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Health Subcommittee
Hearing on Charting the Path Forward for Telehealth
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INTRODUCTION

Thank you, Chairman Doggett, Ranking Member Nunes, and members of the subcommittee. My name is Thomas Kim, and I'm an internist and psychiatrist from Austin, Texas. I am privileged to testify on behalf of myself; Prism Health North Texas, where I am the chief behavioral health officer; and the Texas Medical Association, with more than 55,000 physician and medical student members working to improve the health of all Texans.

I am fortunate to have worked in telehealth for 18 years, and I wish to commend this subcommittee on your intention to chart a path forward. This is analogous to the work I do as a psychiatrist, assisting patients by offering helpful framings on their path to better health and wellness.

And in an effort to seek simplicity on the other side of complexity, I would like to offer some potentially helpful framings as you consider how best to serve this nation with telehealth.

THE PATH – BROADBAND DEVELOPMENT

Every journey travels along a path of sorts. And for telehealth, that path is best served with robust broadband. You likely already know the importance of broadband not only for health care but also commerce, education, and more. The profound importance of a connected nation cannot be understated. But just as profound is the challenge of constructing an adequate and accessible network.

I am gratified by the Federal Communications Commission's Emergency Broadband Benefit program and believe it will be a meaningful investment into getting more people online. However, I invite the subcommittee to consider the fact that our broadband need is more than just an issue of access. We certainly have areas of this country without service, but for the three-fourths of Medicare beneficiaries who live in urban areas, it is an issue of broadband underuse or nonuse rather than access.

A broadband development strategy, therefore, must recognize the broader value of service beyond just health care and consider collaborative solutions that better use existing resources and future developments.

ORIENTEERING – TELHEALTH AS A SKILL TO BE MASTERED

Journeys typically have a destination and require skillful orienteering. For those in health care, our destination is equitable, cost-effective, high-quality care. It has been more than suggested that telehealth can help get us there, but the challenge is that there is actually no single destination or solution.

My testimony is based on a rewarding career caring for multiple vulnerable populations including incarcerated juveniles, the military, disaster victims, the elderly, and people living with substance use disorders and/or HIV. I've worked to develop programs and service lines seeking to simply do better for our patients. These experiences inform what I believe to be the true value of telehealth.

For me, telehealth is about the right doctor with the right information at the right time. We are all too familiar with the failings of our current care system, which typically trace back to patients too often having to wait until a health issue rises to the level of crisis, resulting in considerably higher costs and predictably poorer outcomes.

Technology-enabled care offers opportunities to mitigate or altogether avoid crises. And like orienteering, I submit telehealth is best understood as a skill to be mastered. To put a finer point on it, I believe that the right doctor, YOUR doctor, is best equipped to assist you. Encouraging YOUR doctor to cultivate the skill of telehealth improves the chances that he or she can be with you when you need your doctor most.

There is perhaps no better example than Prism Health, the largest community-based health center in North Texas specializing in the treatment and prevention of HIV. Prism implemented telehealth early last year without prior experience, hoping to remain a trusted source of care. In just more than a month, Prism matched completed care visits to prepandemic levels and reduced no-show rates, and more recently achieved a patient-centered medical home designation with a distinction in behavioral health.

But that is not what's most interesting about the Prism experience. Over time, the number of telehealth visits completed in 2020 settled at around 30% of total visits without any specific guidance or directive. And while there is still much to learn from this past year, similar experiences have been reported elsewhere. The nuanced point to be made here is that when YOUR doctor is empowered and becomes skilled with telehealth, he or she will use that option when appropriate, indicated, or necessary, but telehealth is neither an independent silver bullet nor strictly additive to conventional care models.

GUARDRAILS AND HAZARDS – REGULATORY CONSIDERATIONS

Road systems have signage and guardrails to help protect us from hazards both seen and unseen. Likewise, health care has a history of evolving guidance designed to preserve public safety and ensure appropriate care.

Historically, the novelty of telehealth led many jurisdictions to view it as something else requiring separate rulemaking, which often led to conflicting or confusing rules that only served to suppress further adoption. And then, the global pandemic led to the relaxation and alignment of rules. The result was, to coin a phrase from a patient, a gift from the pandemic. Years of development and progress were collapsed into months. The question this subcommittee now asks is … what now?

I invite the subcommittee to examine the legislative history of Texas. After decades of experience with telehealth, the 2017 legislative session yielded a mutual agreement that telehealth, more accurately telemedicine, was medicine … full stop. Any questions around regulatory guidance for telemedicine were referred to existing guidance for medicine. This included demonstrating a therapeutic relationship, among other things. The 2019 Texas legislative session led to what I call "service parity." Payers were free to cover any service they wished with contracted physicians with the understanding that it didn't matter how the service was provided so long as regulatory expectations were met. In our current legislative session, the conversation has turned to payment parity. In broad strokes, payers are once again free to cover whichever services they wish, but a covered service should be paid at the same rate whether conventional or telehealth.

Texas highlights that regulatory development is a long road but that progress can be made without reinventing the wheel and simple is almost always preferrable. To suggest a return to prepandemic complexities around regulations or differing rates of payment would be akin to detouring a cross country traveler onto an unpaved dirt road. No one would willingly choose that route, and any value or benefit from a telehealth pathway would be lost.

Licensure is another area of contested opinions. Until such time we can agree on a construct, I would highlight that supporting more than 1 million practicing U.S. physicians to provide timely informed care, expand their reach, and be proactive rather than reactive can only improve the health and wellness of their patients.

I am aware of additional hazard concerns around widespread telehealth adoption, but in the interest of time I would say that some of these concerns, such as fraud and abuse, are not exclusive to telehealth, and other concerns, such as overutilization, can be addressed with attention to some of the framings I have shared.

CONVEYANCE – GOING FAST VERSUS GOING FAR

The final metaphor in the path forward for telehealth would be consideration of our conveyance. This can be summed up with the notion that if we wish to go fast … go alone. If we wish to go far … go together. I appreciate all the efforts of this subcommittee and legislative body in seeking a better, equitable path to health and wellness for all of us.