

# FACT SHEET: People Centered Telehealth



## Who We Are

United States of Care (USofCare) is a non-partisan non-profit working to ensure everyone has access to quality, affordable health care regardless of health status, social need, or income. By putting the needs of people at the forefront of our research and policy solutions, we can create a health care system that works for people.

## Why Telehealth?

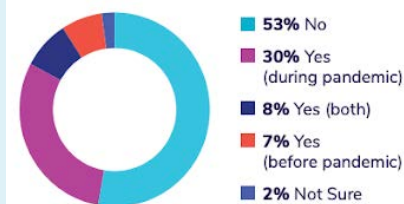
Even prior to the COVID-19 pandemic, telehealth (also known as virtual care) was changing the way people received health care and promised convenience and increased access, especially for people in underserved areas who often face barriers to accessing timely in-person care. The COVID-19 pandemic only further accelerated these changes. As the health system continues to evolve, research shows that telehealth can be both [as effective](#) as in-person care and [more convenient](#) for people when needed while also being subject to [low levels of fraud, waste, and abuse](#).

USofCare supports the expansion of telehealth so that people, especially those who have been historically underserved by the health care system, can access and afford the care they need when they need it. The innovations in our health care system in the wake of COVID-19 -- a blend of telehealth and in-person care -- is where health care is headed.

### United States of Care National Survey - November 2020

N=1,000

Have you received health care virtually with a doctor, nurse or other health care provider?



**44%** of respondents overall, and **59%** of people with a disability, have received virtual care, **most doing so as a result of COVID-19.**

## USofCare's Legislative Policy Priorities: Telehealth

Based on extensive research and listening work spanning three years, USofCare has learned that a telehealth system designed to meet people's needs should give people the ability to access care when and where they need it. USofCare's [United Solutions for Care](#) policy solutions document highlights how people prioritize telehealth that is personalized, convenient, accessible, and equitable for everyone. **When paired with research into telehealth best practices and investment in alternative payment models, telehealth can prioritize value over volume, address inequities, and lead to better health outcomes and cost savings for both people and providers.** To achieve this, USofCare supports policies that:

### ★ BLEND FORMS OF CARE

- Mix in-person and telehealth offerings, including video, asynchronous, telephonic, and remote monitoring forms of care delivery
- Expand the categories of providers, such as physical therapists and speech language therapists, eligible to furnish telehealth
- Utilize value-based arrangements, such as medical homes or collaborative care models, as part of a blended care approach

### ★ REMOVE SITE RESTRICTIONS

- Eliminate geographic and originating site restrictions permanently, including for behavioral health care services
- Remove in-person requirements in order to access telehealth and expand the number of facilities providing care, such as rural health clinics and federally qualified health centers

### ★ EXPAND AUDIO-ONLY CARE

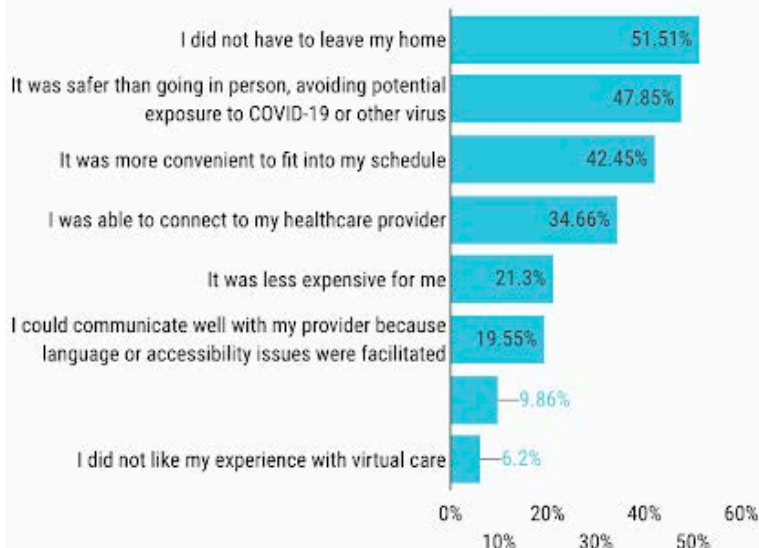
- Permit audio-only care, like telephonic care, to equitably address health needs in areas without broadband

# Telehealth: Legislative Recommendations

USofCare supports bipartisan legislation to make permanent many of the telehealth innovations and transformations experienced during the COVID-19 pandemic. USofCare supports the following bills that align with our policy priorities:

- ★ [Telehealth Modernization Act \(S. 368/H.R. 1332\)](#), legislation that expands the number of locations to serve as originating or distant sites and allows all types of providers the ability to provide telehealth services;
- ★ [Advancing Telehealth Beyond COVID-19 Act \(H.R. 4040\)](#), legislation that extends many telehealth flexibilities allowed during the COVID-19 pandemic through 2024, including removing site restrictions and increasing the number of providers eligible to provide telehealth service, and passed the House on a large, bipartisan vote;
- ★ [CONNECT for Health Act \(S. 1512/H.R. 2903\)](#), legislation that permanently removes geographic and originating site restrictions and grants CMS the authority to waive certain telehealth restrictions;
- ★ [Telemental Health Care Access Act \(S. 2061, H.R. 4058\)](#), legislation that removes a restriction that would require a patient to be seen in-person before receiving telemental services.

## Over half of respondents liked that they not have to leave their home when receiving virtual care services, nearly as many that it was safer



Q: "What did you like about your virtual care experience?" (n = 626)

## Additional Resources

- ★ [United Solutions for Care](#): Fair and commonsense policy changes to meet people's urgent health care needs
- ★ [Two Years into the COVID-19 Pandemic](#): Action steps to increase access and equity for older Americans
- ★ [People Centered Virtual Care](#): Recommendations for policy and system change

“ I liked [my experience with virtual care] a lot...and I hope they continue it after COVID is done. You know, for certain situations. Maybe one time a year you would go in for the physical and lab work, but the rest could be virtual. It's been a very good experience. ”

- Woman with a disability

### July-August 2021 National Poll Findings

n=1500

#### Support for virtual care extends across all demographics

People believe they should continue to get care virtually if they want it by requiring insurance companies to cover appointments that happen by computer or phone.

| People of Color    | Low Income         | Rural              | Private Insurance  | Public Insurance   | No Insurance       | High Healthcare user | Light Healthcare user |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|----------------------|-----------------------|
| 84% (47% strongly) | 84% (49% strongly) | 82% (43% strongly) | 87% (47% strongly) | 82% (46% strongly) | 80% (54% strongly) | 86% (51% strongly)   | 84% (45% strongly)    |

