

POSITION STATEMENT:

Expand Access to Telehealth-Delivered Treatment for Bariatric Surgery

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SUMMARY STATEMENT:

The Society of Behavioral Medicine supports expanded access to telehealth services for patients seeking bariatric surgery. Expanded access requires the Senate supporting the Telehealth Modernization Act, reducing regulatory barriers across states lines, and extending payment parity.

THE PROBLEM

Severe obesity has increased dramatically in the U.S. over the last several decades and is a significant public health problem requiring a multidisciplinary care team.¹ Bariatric surgery is recommended by numerous professional organizations as the most efficacious treatment for patients living with severe obesity (Body Mass Index [BMI; kg/m²] > 40; or BMI 35-39.9 with related medical conditions).² Moreover, dramatic improvements in health status after bariatric surgery are likely to be protective against hospitalization and death after exposure to COVID-19.³

Widespread adoption of telehealth services offers an opportunity to reduce barriers and expand access to high quality specialty care for patients considering bariatric surgery for treatment of severe obesity.⁴ Common barriers include patients' socioeconomic status, minority status, residence in rural communities, extended travel time to care facilities, burden of multiple pre-operative multidisciplinary appointments, lack of childcare or time away from work for appointments, physical inability to attend appointments, and lack of access to accredited bariatric surgery treatment centers.^{5,6}

Furthermore, access to bariatric surgery, considered an elective operation based on BMI rather than disease severity, was reduced during the COVID-19 pandemic.⁷ Access to bariatric surgery should be prioritized by the severity of metabolic conditions such as diabetes and the need for adjuvant bariatric surgery in preparation for treatment of other conditions (e.g., organ transplant, joint replacement).

During the COVID-19 pandemic, health care professionals gained experience using a combination of in-person and telehealth visits for multidisciplinary evaluation in preparation



for bariatric surgery and for post-operative care. Both pre- and post-operative appointments that do not require a physical exam like nutrition, psychology, group education, and medical visits after completion of pre-operative testing are particularly amenable to telehealth services. Moreover, in the first post-operative year, multiple follow-up visits are required for achievement of optimal improvements in health status. Telehealth may have the potential to improve access, program adherence, and increase patient satisfaction (e.g., reduce appointment wait times, flexibility in appointment scheduling, convenience of receiving care at home, cost savings for patients).⁸

CURRENT POLICY

Centers for Medicare and Medicaid services (CMS) and many state and private payers expanded offering of telehealth services during the current COVID-19 public health emergency. The current expansion includes a range of health care professionals who participate in a multidisciplinary bariatric surgery care team including surgeons, bariatric medicine physicians, advanced practice professionals, registered dietitians, and behavioral health professionals such as clinical psychologists, clinical social workers and licensed professional clinical counselors.⁹ Patients are permitted to receive telehealth services in their homes and most states have modified licensing requirements permitting practice of telehealth across state lines. Current reimbursement rates for CMS, state, and private payers are the same as if patients were seen in-person (fee-for-service rate).

Adoption of telehealth during the COVID-19 pandemic has presented unique opportunities for reducing barriers for patients who desire bariatric surgery. However, restrictions on access to telehealth services that have temporarily been lifted will return when the COVID-19 pandemic ends. Important issues yet to be determined are:

1) Telehealth Geographic Restrictions: The Telehealth Modernization Act legislation introduced in February 2021 and pending action in the Senate, seeks to extend flexibility authorized during the COVID-19 pandemic including 1) the location of the health care professional as the distant site expanding access beyond rural areas, 2) the home of the patient serving as the origin site for all services rather than require that patients travel to a designated telehealth location, and 3) expand use of telehealth to all types of health care professionals.¹⁰

2) Delivery of Services Across State Lines: Changes in state licensing laws will be necessary for widespread adoption of telehealth services when the COVID-19 pandemic ends. A feasible pathway to reform may be interstate compacts which already exist in several specialties including medicine, nursing, and clinical psychology.^{11,12} Compacts have made significant progress toward expediting licensure, creating multistate licensure, and regulating the practice of telehealth across states.¹³

3) Payer Reimbursement: It is unclear whether telehealth benefits and payment parity will be extended to all health care professionals after the pandemic ends. No or low reimbursement will be a significant barrier to offering telehealth services.^{14,15}

RECOMMENDATIONS

Recommendation #1:

The Senate should pass the Telehealth Modernization Act legislation that was introduced in February 2021.

Recommendation #2:

State legislators should introduce and enact interstate compact legislation for health care professionals that will reduce regulatory barriers and facilitate the practice of telehealth across state lines.

Recommendation #3:

Centers for Medicare and Medicaid Services must continue equal reimbursement for telehealth coverage beyond the COVID-19 pandemic.

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ENDORSEMENTS

