

August 19, 2020

[Name, Degree
Title
Company
Address
City, ST Zip]

Dear Dr. :

On behalf of the more than 7,700 U.S. rheumatologists and rheumatology health professionals represented by the American College of Rheumatology (ACR), I am writing to you regarding the role of telemedicine after the declared end of the COVID-19 public health emergency (PHE).

The ACR greatly appreciates [Company] expanded access to telemedicine in response to the COVID-19 pandemic. This expansion and the appropriate reimbursement for these services has facilitated patients' continued access to care while maintaining both their safety and the safety of providers from spread of the disease. As we consider the future of rheumatology after the declared PHE has ended, we anticipate that many patients will prefer to continue receiving care via telemedicine. Initial feedback indicates that patients are pleased with the convenience of telemedicine services, particularly for routine follow-up visits and among those who would otherwise travel a great distance to access care. Continued coverage for telemedicine would also allow patients to keep their scheduled appointments in the event of inclement weather, such as a winter storm or hurricane. The ACR believes if [Company] continues to provide payment parity for telemedicine after the PHE is over, we will be able to enhance the overall quality of care by providing more regular interactions and preventing gaps in care that occur when patients can't travel or lack time for in-office visits.

The enclosed position statement details the ACR's stance on the barriers and opportunities for telemedicine in the post-PHE landscape. While the ACR supports telemedicine as a tool with the potential to increase access and improve patient care, it is critical that it not be used to replace essential face-to-face assessments conducted at medically appropriate intervals. In addition, the ACR opposes payer policies which would dictate the use of specific telemedicine platforms as the various requirements from each payer would create an untenable burden on practices.

We are interested in engaging with you further to discuss the post-COVID healthcare landscape, particularly as it pertains to rheumatology and opportunities to improve the value of care our providers offer to [Company] and its members after the PHE. For more information or to schedule a call, please contact Meredith Strozier, ACR Director of Practice Advocacy at mstrozier@rheumatology.org or (404)633-3777.

Sincerely,

Chris Phillips, MD
Chair, ACR Insurance Subcommittee