Key Themes and Potential Comments Regarding Telehealth in the Context of Alternative Payment Models Based on the Telehealth Theme-Based Discussion During the September 16, 2020 Public Meeting

The following summary table, which was prepared by the telehealth Preliminary Comments Development Team (PCDT), highlights key issues and suggestions that were raised during the Physician-Focused Payment Model Technical Advisory Committee's (PTAC's) September 16, 2020 Public Meeting – based on feedback from past submitters, subject matter experts, public comments, and Committee members. Additional feedback received from stakeholders in response to the Request for Input (RFI) on telehealth is highlighted in blue. Proposed comments (e.g., recommendations and policy considerations) and corresponding research questions are included for PTAC's consideration.

The table is organized into three categories, which include themes relating to the topics that were raised; suggestions that were introduced in relation to those topics; and proposed comments for PTAC's consideration and potential inclusion in a Report to the Secretary, as well as potential research questions. This document was finalized on November 25, 2020. The intent of this document is to assist the Committee in its deliberations during the December 8, 2020 Public Meeting, and serve as a resource in its review of future proposals.

Theme	Key Issues Raised During the 9/16 PTAC Public Meeting and in the Telehealth RFI Responses →	Suggestions Raised During the 9/16 PTAC Public Meeting and RFI Responses →	Proposed Comments
Category 1. Infrastructure: Provider and Beneficiary Needs			
Infrastructure: Beneficiary Needs, Avoid Disparities	There is the potential that virtual health care could exacerbate disparities in care among vulnerable populations who may not have access to or skills with the needed technologies. The "digital divide" includes adeptness with technology, access to devices, access to connectivity/broadband, and the ability or inability to use the technology due to physical or cognitive impairments or a lack of caregiver support.	Subject matter experts emphasized the importance of developing methods to address the "digital divide," including tight coordination between telehealth and in-person services to address issues in access to technology and/or connectivity/broadband, and the ability to use telehealth technology.	***1A:*** Consider sponsoring a report to investigate or describe unintended consequences associated with widespread adoption and use of telehealth that addresses the potential for exacerbation of disparities in care for specific populations due to the digital-divide, cognitive and physical impairments, long-term services and supports (LTSS) needs, and for those living in the community with limited caregiver support.
Infrastructure: Beneficiary Needs, Focus on Vulnerable Populations	Vulnerable populations with ongoing virtual care needs pose a challenge for providers. For example, the aging population with long-term support needs who reside outside of long-term care (LTC) facilities and lack digital awareness or caregiver support, are isolated groups. Their needs have not been addressed. To ensure adequate access to care via telehealth/virtual services, appropriate strategic care planning is necessary to support their adaptation and enable this population to scale up.	Panelists suggested that additional research be done on reaching vulnerable populations through telehealth, how to improve their access to and capacity to use telehealth technology, and how to address the needs of these populations in the context of APMs. Panelists and Committee members noted that future methods or mechanisms should consider alleviating disparities in access to telehealth care, telehealth technology, broadband connectivity, etc.—and how these disparities can impact disparate care overall.	***1B:*** Consider partnering with a diverse array of stakeholders (including providers and those representing beneficiary voices) on development of standards and best practices for adoption of telehealth to address the needs of vulnerable populations (e.g., LTSS needs of community-dwelling populations and to address the impact of social isolation). ***1C:*** Consider further research on unintended consequences of widespread use of telehealth: disparities in care for specific populations including those with impairments or those who require language translation and culturally competent education.

