

Informing PTAC's Review of Telehealth and Physician-Focused Payment Models: Presentation on Public Input Received



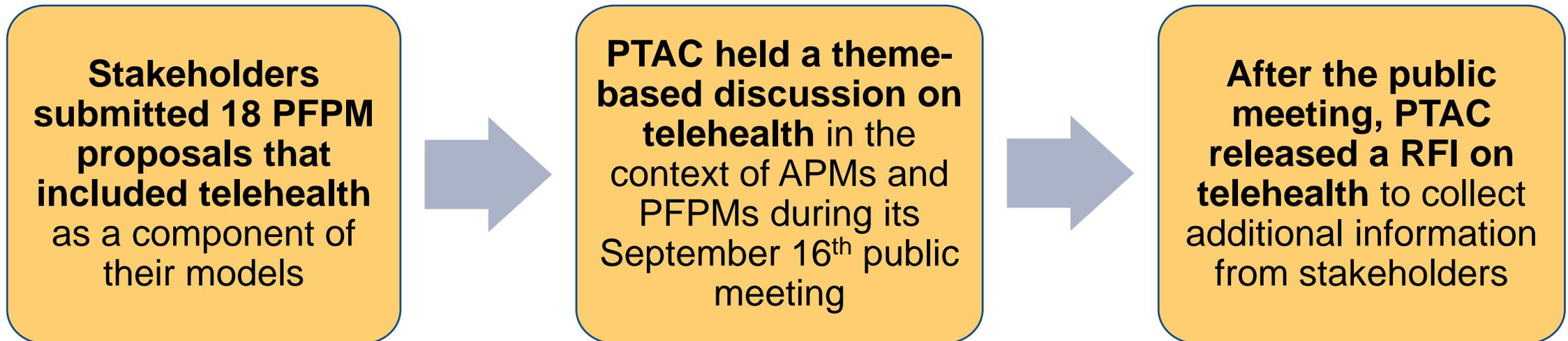
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U.S. Department of Health and Human Services

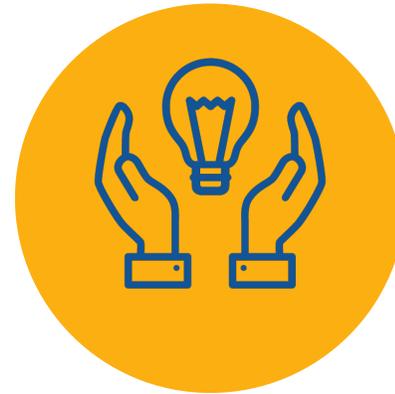
PTAC Released An RFI on Telehealth in September 2020

- After PTAC's theme-based discussion on telehealth in September, the Committee released a Request for Input (RFI) to:
 - Gain additional insights from stakeholders, and
 - Inform the review of future proposals and potential recommendations to the Secretary.



The Release of the RFI is Consistent With PTAC's Vision

- The release of the telehealth RFI is consistent with PTAC's Vision of providing a forum for encouraging stakeholders to:
 - Increase awareness of important payment and care delivery issues, and
 - Develop proposed solutions.



