COVID-19 Update: The Rise of Telemedicine - Benefiting Patients and Providers

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The Alliance for Patient Access (allianceforpatientaccess.org), founded in 2006, is a national network of physicians dedicated to ensuring patient access to approved therapies and appropriate clinical care. AfPA accomplishes this mission by recruiting, training and mobilizing policy-minded physicians to be effective advocates for patient access. AfPA is organized as a non-profit 501(c)(4) corporation and headed by an independent board of directors. Its physician leadership is supported by policy advocacy management and public affairs consultants. In 2012, AfPA established the Institute for Patient Access (IfPA), a related 501(c)(3) non-profit corporation. In keeping with its mission to promote a better understanding of the benefits of the physician-patient relationship in the provision of quality healthcare, IfPA sponsors policy research and educational programming.

Healthcare insurers, patients, and providers have all been quick to incorporate telemedicine into their routines, another sign of how COVID-19 is changing healthcare delivery.

“COVID-19 has made accessing in-person care more difficult, some areas have restricted travel, some sites of care have been limited, and some patients fear risks of exposure when seeking routine and even emergency care.”

COVID-19 has made accessing in-person care more difficult, some areas have restricted travel, some sites of care have been limited, and some patients fear risks of exposure when seeking routine and even emergency care. But health care professionals know that a missed diagnosis or delayed or skipped treatments

can be just as harmful to patients' health.

As a result, healthcare insurers, led by Medicare and private insurers, rapidly expanded access to telemedicine temporarily to meet this need. Can telemedicine work for pediatric patients as well?

Appropriate Telemedicine Services for Pediatric Patients

Telemedicine can cover any number of services and types of visits regardless of a patient's age. Many insurers already cover telemedicine for behavioral health needs among the pediatric population. Telemedicine might also be appropriate for common medical conditions that are already diagnosed based on an image or phone call from the patients. Services delivered in this manner can, for example, be used for assessment, diagnosis, intervention, consultation, and supervision across any distance.

Examples of services where a video visit can provide you with enough information to diagnose are common rashes or prescribing antibiotics for conjunctivitis. Telehealth can also be useful for follow-up visits after a recent in-person appointment or prescribing prescription refills.

Telemedicine will not be able to meet all healthcare needs but is an exciting option that healthcare providers and patients should explore.

Coverage and Reimbursement Policies

Providers must remain aware that telemedicine coverage policies vary widely. In addition to private health insurers' policies, the Centers for Medicare and Medicaid Services (CMS) has been encouraging states to expand coverage through both Medicaid and the Children's Health Insurance Program (CHIP). To help answer questions, CMS released a [State Medicaid & CHIP Telehealth Toolkit](#) to urge States to implement the flexibilities that they have and to make it easier for them to apply for waivers if necessary.

CMS makes clear that States have a great deal of flexibility with respect to covering Medicaid and CHIP services provided via telehealth. States have the option to determine whether (or not) to utilize telehealth; what types of services to cover; where in the state it can be utilized; how it is implemented; what types of practitioners or providers may deliver services via telehealth, as long as such practitioners or providers are "recognized" and qualified according to Medicaid federal and state statute and regulation; and reimbursement rates.

Importantly, CMS makes clear that States are not required to submit a state plan amendment (SPA) to pay for services delivered via telehealth if payments for services furnished via telehealth are made in the same manner as when the service is furnished in a face-to-face setting.

Healthcare providers need to understand the differing rules for their state and private insurance programs so that they can take full advantage of new flexibilities.

Privacy Concerns

All telemedicine comes with new privacy concerns based on the technology used. Providers are encouraged to use HIPAA compliant technology as it will be the standard of care going forward. Treating pediatric patients means compliance with other legal requirements, including the Children's Online Privacy Protection Act (COPPA). This law helps ensure any personal information gathered from children under 13 online is adequately protected and subject to parental consent.

Conclusion

COVID-19 has caused ripple effects throughout the healthcare system. Increased access to reimbursement for telemedicine visits is one development that has many excited. While much of the flexibility is limited to the duration of the declared Public Health Emergency, efforts are underway to continue coverage past that date.

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Telemedicine for pediatrics has different benefits and challenges than telemedicine for other populations. Experience from healthcare providers and their patients about what did and did not work in pediatrics will be important in informing the telemedicine policies that continue forward.

Still a Premie?

Some preemies are born months early, at extremely low birthweights. They fight for each breath and face nearly insurmountable health obstacles.

But that's not every preemie's story.

Born between 34 and 36 weeks' gestation?

STILL A PREMIE

Just like preemies born much earlier, these "late preterm" infants can face:

- Jaundice
- Feeding issues
- Respiratory problems

And their parents, like all parents of preemies, are at **risk** for postpartum depression and PTSD.

Born preterm at a "normal" weight?

STILL A PREMIE

Though these babies look healthy, they can still have complications and require NICU care.

But because some health plans determine coverage based on a preemie's weight, **families of babies that weigh more may face access barriers and unmanageable medical bills.**

Born preterm but not admitted to the NICU?

STILL A PREMIE

Even if preterm babies don't require NICU care, they can still face health challenges.

Those challenges can extend through childhood, adolescence and even into adulthood.

Some Preemies

- Will spend weeks in the hospital
- Will have lifelong health problems
- Are disadvantaged from birth

All Preemies

- Face health risks
- Deserve appropriate health coverage
- Need access to proper health care

NCJIH National Coalition for Infant Health
Protecting Access for Premature Infants through Age Two
www.infanthealth.org

References:

1. <https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit.pdf>

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RESOURCES:**

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- **The Lancet:** COVID-19 and pregnancy
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