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Infrastructure: Provider Needs, Address Standards for Adoption and Use	The telehealth waivers do not adequately improve the use of telehealth to provide ongoing, immediate, or as needed access to interdisciplinary providers (e.g., geriatricians and social workers) for patients and staff in skilled nursing facilities (SNFs). An APM would be needed to support a cultural shift from using telehealth as an "event" to providing routine access. Primary care and specialty providers undergoing a rapid switch to telehealth were required to develop a team approach that involved reviewing schedules, educating patients, conducting pre-telehealth visit technology testing, and creating backup plans to go to telephone/audio-only as needed. These providers have developed approaches to determine the conditions when a patient must come for a physical visit. Another concern is that data silos might be produced if telehealth is not integrated with an interoperable electronic health record (EHR).	Subject matter experts encouraged additional research on which workflows best accommodate simultaneous telehealth care and in-person care in one system; which has been recognized as a difficulty; which models best serve individuals with disabilities or without in-home support for telehealth; and which APM payment designs foster telehealth implementation versus create barriers to the adoption of telehealth. Additional research could be conducted on methods to expand support to providers regarding telehealth implementation; provider and patient telehealth training; and telehealth care coordination. Panelists noted that past successes included reframing telehealth as routine access and developing a team-based approach to determine whether telehealth is appropriate and developing backup plans in case of connectivity issues.	***1D:*** In the context of APMs, consider developing partnerships with a diverse array of stakeholders (including providers and those representing beneficiary voices) to support development of standards for telehealth adoption including best practices related to workflow, service integration, team-based approaches, shifting to a culture of "routine access", determining when telephone/audio-only access is appropriate, and best practices to ensure care integration and the interoperability of data gathered in the context of telehealth.

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Infrastructure: Provider Needs, Address Benchmarks and Variation in Standards by Setting	It is important to find the right balance between virtual and hands-on services to optimize care for individuals. Virtual services cannot fully substitute for hands-on care nor should there be another service added on to current care. However, for some services, payment parity between in-person and virtual care is appropriate and necessary for supporting access. However, there are cases where payment parity may also raise program integrity concerns. There are not currently sufficient "guardrails" around telehealth, ranging from protections that would avert disparities in care, to protections for ensuring appropriate use of virtual services.	Panelists and commenters suggested considering fully integrating telehealth into any future models rather than including telehealth as a separate care "silo"; incorporating care delivery and payment methodologies to ensure patients receive the most appropriate form of care (e.g., in-person or virtual); and ensuring that telehealth is not a complete substitute for in-person care. Panelists suggested considering developing a series of telehealth guidelines, including standards of care, quality metrics, patient safety metrics, and methods for determining the appropriateness of different modalities of care.	***1E:*** Consider partnering with a diverse array of stakeholders (including providers and those representing beneficiary voices) to support development of standards for appropriate adoption of telehealth by setting; modified clinical quality measures for virtual versus in-person care; benchmarks using patient satisfaction measures to compare virtual care to in-person care; and use of analytic technology to enforce program integrity rules.
Infrastructure: Understanding Provider and Beneficiary Costs	There is a lack of rigorous methods for accounting for provider costs in health care, which makes it difficult to understand the true cost of different telehealth modalities and how those costs vary for different provider organizations and in different geographic areas. Similarly, there is a lack of understanding regarding variable costs of adoption faced by beneficiaries in terms of broadband, devices, and technical support.	Panelists suggested that additional research be conducted on provider costs for adopting and using different telehealth modalities, and how these costs vary by provider organization and geographic areas. Panelists noted that there should be further research on costs associated with implementing and using different telehealth modalities, to see which payment mechanisms would allow providers to not lose financially.	***1F-1G:*** In the context of APMs consider exploring: • Interest in partnerships with a diverse array of stakeholders (including providers and those representing beneficiary voices) to support the development of accurate methods to comprehensively account for costs of telehealth adoption and use for different provider types. • Research on costs associated with beneficiary access to broadband connectivity, technologies (e.g., tablets), and technical support needed to benefit from telehealth.

