April 29, 2021

The Honorable Brian Schatz
722 Hart Senate Office Building
Washington, DC 20510

The Honorable Roger Wicker
555 Dirksen Senate Office Building
Washington, DC 20510

Re: The CONNECT for Health Act of 2021

Dear Senator Schatz,

On behalf of OCHIN, I offer our strong support for The CONNECT for Health Act of 2021. OCHIN is a national, nonprofit community-based health innovation and research network that provides high-quality health care to underserved communities across the country. The CONNECT for Health Act advances policies that are a critical step forward to sustain and transform health care equitably, particularly by leveraging virtual care in the Medicare program to increase access to care for medically and socially complex patient populations. The COVID-19 public health emergency has laid bare the limitations of a delivery system built exclusively on in-person visits and revealed how it undermines public health and exacerbates and re-enforces structural inequality, for example, for patients who experience housing insecurity, limited transportation options, and speak a language other than English. OCHIN urges swift action to move this legislation forward to increase equitable access to health care and to strengthen public health readiness while providing a critical bridge to value-based care models that will allow providers to bend the cost curve.

OCHIN is committed to improving the integration and delivery of health care services across a wide variety of practices, with an emphasis on community-based health care organizations in underserved and marginalized communities, as well as critical access and rural hospitals. OCHIN serves over 500 community health care sites (including 20% of the country’s federally qualified health centers (FQHCs)) in 47 states that reach a diverse population of nearly 6 million patients. Among our growing network of members, 137 use OCHIN Epic to serve a national patient population that is 57% women, 7% Asian, 19% Black, and 36% Hispanic/Latinx. The network’s patient population is medically and socially complex, with 3 out of 5 having chronic conditions, 1 out of 3 who are best served in a language other than English, half who have Medicaid coverage, and another quarter who are uninsured.

The flexibilities adopted by Medicare and other government health care programs, along with commercial health insurers during the COVID-19 public health emergency, has produced an unprecedented amount of evidence demonstrating the value that telehealth offers when integrated into a continuum of in-person and virtual care among community-based providers. OCHIN has the largest database of Medicaid encounter information in the country and leads one of the largest and most complete research data warehouses representative of safety-net patients in the U.S. As a result, OCHIN has been able to evaluate...
the value of removing the telehealth geographic restrictions, authorizing FQHCs and rural health clinics to provide telehealth services and treating a beneficiary’s home, as well as other appropriate locations, as originating sites.

In 2020, 37% of the encounters recorded in OCHIN Epic were via telehealth (e.g., phone and video) and 28% of these telehealth visits were by audio-only (telephone). OCHIN’s network members’ patient utilization patterns indicate that telehealth did not drive inappropriate utilization and that it largely substitutes for in-person encounters as opposed to supplementing them. Further, this data suggests that limiting access to telehealth is more likely to drive higher costs when patients who are medically and socially complex are not able to access care early in the community-based setting - before conditions become chronic, acute, or emergent. OCHIN recently completed an in-depth analysis of 2020 data from the California network members given the size and diversity of the state and found that 47% of the California network members’ patients were Latinx/Hispanic and that 37% of the California members’ patient encounters were conducted using telehealth, the majority of which were in primary care services. Further, of these telehealth visits, 46% of encounters were delivered in a language other than English, with 3 out of 4 patients were served in Spanish. Finally, patients who stated they needed housing and transportation support were 14% and 17% more likely to use telehealth, respectively. This underscores the importance of telehealth as a strategy to overcome structural inequality for historically underserved communities that have been among the hardest hit by COVID-19 and are facing a similarly disparate impact from the substance abuse disorder public health crisis, as well as the emerging mental and behavioral health crisis.

OCHIN applauds your unflagging commitment to improving health care access for all patients in the Medicare program while equipping providers with essential tools to improve care continuity between virtual and in-person care, as well as strengthening the infrastructure to support new payment models that reduce overall costs. Telehealth is a critical modality for health care transformation and providers need to build infrastructure and deepen expertise to successfully implement value-based models that strike the right balance between in-person and virtual care at scale.

OCHIN welcomes the opportunity to continue working with you to advance this legislation. If you have questions, please contact me at stollJ@ochin.org.

Sincerely,

Jennifer Stoll
Executive Vice President
Government Relations & Public Affairs