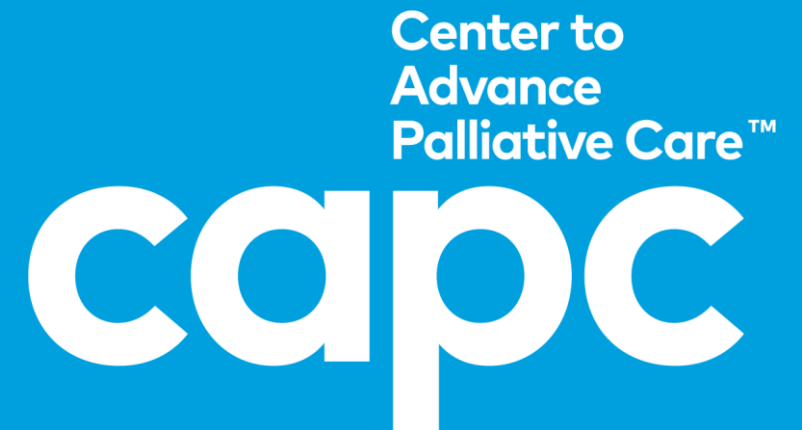


# Exploring Telehealth in Palliative Care: Policy, Payment, and Research

May 21, 2025

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An abstract, colorful geometric pattern composed of various shapes like circles, triangles, and rectangles in shades of blue, red, yellow, and black, some with textured or woven patterns.

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Center to Advance Palliative Care

# National Seminar 2025



September 15-17, 2025 • Philadelphia, PA  
[capc.org/seminar](https://capc.org/seminar)

# Objectives

Participants will be able to:

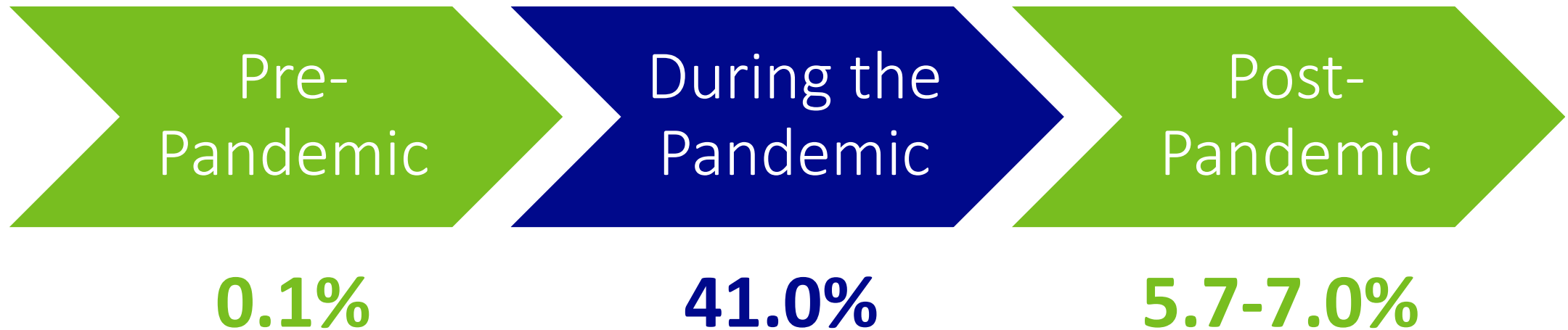
- Describe the current payment and policy landscape for telehealth and implications for palliative care programs
- Identify gaps in the existing evidence for telepalliative care
- Explain the pros and cons of palliative care delivered via telehealth, and the emerging best practices

# Terminology

- Telehealth vs. telemedicine (we'll use telehealth)
- Audio-only, audio-visual
- Synchronous, asynchronous
- Originating site, distant site
- Remote monitoring

# How is Telehealth Being Used in Palliative Care?

# Telehealth Use - E&M Codes



# Telepalliative Care Applications

- What have we heard about telehealth for palliative care
  - Consistently hear that visits are about 20% shorter
  - Patient access to medication has improved through teleprescribing
  - Better for cognitive tasks, conversations
  - Ability to extend access to rural and underserved patients
  - Capacity building for non-palliative care specialists
  - Patients generally like it

# Poll #1

- What percentage of your encounters are via telehealth?
  - 75-100%
  - 50-74%
  - 25-49%
  - 1-24%
  - None
- I don't own a phone and I'm borrowing this computer so I can watch your webinar



# Poll #2

- For those who have used telehealth, how does your (the clinician) experience compare to in-person visits?
  - Better
  - Just as good
  - Worse

Please share any thoughts about your answer in the chat!

