April 11, 2019

The Honorable Mike Thompson  
U.S. House of Representatives

The Honorable David Schweikert  
U.S. House of Representatives

The Honorable Peter Welch  
U.S. House of Representatives

The Honorable Bill Johnson  
U.S. House of Representatives

The Honorable Brian Schatz  
U.S. Senate

The Honorable Roger Wicker  
U.S. Senate

The Honorable Benjamin L. Cardin  
U.S. Senate

The Honorable John Thune  
U.S. Senate

The Honorable Mark R. Warner  
U.S. Senate

The Honorable Cindy Hyde-Smith  
U.S. Senate

Dear Congressional Telehealth Caucus Co-Chairs and Senate Telehealth Leaders:

On behalf of the 13,800 U.S.-based members of the American Academy of Dermatology Association (Academy), I am writing in response to your request for information on telehealth policy, services, and outcomes.

The Academy is committed to excellence in the medical and surgical treatment of skin disease; advocating high standards in clinical practice, education, and research in dermatology and dermatopathology; and supporting and enhancing patient care to reduce the burden of disease. We appreciate the opportunity to provide comments to help you craft comprehensive telehealth legislation that will expand cost-effective access to care for patients.

Telemedicine continues to be one of the innovative vehicles that can help improve access to care for patients in Medicare and throughout the health care system. The ability to use telemedicine in current and future payment systems has the potential to expand the utilization of telemedicine by physicians to improve patient access to care through more coordination and collaboration. The Academy is a leader in telemedicine and has first-hand knowledge of the benefits that telemedicine can offer patients in gaining access to specialty care. Many patients face difficulties when attempting to access specialty providers throughout our healthcare system. Access issues are not limited to one patient group – they cross socioeconomic, racial, geographic, and age boundaries. Patients living in rural and underserved areas, as well as those in crowded urban centers, may face significant health challenges, including physician shortages and higher rates of chronic conditions. To address these challenges, the Academy supports innovative telehealth policies and programs that will help increase access to this population.
CONNECT for Health and Expansion of Telehealth in Medicare

As a supporter of the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act in the 114th and 115th Congresses, the Academy was pleased to see many provisions of CONNECT for Health be enacted as part of the Bipartisan Budget Act of 2018 (Public Law 115-123). The enactment of these provisions was an important step towards modernizing Medicare’s approach to telemedicine and increasing patients’ access to care.

The Academy continues to support the law’s adherence to current Medicare standards, including those ensuring patient choice of provider as well as those providing for appropriate supervision of non-physician practitioners and respecting state licensure requirements. The Academy believes that board-certified dermatologists delivering teledermatology should be licensed in the state in which the patient receives services and must abide by the state’s licensure requirements. Any future telehealth legislation should maintain state licensure requirements.

The Academy supports the preservation of a patient’s choice to have access to in-person dermatology services and teledermatology services from a dermatologist of the patient’s choosing. To that end, the Academy opposes incentivizing patients to utilize telemedicine over in-person consultations through mechanisms such as reduced co-pays for telemedicine services. There are some skin diagnoses for which an in-person examination by a dermatologist provides additional information that may not otherwise be obtainable by teledermatology alone. Therefore, it is important when expanding access to telemedicine services to ensure that payers, including traditional Medicare and Medicare Advantage, do not create unintended barriers to quality care by limiting in-person interactions between the patient and physician.

The Academy was also pleased that the Centers for Medicare and Medicaid Services (CMS) increased access for Medicare beneficiaries to their own physicians’ services that are routinely furnished via communication technology beginning in January 2019. While the Academy appreciates efforts to improve access to care through efforts to reimburse for telemedicine services, further coverage parity for telemedicine services with competitive reimbursement in Medicare is still needed to increase adoption by providers. Many of the programs that are currently filling the gaps in access to care for Medicare patients, and for Medicaid patients in non-reimbursing Medicaid states, are serviced by provider volunteers. Uniform fair reimbursement of provider to provider teledermatology by the Department of Health and Human Services would be tremendously helpful for improving access to specialty services, providing education to the providers to render the care to the patients, and improving quality care to the patient. Payment would need to come with quality standards, as mentioned in the Academy Position Statement.

Finally, the Academy appreciates the emphasis of physician to physician telemedicine reimbursement in the 2019 CMS fee schedule. In addition, physicians can communicate and follow up with their own established patients through telemedicine. All of these telemedicine work flows are also encouraged through the Academy Teledermatology Position Statement.

AccessDerm

For nearly a decade, the Academy has had a specific mission to improve the dermatologic care available to underserved populations in the United States by facilitating access to board-certified dermatologists in their state via an Academy sponsored telemedicine platform, AccessDerm. The AccessDerm program gives primary care providers who work in participating free and rural clinics,
and Indian Health Service Clinics on Native American reservations, access to dermatologists’ expertise.

