

Issue Area I: Expanding Telehealth and its Effect on Total Cost of Care. We

welcome your comments on the following questions:

- *What have we learned about telehealth utilization during the pandemic?*
- *How should federal budgeting models adapt to reflect expanded telehealth access?*
- *What is needed to determine the effect of telehealth expansion on prevention, urgent care, post-acute care, etc.?*
- *What principles should inform telehealth pay vs. in-person care and do these vary by service/mode of telehealth?*

RESPONSE:

- **American Association for Homecare (AAHomecare) strongly supports the ability of beneficiaries and physicians to conduct virtual services (e.g., telehealth, e-visits, and virtual check-ins), both during the PHE and beyond, in lieu of certain in-office visits. Virtual services allow the beneficiary and physician to appropriately communicate about ongoing needs, and in many situations, eliminate the need for an in-person (face-to-face encounter) visit to the doctor's office. During the PHE this promotes social distancing, keeping both the beneficiary and health care practitioner safer. Our comments focus on the provision of home medical equipment and supplies (HME) to consumers in their homes.**
- **We strongly support the expansion of telehealth services to facilitate access to care while minimizing in-person encounters during this COVID-19 pandemic. Telehealth is an efficient way for practitioners and beneficiaries to communicate and can often effectively replace in-person visits, with no concomitant disadvantages. We recommend that certain virtual services that are allowed during the PHE also be allowed on a permanent basis after the PHE. We recommend, however, that virtual services be reserved for physicians and other prescribers with an established beneficiary relationship. Clinicians should be responsible to decide whether a visit with their patient should be in-person or virtual.**
- **Virtual visits are especially beneficial for on-going monitoring of patients because HME suppliers are generally more frequently in contact with their patients than clinicians. This is because most equipment provided by HME suppliers are rental equipment, such as wheelchairs and oxygen concentrators, or monthly supplied services such as enteral nutrition, or disposable medical supplies. Expanding telehealth services during this PHE has enabled HME suppliers to have more regular check-ins with patients and monitoring equipment usage.**
- **Prior to the PHE, telehealth was limited to Medicare beneficiaries residing in rural areas. Although the availability of telehealth has been very helpful for rural communities, the difficulty accessing a clinician's office is not limited to rural areas. For a variety of reasons, even beneficiaries residing in**

urban areas can struggle to visit a doctor's office. Whether it be due to a transportation issue, due to the patient's medical condition (such as limited mobility), or due to the flu season/pandemic (where the patient is fragile), there are situations when telehealth is safer than an in-person visit. The geographic barrier to virtual visits should be removed.

- For certain equipment, CMS requires beneficiaries to bring their equipment with them for an in-person visit. The purpose of these visits is to have the clinician check-in with the patient to ensure they are using the equipment properly and to determine if the equipment is still medically needed. We believe this type of visit can be effectively conducted via a virtual visit. Allowing for this check-in to be virtual will improve access and convenience for patients.
- The payment of virtual services should reflect the technology used for the visit. For example, a clinician can conduct a more thorough visit through an audio-video visit than a telephone conversation therefore, an audio-video visit should appropriately be reimbursed at a higher rate than a telephone visit.

Issue Area II: Enhancing Patient Safety and Program Integrity in Remote Care Services.

We welcome your comments on the following questions:

- *What do data tell us about program integrity with telehealth vs. in-person care?*
- *How can telehealth/virtual care technologies be used to enhance program integrity?*
- *How does your organization address program integrity with telehealth/virtual care and does it differ from in-person care?*
- *What best practices should payers implement to optimize program integrity to prevent fraud and abuse?*
- *What do data tell us about patient safety with telehealth vs. in-person care?*
- *Are there opportunities for greater levels of patient safety in telehealth?*
- *What controls are needed to prevent diversion of controlled substances prescribed via telehealth?*
- *How can we best protect patient privacy while ensuring interoperable telehealth access that enables effective payer provider collaboration?*

RESPONSE:

- HME industry is part of the solution in keeping patients safe at home. Due to the nature of services HME suppliers provide, patient monitoring is an integral part of a supplier's services. Being able to use telehealth for more services during this pandemic has improved the supplier community's ability to regularly check-in with patients.
- One of the benefits of telehealth is it provides an opportunity for patients to seek medical care before needing to visit a facility. There have been multiple news articles on how the pandemic is likely keeping patients away from hospitals and emergency departments. The expansion of telehealth during this PHE is likely limiting some types of emergency visits. Telehealth expands access to care by allowing patients to get medical attention without leaving their homes, this is especially important for high-risk patients who should limit leaving their homes during this pandemic.
- AAHomecare strongly supports interoperability between payors and providers. Ensuring interoperable telehealth access improves administrative efficiency and patient care.

Issue Area III: Data Flow, Care Integration and Quality Measurement.

We welcome your comments on the following questions:

- *How do we fully leverage telehealth capabilities throughout the care and quality ecosystems?*
- *What are barriers to a more integrated quality measurement system, data sharing and patient-centered care for remote services?*
- *What are best ways to assess the impact of telehealth expansion on quality and patient experience?*
- *How do we adapt the quality infrastructure to incorporate and support telehealth expansion and strengthen its infrastructure?*
- *What has your experience been with consumer telehealth satisfaction and they would accept virtual care in an integrated care system?*
- *How might policies encourage patients and providers to view of telehealth as another kind of care vs. a different care modality?*

RESPONSE:

- **The HME industry has received positive feedback from patients on the expanded use of telehealth. Expansion of telehealth has greatly improved the access to care without compromising the quality of services.**
- **AAHomecare recommends that whenever a face-to-face encounter is required, telehealth should be accepted. However, the use of telehealth should be at the discretion of the physician.**

- **AAHomecare recommends adopting policies that would improve the partnership between HME industry and physicians in caring for patients. HME suppliers are more frequently in contact with beneficiaries after a doctor's visit and are in a good position to monitor and communicate between patients, physicians, and referral sources. In addition, some HME suppliers already provide equipment that has monitoring technology which has improved monitoring patient health in real time. Remote Patient Monitoring (RPM) can be used in tandem with expanded virtual visits to provide a robust patient-centered visit without the need for an in-person visit. There are already many HME suppliers that provide RPM technology, but currently suppliers are providing this service without any reimbursement. Paying for this service would be more economical than an in-person physician visit and should be considered as part of a comprehensive telehealth expansion.**

Broader Policy Questions.

We welcome your comments on the following questions:

- What should criteria be for which emergency regulatory changes to keep vs. default to pre-COVID rules?
- What role can federal and state policy play in giving patients and providers tools and technical assistance to meet telehealth needs?
- What have we learned during the pandemic that can be applied to policy on access, quality, safety, cost effectiveness, and outcomes?

RESPONSE:

- **CMS should implement commonsense, practical rules with input from all provider communities to expand access to telehealth responsibly to protect the Medicare Trust Fund.**
- **Removing the geographic barrier and expanding eligible services during this pandemic has revealed that telehealth is an effective alternative to in-person visits.**
- **We also learned that CMS is capable of applying this expansion swiftly and efficiently.**
- **We recommend that policies on telehealth/virtual visits should keep pace with the technology that is available. We have found that the current telehealth regulations are outdated and there is a need for policies to be updated that incorporates new technology that are offered in the market.**
- **Although there is a lot of material focused on educating the provider community on utilizing virtual visits, we have not seen educational materials available for beneficiaries. AAHomecare recommends developing policies to require CMS and other payors to educate patients on effectively using virtual services.**