

November 18, 2022

The Honorable Robert Otto Valdez, Ph.D., M.H.S.A. Director
Agency for Healthcare Research and Quality
5600 Fishers Lane
Rockville, MD 20857

RE: Topic Nominations for the Evidence-based Practice Center (EPC) Program

Dear Director Valdez:

On behalf of allied organizations with a shared interest in the balanced use of telehealth for the optimal treatment of patients, we appreciate the opportunity to provide a topic nomination to the EPC program. PPATH values EPC's program mission to produce information that can help improve the quality of healthcare and decision making related to the effectiveness and appropriateness of specific healthcare technologies and services. Our members therefore welcome the opportunity to highlight the need for more information and collection of data on the usage and effectiveness of telehealth.

About Patient & Provider Advocates for Telehealth

Patient & Provider Advocates for Telehealth (PPATH) is a coalition dedicated to the advancement of policies that allow for accessible telehealth services for patients and health care providers. PPATH prioritizes the voices of patients and clinicians by advocating at the federal, state, and health plan level for policies that increase access to and coverage for telehealth.

Telemedicine plays a critical role in improving patient care, controlling costs and extending the reach of health care professionals. The flexibilities and gains that have occurred in recent years now allow for greater access to telehealth than we have ever seen before.

PPATH recognizes these benefits that access to telehealth services have made; however, it is equally critical to support policies that allow for a balanced approach by protecting access to traditional in-person care.

As AHRQ reviews a broad range of topics to potentially study within the EPC program framework, we hope you will prioritize gathering evidence-based data on the following topics:

<u>Has Increased Utilization of Telehealth Resulted in Higher Quality Healthcare Outcomes in</u> Communities of Color

Studies have shown that low-income patients, patients from communities of color, and those patients who do not speak English as their first language have less internet access and lower technology literacy. They may also not place trust in new modes of healthcare delivery. A 2021 federal report¹ among the Medicare population showed Black and rural beneficiaries used telehealth less often than whites and urban dwellers. Even where Black Americans utilized telehealth, those living in lower-income areas were more likely to engage in audio-only telephone visits while patients who were white and from higher-income areas were more likely to engage in video visits, raising questions about quality of care and related health outcomes.

A recent NIH study likewise showed that video visits were "significantly lower" for patients 65 and older, male, Black, Indigenous, prefer a language other than English, or enrolled in Medicaid or Medicare and (2) patients who were ages 65 and older, Black or non-English speaking were more reliant on telephone visits than video visits.

More studies to examine the affect telehealth has on health disparities – particularly how sociodemographic factors may influence the effectiveness of a telehealth visit – should be conducted. PPATH therefore encourages the EPC program to undertake a study on health outcomes of telehealth in minority populations.

Has Telehealth Use Impacted the Quality and Safety of Healthcare Delivery

To date, the most available research on telemedicine has been focused on the use of virtual care for maintenance of health, but use of telemedicine for diagnosis – telediagnosis – at this scale is unprecedented, "creating more unknowns than knowns about its impact on diagnostic quality and safety" according to researchers from the Society to Improve Diagnosis in Medicine released an issue brief entitled *Improving TeleDiagnosis: A Call to Action.*² Certain clues about a patient's condition, lifestyle or response to a new medication may be hard to see via video and nearly impossible to perceive over the phone.

The former Acting Director of AHRQ also recognized the need to further assess the impact on health equity, stating, "Although overall visit volumes remained about the same from the prepandemic to the pandemic study periods, the share of audio-only and video visits dramatically increased during the pandemic, particularly for behavioral health."

PPATH recognizes that telehealth may cause treatment challenges for some patient. For example, telehealth may not be an appropriate substitute for patients who would benefit most from an in-person care. Certain conditions require an in-person visit in order to recognize symptoms and side effects that may not be visible in a telehealth visit. Other visits that require diagnostic testing may also require in-person care.

² Sept 2021, Healthcare IT News, Researchers say 'essential questions remain' about telehealth's diagnostic viability

¹ Dec 2021, New York Times, Telehealth Became a Lifeline for Older Americans. But It Still Has Glitches

³ Mar 2022, RAND, Experiences of Health Centers in Implementing Telehealth Visits for Underserved Patients During the COVID-19 Pandemic.

As policymakers wrestle with decisions about the permanency of telehealth expansion, greater study about the correlation between telehealth expansion and health outcomes in terms of quality and safety should be studied.

Conclusion

PPATH recognizes that telehealth has become an important tool in the optimal care of patients. It is critical policymakers and other stakeholders fully understand the importance of utilizing a tailored combination of care that balances both virtual appointments and in-person care.

Thank you for the opportunity to comment on proposed topic nominations for the EPC program. PPATH would welcome serving as a partner in any future collaboration. We appreciate the consideration of the above-stated principles and welcome the opportunity to answer any questions.

Sincerely,

Patient & Provider Advocates for Telehealth