# The State of the Evidence

# Disclaimer: If you've seen one palliative care program...



...you've seen one palliative care program.

This is magnified when you include modalities of telehealth.

It is hard to study tele-palliative care as there are so many different configurations of its provision.

# How is tele-palliative care being used?

→ Hutchinson et al. (*J Pain Symptom Manage*, 2025)

- Systematic review – 150 articles, globally
- Modalities identified included:
  - Tele-medicine (direct care of patient by clinician)
  - Tele-coaching (training for a non-palliative clinician in palliative care skills)
  - E-health (use of applications for patient monitoring)
  - E-consults (connection to palliative care clinician for advice on patient care)

# Evidence of Impact: Patient Care

- Bekelman et al. (*JAMA*, 2024)
  - RCT of a nursing and social work intervention (VA)
  - Intervention group saw improved QOL scores, depression, and anxiety
- Piamjariyakul et al. (*BMC Pal Care*, 2024)
  - RCT of telephone coaching sessions
  - Intervention group had improved HF-related health status, depression, and anxiety
- Bakitas et al. (*JAMA Internal Med*, 2020)
  - RCT of telephone coaching sessions
  - Intervention group had a clinical improvement in pain intensity and interference

# Evidence of Impact: Patient Care

→ Greer et al. (*JAMA*, 2024)

- RCT that compared in-person visits to a palliative care outpatient clinic with telehealth visits
- Sample included patients with advanced lung cancer
- There was no difference between groups in patient QOL, caregiver QOL, and satisfaction with care

*Key takeaway:* telehealth was as effective as in-person palliative care visits

# Evidence of Impact: Caregivers

- Yang et al. (*JMIR mHealth and uHealth*, 2024)
  - Systematic review and meta-analysis of the impact of telehealth interventions on caregivers
  - Included nine studies (six were US-based)
  - When results were combined, telehealth was found to improve caregiver burden and anxiety

# Evidence of Impact: Utilization

- Baxter et al. (*JHPN*, 2021)
  - Pilot study in New England
  - Intervention group had fewer hospitalizations
- Sebastian et al. (*Curr Probl Cardiol*, 2024)
  - Systematic review related to use for HF patients
  - 7/16 studies conducted in the US
  - Palliative care patients had a decrease in hospitalizations



# Where More Research is Needed...

- Impact on utilization measures
  - ED visits
  - Hospital admissions
  - Readmissions
  - Costs of care and potential cost savings
- Impact over time
- Evidence of program funding and sustainability

# Telehealth Policy and Payment

# Medicare law limits Medicare's ability to pay for telehealth services, except when:

- ☑ The service (CPT code) is listed on the approved **Medicare Telehealth Services List**
- ☑ The service is delivered via communication equipment that enables two-way, real-time **audio and video interaction**
- ☑ The patient is in an “**originating site**,” defined as a practitioner office, a critical access hospital, a rural health clinic, an FQHC, a hospital, a renal dialysis facility, a skilled nursing facility, a mobile stroke unit, or a rural emergency hospital.
  - For purposes of caring for end-stage renal disease, substance use disorder, or mental health, the patient may be in a private home.
- ☑ The patient is in a **geographic location** that is a designated rural health professional shortage area, or a county that is not included in a metropolitan statistical area.

# COVID Brings Medicare Flexibilities

Congress gives CMS  
power to waive  
Medicare telehealth  
payment rules during  
PHE  
March/April 2020

Congress extends  
Medicare telehealth  
flexibilities through  
3/31/25

The PHE ended May 11,  
2023.

