients' spending, quality, and outcomes, such as ACOs.