AMERICAN PSYCHIATRIC ASSOCIATION

800 Maine Avenue, S.W.
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June 25, 2020

The Honorable Alex Azar
Secretary
Department of Health and Human Services
200 Independence Avenue, NW
Washington, D.C. 20201

Dear Secretary Azar,

On behalf of the American Psychiatric Association (APA), the national medical specialty association representing over 38,800 psychiatric physicians, I want to thank you for your work to respond to the COVID-19 public health emergency (PHE) by lifting restrictions to allow patients to virtually access healthcare services while physical distancing. With the U.S. death rate at over 120,000 cases and data showing a rise in the percentage of positive cases and hospitalizations in certain states, our health care system will continue to rely on these flexibilities to effectively and safely deliver patients the care they need. This is especially true for high-risk patients with mental health and substance use disorders, such as those with co-morbid health conditions, age 65 and older, and minority populations who have been disproportionately affected by the disease. Flexibilities are also needed to protect our aging workforce. **Given the ongoing risk of COVID-19, we strongly urge you to extend the PHE and work to permanently lift certain telehealth restrictions.**

APA recently surveyed its membership to understand the impact of easing telehealth regulations on practice during the PHE. The survey found a major shift to the use of telehealth after the PHE was declared. Prior to the public health emergency (PHE), most respondents were not using telehealth at all: 64% responded seeing zero percent of their patient caseload via telehealth. Two months into the public health emergency, this number shifted dramatically to 85% of respondents seeing more than ¾ or all of their patients via telehealth. While the changes were necessary to comply with physical distancing and self-isolation mandates, this shows that telehealth for treating psychiatric and substance use disorders can be adopted quickly, and efficiently, and that most barriers to doing so in the first place may have been regulatory in nature. These survey results mirror national research on telehealth that show improved access to care, reduced no-show rates, and a high rate of patient satisfaction.

The percentage of psychiatrists who reported ALL their patients kept their appointments increased from 9% to 32% from before to after their state declared an emergency due to COVID-19. Although there are still patients who do not show

up for their appointments, this does suggest that without leaving home and traveling—regardless of distance—helps patients to keep their appointments. In conjunction with this, about 85% of respondents said that patients who were seen for the first time via telehealth were either somewhat satisfied or satisfied. This trends with nearly a decade of research in telepsychiatry highlighting patient satisfaction with using telehealth for treatment. In general, when patients a) keep their first appointment, they are more likely to keep subsequent appointments and b) when patients are satisfied with treatment, they are more likely to continue with their course of therapy. Research suggests that this results in better medication compliance, fewer presentations to the emergency departments, fewer patient admissions to an inpatient unit, and fewer subsequent readmissions. **This results in improved access, better outcomes overall, decreased cost and preserves limited community resources (e.g., too few psychiatric beds).**

The survey also found audio-only is a necessary option for patients who either lack access to technology or broadband access and/or the cognitive ability to use video platforms. A majority of respondents say that only between 1 - 25% of their patients are able to only use telephone (and not live video) for a telehealth encounter. Audio-only should be an option warranted by the patient's condition, their access to appropriate technology as well as broadband, and at the physician's discretion.

Given these findings, we strongly urge you to: extend the PHE while we better understand the impact of lifting the regulatory barriers to telehealth; continue to pay telehealth services on par with in-person visits; permanently allow for the use of telephone (audio) only communications for evaluation and management and behavioral health services to patients with mental health and substance use disorders when it is in the patient's best interest, and should be paid at no less than an in-person visit; and, work with Congress to permanently remove geographic restriction for mental health and allow patients to be seen in the home.

As you balance the need for states and communities to safely reopen with reducing the spread of COVID-19, please use us as a resource to meet the ongoing and emerging psychiatric needs of Americans across the country. Thank you for your consideration.

Sincerely,

Saul Levin, MD, MPA

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