

June 15, 2020

The Honorable Lamar Alexander Chairman Senate HELP Committee 428 Dirksen Senate Office Building Washington, DC 20510 The Honorable Patty Murray Ranking Member Senate HELP Committee 428 Dirksen Senate Office Building Washington, DC 20510

RE: Telehealth lessons learned during the COVID-19 pandemic

Dear Chairman Alexander and Ranking Member Murray:

Thank you for your continued leadership in responding to the COVID-19 pandemic.

The Heart Failure Society of America (HFSA) represents more than 2,000 members of the multidisciplinary heart failure team, including physicians, nurses, pharmacists, physician assistants, researchers, and patients, dedicated to significantly reducing the burden of heart failure and improving and expanding heart failure care through collaboration, education, innovation, research, and advocacy. HFSA appreciates the Senate Health, Education, Labor, and Pensions (HELP) Committee's consideration of the evolving role of telehealth in our nation's health care system beyond the COVID-19 pandemic and would like to share our experience with telemedicine during the public health emergency.

The COVID-19 pandemic presents an unprecedented crisis for patients, clinicians, and health care systems. Most U.S. health care systems have reduced ambulatory outpatient clinics – pillars of the longitudinal care of patients with chronic illnesses. In this context, synchronous audio/video interactions, also known as virtual visits, have been suggested as innovative and necessary alternatives to in-person care.

A new <u>paper</u> developed by HFSA members and published in the <u>Journal of Cardiac Failure</u> delves into virtual visits and telehealth for the care of patients with heart failure in the COVID-19 era and reviews the platforms, reimbursement models, advantages and limitations of virtual visits. There is great potential to increase visits and maintain close patient interactions virtually beyond the end of the current public health emergency.

Virtual visits during the COVID-19 pandemic have given health care providers the ability to continue to care for patients with chronic conditions like heart failure that need to be closely monitored, but who are unable to travel to an office setting. Virtual visits have successfully prevented disruptions in treatment, increased connectivity, and given older patients the opportunity to explore online alternatives to care.

Prior to the COVID-19 pandemic, there was little impetus for clinicians to learn or use virtual visits. In the current era, however, innovative approaches to performing physical exams and medication reconciliation are already emerging as a result of COVID-19 necessitating the transition to virtual visits. These approaches often include the participation of other family members in the home alongside the patient. Even after the COVID-19 crisis recedes, patients may continue to have concerns about in-person office visits and travel, and may prefer to continue with a degree of physical distancing through virtual visits.

The COVID-19 pandemic has generated an important opportunity to learn about delivering heart failure care in a different way that should be fully embraced well beyond the current crisis.

If we can provide additional information or answer any questions, please contact Sue Ramthun at sramthun@hfsa.org. And thank you again for your continued leadership.

Sincerely,

Biyken Bozkurt, MD, PhD, FHFSA

President

The Heart Failure Society of America

cc: Members, Senate HELP Committee