Theme	Key Issues Raised During the Panel Discussions →	Suggestions Raised During The Telehealth Session at the 9/16 PTAC Public Meeting →	Proposed Comments
Category 2. Barriers and Enablers to Accessing Virtual Care, by Subcategory			
Barriers to Accessing Virtual Care: Consider Flexibility Related to Coverage and Payment in the Context of APMs	The easing of geographic restrictions associated with payment for telehealth and inclusion of emergency medical screening as covered telehealth services during the public health emergency (PHE) have helped to preserve personal protective equipment (PPE) and reduce exposure to COVID-19.	Panelists suggested that additional research is needed on the impact of easing telehealth restrictions (i.e., geographic restrictions on payment) and whether healthcare systems are able to reduce unnecessary hospitalizations, preserve PPE, and reduce exposure to COVID-19 or other airborne diseases.	***2A:*** In the context of telehealth and APMs, consider flexibilities related to geography, site of care, covered services, and provider state licensing and reciprocity. Where possible, seek to provide greater certainty regarding reimbursement and coverage policy for telehealth under APMs during and following the PHE.
	Complex regulations (payment and other policies) were challenges that inhibited previous use of telehealth that, when relaxed, led to exponential increases in its use, particularly for certain specialties such as primary care.	To sustain and encourage further integration of telehealth into healthcare systems, panelists emphasized that the uncertainty surrounding recent relaxations around regulations and whether providers can expect that these flexibilities will remain post-PHE should be resolved.	
	The waivers have led to increased reliance on telehealth to support effective care, but uncertainty about post-PHE rules presents a challenge.		
Enablers to Accessing Virtual Care: Consider Future Research on Enabling Patient Monitoring and other Interventions	Barriers to effective use of virtual care exist because some chronic disease populations view being symptomatic as baseline or normal, and therefore they may not seek care unless there is a particular disease event, potentially resulting in a hospitalization, emergency department (ED) visits, or adverse health outcomes. In these cases, telehealth tools that are not related to waivers (e.g., remote patient monitoring) are important for providing proactive care. Such care avoidance may be worse during the PHE; while not addressed through patient-initiated telehealth consults, this barrier may be lessened through remote symptom monitoring.	Panelists suggested further research into how remote patient monitoring might help improve timely access to care for patients with chronic conditions who are not currently seeking care during the COVID-19 PHE and whose care avoidance may result in hospitalization at a later date.	***2B:*** In the context of new and existing APMs, consider further research that could assess the potential of adopting remote patient monitoring and other forms of telehealth (in existing or new models) not related to the temporary waivers during and after the PHE.

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Category 3. Payment Issues: Paying for Telehealth under Physician-focused Payment Models or Alternative Payment Models (APMs)			
Payment Issues: Document Emerging Findings	Providers already engaged in APMs were among those most able to adapt quickly to the use of virtual health care delivery to ensure continuity of care. Telehealth can potentially be most effective if delivered or coordinated under APMs by providers who are the beneficiaries' usual source of care to avoid fragmentation.	Panelists suggested that additional research is needed on APMs as a method to achieve better integration of telehealth. Specifically, panelists cited APMs' capacity for accountable care or value-based care with incentives relating to quality of care, patient satisfaction, and community health.	***3A:*** Consider highlighting best practices and findings from rapid adoption of telehealth among providers involved in APMs across provider setting and clinical scenarios (e.g., stand-alone substance use disorder [SUD] or behavioral health, as well as usual source of care).
	APMs with prospective payment mechanisms give providers more flexibility to use telehealth effectively.	Panelists and Committee members suggested that future research should focus on APMs with more flexibility to provide telehealth to beneficiaries, including models with prospective, risk-adjusted payments.	
Payment Issues: Use APMs to Enable Telehealth	Virtual health care delivery was shown to exhibit promise in ensuring access to care for many, particularly for individuals undergoing behavioral health services, and can serve as a tool to optimize care services across the system of care.	Panelists view telehealth as a valuable healthcare tool, and encourage the incorporation of telehealth in models both during and beyond the COVID-19 PHE. Panelists noted that telehealth can play a role to achieve multiple types of outcomes, such as to: • Help ensure access to care • Optimize care services across the system • Provide frontline assessments to limit the number of hospitalized patients • Facilitate provider-to-provider coordination and education	***3B:*** Consider including telehealth modalities across all APMs currently in testing or development, as tools for facilitating access to care; optimizing care delivery; reducing avoidable inpatient or ED care; improving health outcomes; and improving provider coordination; and support provider teaching, education, and collaboration. ***3C***: Consider using accountable care organizations (ACOs) or other models to assist in testing the impact of telehealth on cost, access, and quality for various services.
	Telehealth can be valuable as a frontline assessment tool for limiting the number of hospitalized patients and thus exposure to COVID-19 among vulnerable groups.		
	Beyond direct virtual care, telehealth can play an important role in facilitating provider-to-provider coordination and education.		

