An Issue Brief by The Society for Maternal-Fetal Medicine

BACKGROUND

Each year, approximately 700 people in the United States die during childbirth or in the year following delivery.[i] Another 50,000 patients will experience severe pregnancy complications.[ii] The United States remains one of the most dangerous places in the developed world to give birth. The alarming state of maternal health is driven, in part, by barriers preventing patients from receiving timely, quality prenatal and postpartum care. Patient barriers include residing in a community with no maternity care providers, lacking transportation to medical appointments, work schedules that make attending appointments difficult, limited English proficiency or understanding of the health care system, and requiring childcare support, among others.[iii] With this statement, SMFM highlights how telehealth can help patients overcome these barriers to **improve health care access** and **advance equity** for patients experiencing high-risk pregnancies.

Telehealth uses technology (computers, mobile devices, etc.) to educate, share information, and provide care to patients without an in-person visit. A component of telehealth, called telemedicine, refers specifically to delivering healthcare remotely using technology. While legislation often alternates between the terms telemedicine and telehealth, the term telehealth generally refers to a broad definition of health services, while telemedicine refers specifically to the delivery of clinical services.[iv]

Maternal-fetal medicine (MFM) subspecialists specialize in the care of patients with complex pregnancies. In 2010, there were 1,355 MFM subspecialists in the United States, and 98% of these subspecialists lived in metropolitan counties. Some states, such as North Dakota and Wyoming, have no MFMs practicing in the state.[v] Telehealth has the potential to improve access to MFM subspecialists for people experiencing high-risk pregnancies, especially those that live in rural or underserved areas. Rural residents have a 9% greater probability of severe maternal morbidity and mortality compared with urban residents.[vi] Further, the telehealth infrastructure developed for remote MFM services can also be used to provide other critical health care services – such as mental health care – to patients experiencing both high- and low-risk pregnancies during the prenatal and postnatal period.

> More than 1 in 6 births happen in rural facilities, and rural residents have a greater probability of severe maternal morbidity and mortality than urban residents; yet 98% of MFMs practice in urban centers.

With telehealth, patients and their local providers can consult with an MFM subspecialist regardless of their

location. Improved access to MFM consultations through telehealth has been shown to improve maternal and infant health outcomes. For example, telehealth consultations for rural residents lead to lower rates of premature delivery and neonatal intensive care unit admissions.[vii] Improved health outcomes may also lead to significant cost savings. For example, the total cost associated with premature birth in the United States is $26.2 billion each year.[viii]

Even in urban communities, telehealth has the potential to address barriers to care. Particularly for patients who require frequent appointments for a high-risk pregnancy, telemedicine visits may confer a number of advantages for both patients and providers.

PATIENT ADVANTAGES
- Reducing expenses associated with traveling to appointments (e.g. parking, gas, taxi or public transit fares)
- Minimizing time away from work
- Avoiding the need for childcare during appointments
- Decreasing wait time in an office
- Alleviating unnecessary environmental exposures

PROVIDER ADVANTAGES
- Improved continuity of care with patients who previously had to overcome challenges to attend frequent office visits
- Flexible scheduling
- Expanding the reach of MFM subspecialists to underserved areas
- Increased clinical support for local providers caring for patients experiencing high-risk pregnancies, which ensures those providers can continue to care for less complex patients while referring those with the most complex pregnancies to facilities with that can provide more specialized care
- Reducing overhead costs associated with in-person visits

ADDRESSING DISPARITIES IN PATIENT CARE

Significant disparities in pregnancy outcomes exist in the United States. Black mothers are three to four times more likely to die from a pregnancy-related death than White mothers.[ix] Emerging data indicate that telehealth may be an effective tool in addressing these disparities. For example, one study found that monitoring postpartum patients' blood pressure via a text-message system led to a 50% reduction in racial disparities for tracking blood pressure from patients compared to standard in-person blood pressure checks.[x]

While telehealth has been shown to decrease racial disparities, it is critical that telehealth is implemented in a way that intentionally reduces barriers to telehealth services for underserved populations. For example, many public and private insurance plans require the use of videoconferencing for telehealth services. This policy exacerbates health inequities by limiting access to telehealth for those individuals that do not have access to broadband internet or video-enabled devices due to where they live or their income.