Congress extends the  
Medicare telehealth  
flexibilities through  
12/31/24

The Budget Continuing  
Resolution passed  
3/15/25 extends the  
Medicare flexibilities  
through 9/30/25

Legislation in  
2021 made  
**behavioral  
health** delivered  
via telehealth --  
including  
audio-only --  
permanently  
covered by  
Medicare,  
regardless of  
patient location



# Medicare CY2025 Telehealth Services

- COVID Flexibilities in place through September 30, 2025
  - Payment for all approved codes at same rate as in-person visits
- In addition, when patient is in the "right" location:
  - E&M codes for outpatient, hospital, emergency department, and home visits are on the approved telehealth list
  - Advanced care planning
  - Caregiver health risk assessment, and caregiver training (both must be to benefit the patient)
  - Some physical and occupational therapy services

# Medicare Telehealth Reimbursement

DOES	DOES NOT
<ul style="list-style-type: none"><li>• Reimburse for both new and established patients</li><li>• Reimburse services delivered by physicians, advanced practice providers, clinical psychologists and social workers, and marriage family therapists</li><li>• Temporarily, reimburses occupational therapists, physical therapists, speech-language pathologists</li></ul>	<ul style="list-style-type: none"><li>• Reimburse for any and all codes</li><li>• Reimburse for services provided by professionals who are not “eligible” providers, such as RNs or MSWs</li><li>• Waive co-payments</li></ul>

# Still no plans for permanent solution

- Pattern of short-term fixes
- CONNECT for Health Act of 2025 ([S. 1261](#))
  - 63 bipartisan co-sponsors
  - No companion bill yet (is up to date)
- Federal legislative trackers
  - <https://www.americantelemed.org/policies/ata-actions-federal-legislative-tracker-2023/> (is up to date)
  - <https://connectwithcare.org/telehealth-legislation/>



# DEA Controlled Substances Prescribing via Telehealth

- Ryan Haight Act (2008): AG to issue special registration for telemedicine/prescribing; incomplete through 2019
- Under PHE (thru 2023), DEA-registered practitioners could issue controlled substance prescriptions for pts without FTF evaluation
- DEA issued two proposed rules ([Telemedicine Prescribing of Controlled Substances](#) and [Buprenorphine via Telemedicine](#)); received over 38,000 comments
- Three temporary extensions of PHE flexibilities through December 31, 2025

# DEA, cont'd

- Special Registrations for Telemedicine and Limited State Telemedicine Registrations proposed rule published Jan 17, 2025
  - Telemedicine Prescribing Registration – Schedule III-V
  - Advanced Telemedicine Prescribing Registration – Schedule II-V
  - Telemedicine Platform Registration – Schedule II-V
- Recognition of unique needs of patients with serious illness and palliative care prescribers
- Concern these are still written from a law enforcement lens, rather than a health care lens; unintended consequences for hospice prescribing
- Comments were due March 18, 2025

# State Policy

- States have significant power over healthcare and telehealth:
  - Licensure
  - Allowable telehealth modalities
  - Who can deliver telehealth services
  - Medicaid coverage
  - Commercial plan requirements
- State legislative trackers
  - <https://www.americantelemed.org/policies/ata-actions-state-legislative-tracker-2023/> (is up to date)
  - <https://www.cchpca.org/pending-legislation/>

# Telehealth Advocacy

# What Do We Want?



Eliminate  
“originating site”  
restrictions for  
Medicare  
coverage

Eliminate  
geographic  
restrictions for  
Medicare  
coverage

Investment in  
Broadband to  
ensure access

Expanded access  
to palliative care  
for more  
patients and  
families

# The Barrier: Concerns About Cost

## The Concerns

- The “woodwork effect”
- Fraud, waste, and abuse
- Telehealth may be inferior quality, leading to duplication and additional services

## The Emerging Evidence

- Increases in Medicare telehealth visits partially offset by decreases in in-person visits (Lee 2024, Cengil 2024)
- In-person and virtual visits lead to equivalent outcomes (Schwamm 2024)
- Decrease in wait times for appointments, potentially improving cost-effectiveness (Cengil 2024)