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Payment Issues: Leverage Insights From Previous PTAC Proposals	There are 18 previous PTAC proposals that included telehealth as a component of their models. Best practices or lessons learned from these proposals may help inform future model development.	Some of these proposals included innovative care delivery models related to: • Providing remote assessment and education to rural providers relating to neurological conditions • Telemonitoring of patients with chronic conditions • Providing team-based care to multiple skilled nursing facilities, • Ensuring care coordination after discharge from EDs • Maximizing primary care provider flexibility • ACO shared savings can potentially be used to support cost-saving telehealth interventions	***3D***: Review previous PTAC proposals that included a telehealth component, and incorporate some of the telehealth-related elements from one or more of these proposals into ACOs and other Center for Medicare & Medicaid Innovation (CMMI) models that include prospective payment and two-sided risk in order to pilot test potential best practices and assess their impact on health care costs and quality.

Research Questions Associated with Selected Comments

Comments	***Key Research Questions***
1A: Consider sponsoring a report on unintended consequences associated with widespread adoption and use of telehealth that addresses the exacerbation of disparities in care for specific populations due to the digital-divide, cognitive and physical impairments, LTSS needs, and for those living in the community with limited caregiver support.	• *How can the needs of these populations be addressed in the context of telehealth APMs?* o *What features of an APM will or will not facilitate helping these populations benefit from access to telehealth?*
1C: Consider further research on unintended consequences of widespread use of telehealth: address disparities in care for specific populations including those with impairments or those who require language translation and culturally competent education.	• *How can the needs of these populations be addressed in the context of telehealth APMs?* o *What features of an APM will or will not facilitate helping these populations benefit from access to telehealth?*
1D: In the context of APMs, consider developing partnerships with a diverse array of stakeholders (including providers and those representing beneficiary voices) to support development of standards for telehealth adoption including workflow, service integration, team-based approaches, shifting to a culture of "routine access", and interoperability of data gathered in the context of telehealth.	• *What is known about standards of care, quality measurement, safety, and appropriateness in the context of virtual versus in-person care?* o *What are the best approaches for determining services where there should be payment parity between in-person and virtual care?* • *How do we account for differences in the care environment and incentives inherent in virtual versus in-person care, while also maintaining simplicity and flexibility?* o *Which telehealth interventions are different modalities/settings rather than new types of services?* o *Are there program integrity challenges associated with telehealth?*
1G: In the context of APMs, consider exploring research on costs associated with beneficiary access to broadband connectivity, technologies (e.g., tablets), and technical support needed to benefit from telehealth	• *How, if at all, should APMs incorporate cost of implementation and effective use of telehealth into their payment design?* o *How do different APM payment designs facilitate or create barriers to effective adoption and use of telehealth?* o *What supports do beneficiaries receiving care through APMs need to most effectively benefit from telehealth?* o *How does beneficiary satisfaction vary for specific services delivered virtually versus in-person?*
2B: In the context of new and existing APMs, consider further research that could assess the potential of adopting remote patient monitoring and other forms of telehealth not related to existing temporary waivers during and after the PHE.	• *How does the role of telehealth vary if the intervention is a substitute for in-person care versus a complement or supplement to in-person care?* • *How should coverage and reimbursement rules vary for these different forms of telehealth?*

Comments	***Key Research Questions***
3A: Consider highlighting best practices and findings from rapid adoption of telehealth among providers involved in APMs across provider setting and clinical scenarios (e.g., stand-alone SUD or behavioral health, as well as usual source of care).	• *What are the reasons for and against the inclusion of telehealth in different types of payment models?* o *What are the best approaches to understanding the true cost of adopting different telehealth modalities?* o *What are the models of payment that will make these financial investments feasible?*