In an effort to continue to improve upon available technology, the Academy relaunched its AccessDerm program in early 2018. The Academy’s AccessDerm program provides physicians treating underserved communities access to the dermatologic expertise of Academy member dermatologists and residents in training at no charge. The program facilitates safe and secure provider-to-provider consults with an easy to use teledermatology platform and application. The Academy and its AccessDerm program supports the appropriate use of teledermatology as a means of improving access to the expertise of board-certified dermatologists to provide high-quality, high-value care. In addition to expanding access to dermatologic care, the program helps reduce wait times and unnecessary referrals for in-person visits and triages patients who need to see a dermatologist for an in-person visit right away.

AccessDerm currently has 29 dermatologist volunteers and 238 primary care physicians across 13 states. Since the program relaunched, there have been 276 consults with 5 melanomas detected. As the program expands, the Academy is working collaboratively with national organizations such as the National Association of Community Health Centers (NACHC) and the National Rural Health Association (NRHA) to pilot and expand the AccessDerm program. The Academy recognizes the important role that the Community Health Center Fund (CHCF) has played in improving access to care for patients through community health centers (CHCs) in urban, suburban, and rural communities across the country; and to that end, the Academy encourages Congress to increase funding of the CHCF in Fiscal Year 2020. AccessDerm continues to service several NACHC and NRHA member locations this year with hopes of expanding the program to additional centers in 2020 and beyond. These services have the opportunity to expand, and further build on the mission of CHCs by increasing access to specialty care for patients who might otherwise wait much longer to access the care and treatment they critically need.

Further, the Academy encourages Congress to reward specialists who volunteer for telehealth programs like AccessDerm by offering support for student loan repayment, either through proportional loan repayment based on number of hours volunteered or through tax deduction incentives. Recompenses such as these have the potential to increase specialists interested in telehealth volunteer programs while reducing volunteer burnout.

Project ECHO

The Academy also supports Project ECHO (Extension for Community Healthcare Outcomes), an online learning collaborative model of medical education and care management. Through ECHO, primary care providers working in rural and underserved communities gain knowledge and support from specialty colleagues. Derm ECHO uses videoconferencing to link primary care providers with dermatologists to jointly manage complex skin diseases while promoting continued medical learning. Members of the Academy who participate in Project ECHO have seen its positive impact first hand. Dermatologists diagnose and treat more than 3,000 diseases, including many chronic inflammatory, multi-system, disabling, and life-threatening conditions, and Project ECHO has helped increase primary care physicians’ knowledge of dermatologic and other specialty conditions while also increasing patients’ access to a larger network of specialists.

In a February 2019 report to Congress, “Current State of Technology-Enabled Collaborative Learning and Capacity Building Models,” the Department of Health and Human Services concluded that though evidence on the impact on patient and provider outcomes from online learning
collaboratives such as ECHO remains modest, the evidence consistently shows positive effects in areas that have been measured. To further these efforts, the Academy recommends Congress increase federal grant funding available to technology-enabled learning collaboratives and continue studying the effects of such models.

**Technology Support**

The Academy commends Congress for investing $600 million in rural broadband expansion as part of the FY 2018 Omnibus Spending Package, and encourages more investment in this necessary telehealth utility. Reliable and secure internet access is vital to the expansion and sustainability of telemedicine in rural communities. Dermatologists cannot provide high quality care with pictures on sub-par technology. Access to broadband is imperative not only for the sustainability and expansion of telemedicine, but it is also the underlying support system necessary for the continued development of innovative technologies in health care. Furthermore, the Academy also recommends additional funding for the Indian Health Service (IHS) to allow each IHS site to acquire new mobile devices with high definition cameras to allow for the expansion of teledermatology and other store-and-forward services within the IHS.

The combined use of mobile applications and telemedicine may be an effective way to help increase access to dermatologists in the future. In addition to the video consultations the patient can monitor skin lesions, wounds or suspicious moles, for example, with a mobile application and report those findings to the dermatologists. The Academy asks Congress to evaluate the use of telemedicine and mobile medical applications to help improve patient outcomes while also ensuring that the applications are secure and interoperable.

The Academy regularly evaluates the efficacy of the telehealth programs dermatologists participate in and the telehealth services they provide to ensure patients’ quality of care or choice of provider are not compromised. As Congress continues to advance telehealth, the Academy encourages you to continuously evaluate telehealth programs and services to ensure our shared goal of increasing patient access to high quality care is being achieved.

Again, the Academy appreciates the opportunity to share our thoughts and experience on telehealth. The Academy remains ready to serve as a resource and looks forward to working with you to ensure that our patients can benefit from advances in telemedicine and technology, while preserving the highest standards of patient safety and efficacy. Please feel free to contact Michelle Mathy, the Academy’s Assistant Director, Political and Congressional Affairs, at mmathy@aad.org or (202) 609-6333 if you have any questions or if we can provide additional information.

Sincerely,

George J. Hruza, MD, MBA, FAAD
President, American Academy of Dermatology Association