POLICY RECOMMENDATIONS

The COVID-19 pandemic has emphasized the importance of telehealth capabilities, which offered a vital avenue to provide care while minimizing risk of disease spread among patients and providers. Adoption and utilization of telehealth were accelerated during the pandemic due to both increased demand and regulatory flexibility. As policymakers consider making regulatory changes permanent, the Society for Maternal-Fetal Medicine (SMFM) offers the following recommendations to ensure that telehealth is implemented in ways that allow providers to offer equitable care to all patients and preserve telehealth as a viable practice option to ensure access for patients in the future.

ADVANCING EQUITY THROUGH TELEHEALTH

Increase access to broadband services. As the COVID-19 pandemic has highlighted, reliable access to broadband internet in the home is critical to allow people to work, attend school, and access doctors' appointments via telehealth modalities. Policymakers should strengthen and expand federal, state, and local initiatives to make affordable broadband internet access available to Americans in every community.

Commit to improving digital literacy. Sixteen percent of American adults are not digitally literate.[xi] On average, these adults are less educated and more likely to be Black, Latino, or foreign born. If efforts to increase access to technology are not met with an equal commitment to increase digital literacy, this may exacerbate health inequity. Therefore, states should support initiatives focused on increasing digital literacy. One possible intervention includes the use of community health workers to identify high-risk patients and teach basic skills in computer and smartphone use.

Payment parity for audio-only (telephonic) telehealth visits. Not all patients have access to computers, smartphones, tablets, and broadband service, and this should not be a barrier to accessing care. Public and private insurance providers should consider a live and interactive conversation with or without video a qualifying telehealth service. Recent data indicate that audio-only virtual prenatal visits, when combined with in-person appointments, meet patient needs and offer unique advantages over video visits.[xii]

Pay for medical equipment necessary for remote prenatal visits. Telehealth prenatal visits can require patients to use fetal dopplers, blood pressure monitors, and weight scales to measure vital signs and report readings to their clinicians. Purchasing this durable medical equipment is a barrier for many people with lower incomes. Medicaid and private insurance plans should cover the cost for this equipment to increase access to maternity care through telehealth.

Culturally-competent translation and interpretation services should be required in telehealth settings. Currently only one state explicitly requires the provision of interpretation and translation services for patients with limited English proficiency in a telehealth setting. Quality language services are essential when trying to explain complex fetal anomalies and other high-risk pregnancy complications. Policymakers should guarantee payment for language services during telehealth visits to provide quality care to every patient experiencing a high-risk pregnancy.

IMPROVING ACCESS THROUGH TELEHEALTH

The following recommendations may increase the number of MFM subspecialists who are able to offer telehealth services and, therefore, increase the number of high-risk patients who can receive the specialized care provided by MFM subspecialists.

Telehealth services should be reimbursed at rates comparable to in-person visits. Currently, many state Medicaid programs and private payors reimburse for telehealth services at only a percentage of the rate paid for in-person services or don't reimburse for all telehealth services. As of late 2019, only four states have private payer parity laws that govern how private insurance plans should reimburse for telehealth services.[xiii] Only eight state Medicaid programs reimburse for all modalities of telehealth, and certain limitations apply.[xiv] Payment parity is critical to allowing providers to offer telehealth services. To ensure all patients have access to appropriate telehealth, every state should enact laws that reimburse for telehealth services at rates comparable to those paid for in-person services and reimburse for all telehealth modalities.[xv]

Providers should be able to deliver telehealth services across state lines. A key benefit to telehealth is that it allows patients living in areas of physician shortage to access care. SMFM commends the nearly 30 states and territories that are part of the Interstate Medical Licensure Compact, which allows participating states to streamline the licensing process for physicians who want to practice in multiple states. SMFM urges the remaining states and territories to enact legislation to join the compact, as well as pursuing other pathways to make it easier for physicians to practice across state lines.[xvi] This would help high-risk pregnancy patients access MFM care regardless of where they live.

Increase transmission and facility fees to encourage providers to offer telehealth services. Transmission and facility fees allow health care providers to invest in technologies needed to provide telehealth services. Insufficient fees deter some providers from maintaining that infrastructure. Thirty-four states will reimburse either a transmission fee, facility fee, or both.[xvii] Among those states, there is variation in fees and which providers are eligible. Implementing transmission and appropriate facilities fees across public and private payors in all states will allow more MFMs to provide telehealth services.

Pursue new payment models that incentivize telehealth. Current insurance reimbursement models are not designed for the delivery of services through telehealth and, therefore, stymie innovation and improvements in patient care. State Medicaid programs and other payors should explore new payment models that financially incentivize MFMs to invest in telehealth technologies and coordinate with local providers and community health workers.

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