# Telehealth Advocacy Across Health Care Organizations



# Promising signs

- Medicare telehealth modernization has bi-partisan support
- In December, Congress had agreed on a 2-year extension of the Medicare telehealth flexibilities (but ultimately not passed)
- Nearly 350 organizations signed a letter in February urging Congress to make the Medicare flexibilities permanent

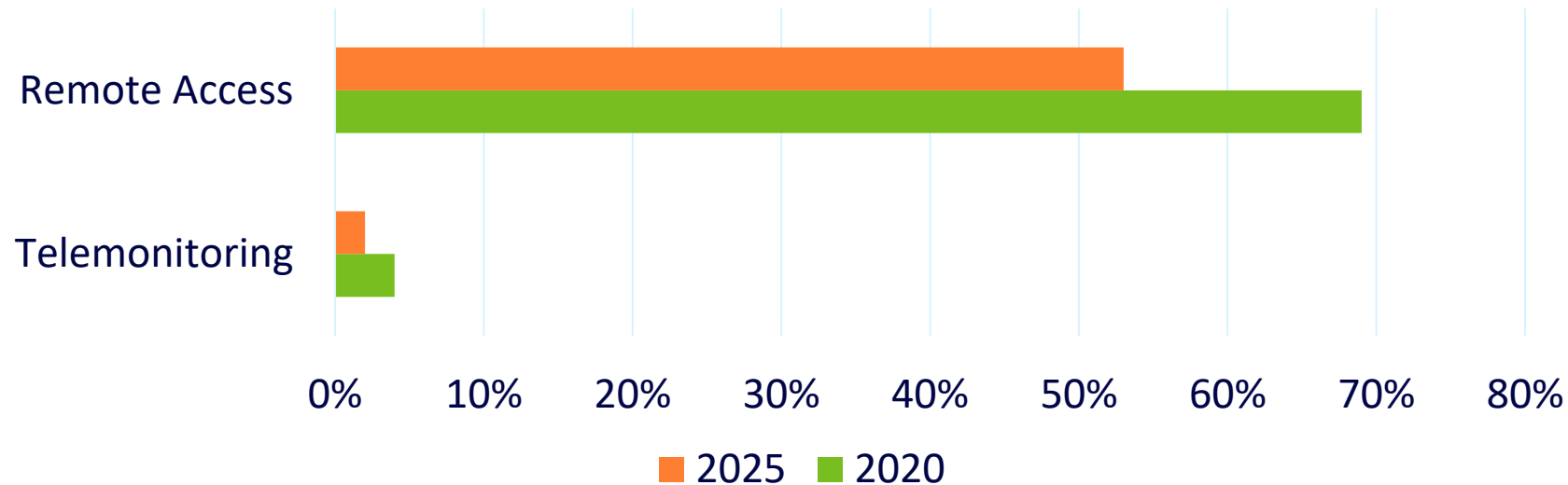




# Private Payers

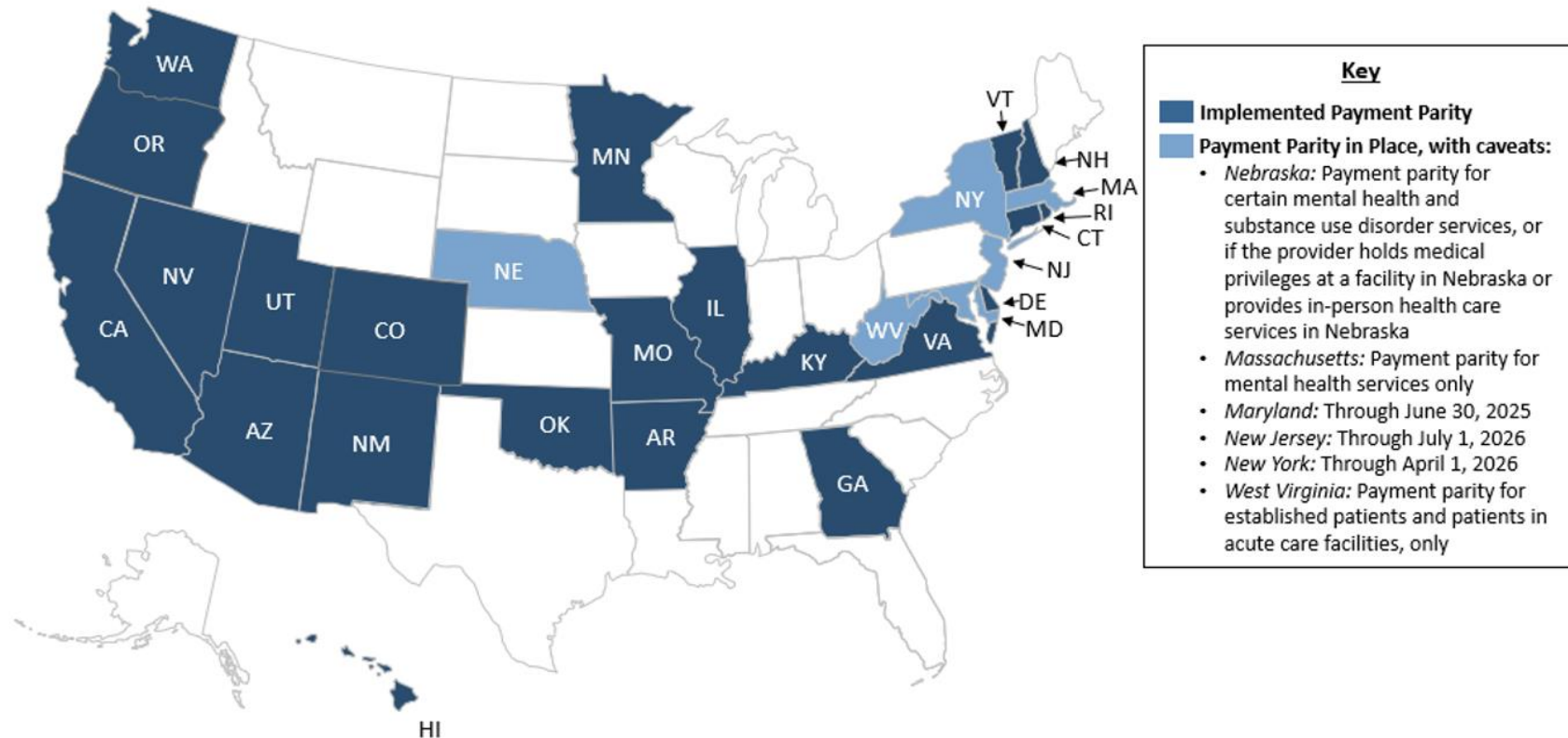
# Medicare Advantage Payers

- Must cover all Part A and Part B benefits
  - eg, Coverage of E&M, advanced care planning, and other codes delivered via telehealth through at least September 30, 2025
- Some offer additional **supplemental telehealth** benefits:



# Commercial Payers Are Ruled by State Laws

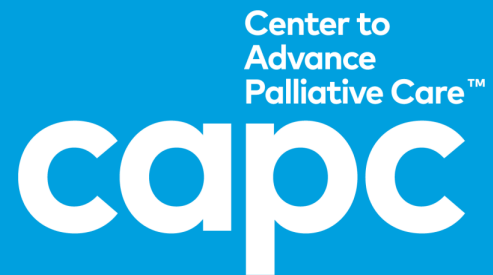
- 43 states require coverage of telehealth visits
- 22 states require payment parity for telehealth; an additional 6 have some parity requirements



# Commercial Payer Activity Since the End of the Public Health Emergency

- Directing members to specific providers for telehealth
  - e.g., Teladoc, Amwell, MDLive
- Subjecting telehealth visits to required deductibles and copays
  - Differences in in-person vs. telehealth copays are emerging
- Negotiating lower rates for telehealth encounters
- Using separate CPT codes for telehealth services

Questions? Comments?  
Hopes? Fears?



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