

117<sup>th</sup> United States Congress  
Ways and Means Committee  
Health Subcommittee  
Hearing on Charting the Path Forward for Telehealth  
April 28, 2021

Testimony of Thomas J Kim, MD, MPH

## INTRODUCTION

Thank you, Chairman Doggett, Ranking Member Nunes and members of the subcommittee. My name is Thomas Kim, 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.

I am fortunate to have worked in Telehealth for 18 years and I wish to commend you on the intention to chart a path forward. This is analogous to my psychiatric work assisting patients 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 for your consideration.

## THE PATH – BROADBAND DEVELOPMENT

Every journey travels along a path and for Telehealth...the path is broadband. You likely know the importance of broadband not only for healthcare but for 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, accessible network.

I am gratified by the FCC's Emergency Broadband Benefit program, but please consider that our broadband need is more than just about access. Parts of our country are without available service, but for the  $\frac{3}{4}$  of Medicare Beneficiaries who live in urban areas, it is an issue of under or non-utilization rather than access.

A broadband development strategy, therefore, must recognize the value of broadband beyond just healthcare and consider collaborative solutions that better utilize existing and future resources.

## ORIENTEERING – TELHEALTH AS A SKILL TO BE MASTERED

Journeys typically have a destination and require skilled orienteering. For those in healthcare, our hoped for destination is value based care. It has been suggested that Telehealth can help, but value based care is more than one thing.

My testimony is based on a career caring for vulnerable populations including incarcerated juveniles, the military, the elderly, and people living with Substance Use Disorders and/ or HIV. These experiences inform what I believe to be the true value of Telehealth.

Telehealth is about the Right Doctor with the Right Information at the Right Time. We know the delivery challenges we face which typically trace back to patients too often having to wait until an issue is a crisis resulting in higher costs and poorer outcomes.

Technology enabled care offers opportunities to mitigate or avoid crises. And like orienteering, I submit Telehealth is best understood as a skill to be mastered. I believe that the Right Doctor, YOUR doctor, is best equipped to support you. Having YOUR doctor skilled in Telehealth improves the chances that they can be with you when you need them most.

There is no better example than Prism Health, the largest community health center in North Texas specializing in the treatment and prevention of HIV. Prism implemented Telehealth last year hoping to sustain a trusted source of care. In about a month, Prism restored visit volume to pre-pandemic levels, 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. Over time, the number of completed Telehealth visits organically settled to about 30% of total visits. Claims data in Texas shows Telehealth represents closer to 20% of all visits. The point to be made here is that when YOUR doctor is skilled with Telehealth, they will utilize this means when indicated or necessary, but Telehealth is neither a replacement solution nor is it strictly additive to conventional care.

#### GUARDRAILS AND HAZZARDS – REGULATORY CONSIDERATIONS

Healthcare regulations serve as guardrails to preserve public safety. Historically, Telehealth led many to view it as “something else” requiring separate rule making which often led to rules that suppressed further development. Then, the global pandemic led to the relaxation of rules. The result was, to coin a phrase from a patient, a gift from the pandemic. Years of progress were condensed into months. The question at hand is...what now?

I invite you to examine the legislative history of Texas. The 2017 session yielded an agreement that Telehealth, or more accurately Telemedicine, was Medicine. Questions around Telemedicine guidance were referred to existing Medicine guidance including demonstrating a therapeutic relationship. The 2019 session led to Service Parity. Payers are free to cover any service with the understanding that it does not matter how so long as regulatory expectations are met. In our current session, the conversation is Payment Parity. Payers are once again free to cover any service, but a covered service should be paid at the same rate whether conventional or Telehealth.

Texas highlights that the long road to regulatory guidance can be developed without reinventing the wheel and simple is preferable. To suggest a return to pre-pandemic

complexities around rules or reimbursement would be akin to detouring a traveler onto a dirt road. No one would willingly choose this route and any benefit from Telehealth would likely be lost.

I am also aware of additional concerns around Telehealth adoption, but in the interest of time I would say that some of these concerns such as fraud are not exclusive to Telehealth and other concerns such as over-utilization or licensure can be productively worked through with some of the framings I have shared.

#### CLOSING

I appreciate this subcommittee's efforts and ask that we work to support all my colleagues in creating an environment for Telehealth that provides timely informed care, expands their reach, and is proactive rather than reactive in the care of all of us.