

SUBJECT: Telemedicine Policy of the American College of Osteopathic Family Physicians (ACOFP) Existing Policy

SUBMITTED BY: ACOFP Constitution & Bylaws/Policy & Organization Review Committee

REFERRED TO: 2025 American College of Osteopathic Family Physicians (ACOFP) Congress of Delegates

RESOLUTION NO. 5

RESOLVED, that the ACOFP Constitution & Bylaws Committee recommends that this policy be referred to the ACOFP Board of Governors to be updated to reflect the current state of telemedicine and be presented at the 2025 Congress of Delegates.

9. INNOVATIVE MEDICINE

2. Telemedicine

C/25, 19, 13, 08, 03

Definition of Telemedicine – Telemedicine is an area of medicine that utilizes information and telecommunication technology to transfer medical information that assists in the diagnosis, treatment, and education of the patient. The provision of telemedicine requires the same skills and time as the delivery of that service in-person by the physician.

Benefits of Telemedicine – While the ACOFP firmly believes that in-person care is the gold standard for care and that telemedicine is a tool to improve care delivery when in-person care is not possible, we recognize that telemedicine provided by a patient’s established physician may be an effective tool to increase access and reduce burdens for family physicians, especially when utilized for patients in rural and/or underserved areas. Telemedicine also can be invaluable during pandemics or other public health emergencies that prevent patients from accessing in-person care. During the COVID-19 public health emergency, telemedicine flexibilities were critical during the early months of the outbreak when in-person visits dropped dramatically.

Current Barriers to Telemedicine – There are a number of barriers to the adoption of telemedicine, including inadequate payment for telemedicine services that disincentivizes the deployment of telemedicine as well as insufficient or limited broadband connectivity, making it difficult for both physicians and patients to leverage telemedicine. Other barriers include: current payer and payment rules that were established before telemedicine existed; requirements related to the settings (i.e., facility type) and locations (i.e., rural or urban) of physicians and patients for telemedicine services to be approved; new payer and payment rules limiting the availability of telemedicine services (e.g., rules related to types of patients who may receive telemedicine services, rules limiting whether a patient may receive related in-person care within a time period after receiving telemedicine); limited patient access to telemedicine and limited patient ability to use such technology; and variations in statutory and regulatory requirements and payment at the state level.

Current Risks and Limitations Associated with Telemedicine –Telemedicine can be vulnerable to fraud and abuse, which would lead to reduced care quality for patients and higher costs to the health care system. Also, there is limited data on the quality of telemedicine in comparison to in-person care, and there are limited regulations governing out-of-state and international telemedicine physicians and

quality assurance. Moreover, insurance companies contract with telemedicine providers that provided isolated telemedicine visits without engaging in coordination with patients' primary care physicians, and this can result in a disruption of existing primary care physician-patient relationships and care coordination. These risks and limitations must be addressed in order to ensure that telemedicine is used appropriately and to the benefit of patients.

Promoting Increased Use and Availability of Telemedicine – Recent federal legislative and regulatory activities have attempted to increase the availability of telemedicine within the existing Medicare payment systems by providing flexibility both on who may receive coverage for telemedicine services as well as the location of where the services are provided. More needs to be done to incentivize the widespread adoption of telemedicine, ensure its appropriate use and provide for adequate payment for these services. Specifically, payers, including Medicare, must recognize that telemedicine does not reduce the amount of time a physician spends with patients. Instead, it provides patients with greater access to health care services.

The ACOFP supports federal efforts to promote the widespread adoption of and payment for telemedicine services.

FINAL ACTION: AMENDED & APPROVED as of April 2, 2025