Activate Stakeholders

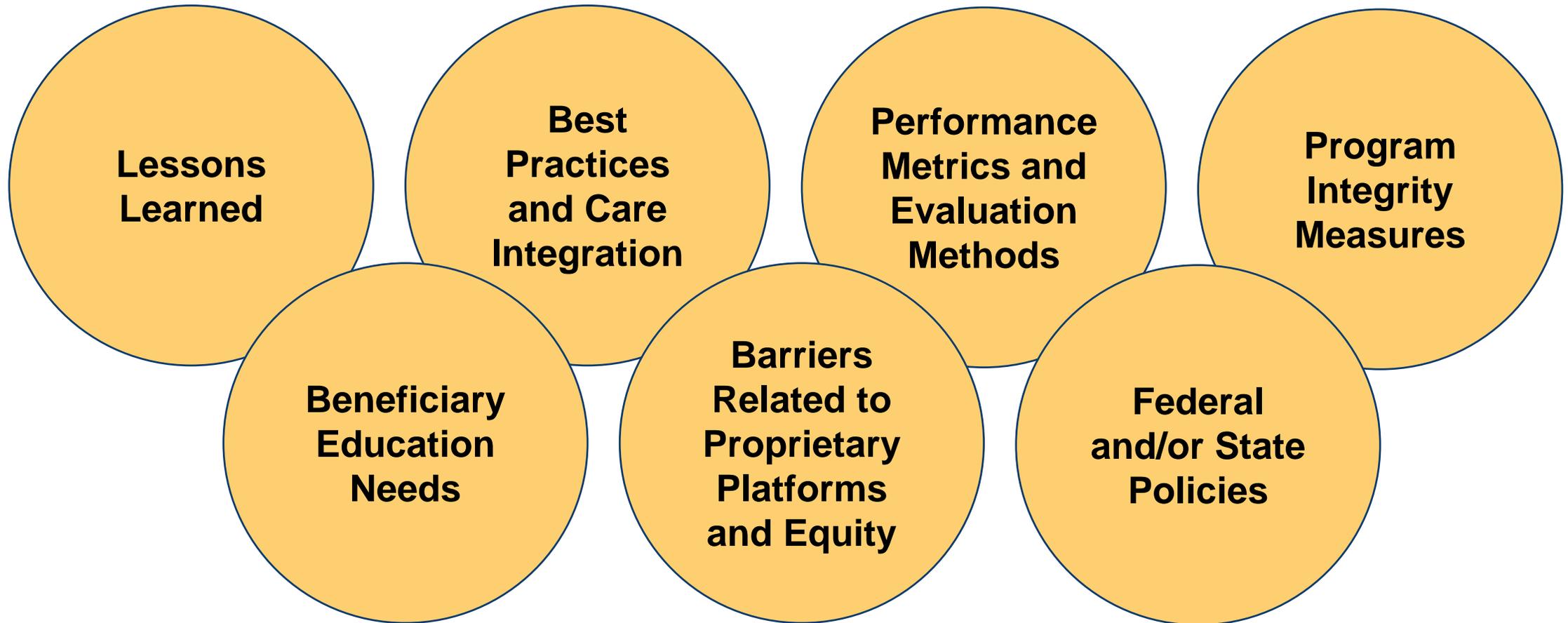
to recognize care and payment issues and respond by developing models



Increase Awareness of Issues

identified as important payment and patient care issues by stakeholders on the front lines

Overview of Telehealth RFI Question Topics*



* See the Appendix for a full list of the questions that were included in the Telehealth RFI.



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Respondents to the Telehealth RFI

- **Associations (5)**

- American Academy of Family Physicians (AAFP)
- American Physical Therapy Association (APTA)
- National Committee for Quality Assurance (NCQA)
- National Association of Pediatric Nurse Practitioners (NAPNP)
- Partnership to Empower Physician-Led Care (PEPC)

- **Other organizations (2)**

- Center for Healthcare Quality and Payment Reform (CHQPR)
- Oregon Community Health Information Network (OCHIN)

- **Individual physicians (2)**

- Eitan Sobel, MD (Sobel)
- Jean Antonucci, MD (Antonucci)



Highlights from the Stakeholder Responses

- **Consistency with many of the themes from the September Public Meeting.**
- **Provided additional insights regarding:**
 - Opportunities for Leveraging Telehealth Within the APM Context;
 - Areas Where Further Evidence Is Needed;
 - Performance-Related Metrics and Monitoring / Evaluation Methods;
 - Overcoming the Use of Proprietary Platforms; and
 - Beneficiary Education.
- **Also addressed some topics that were not included in the RFI.**



Examples of Some Stakeholder Responses

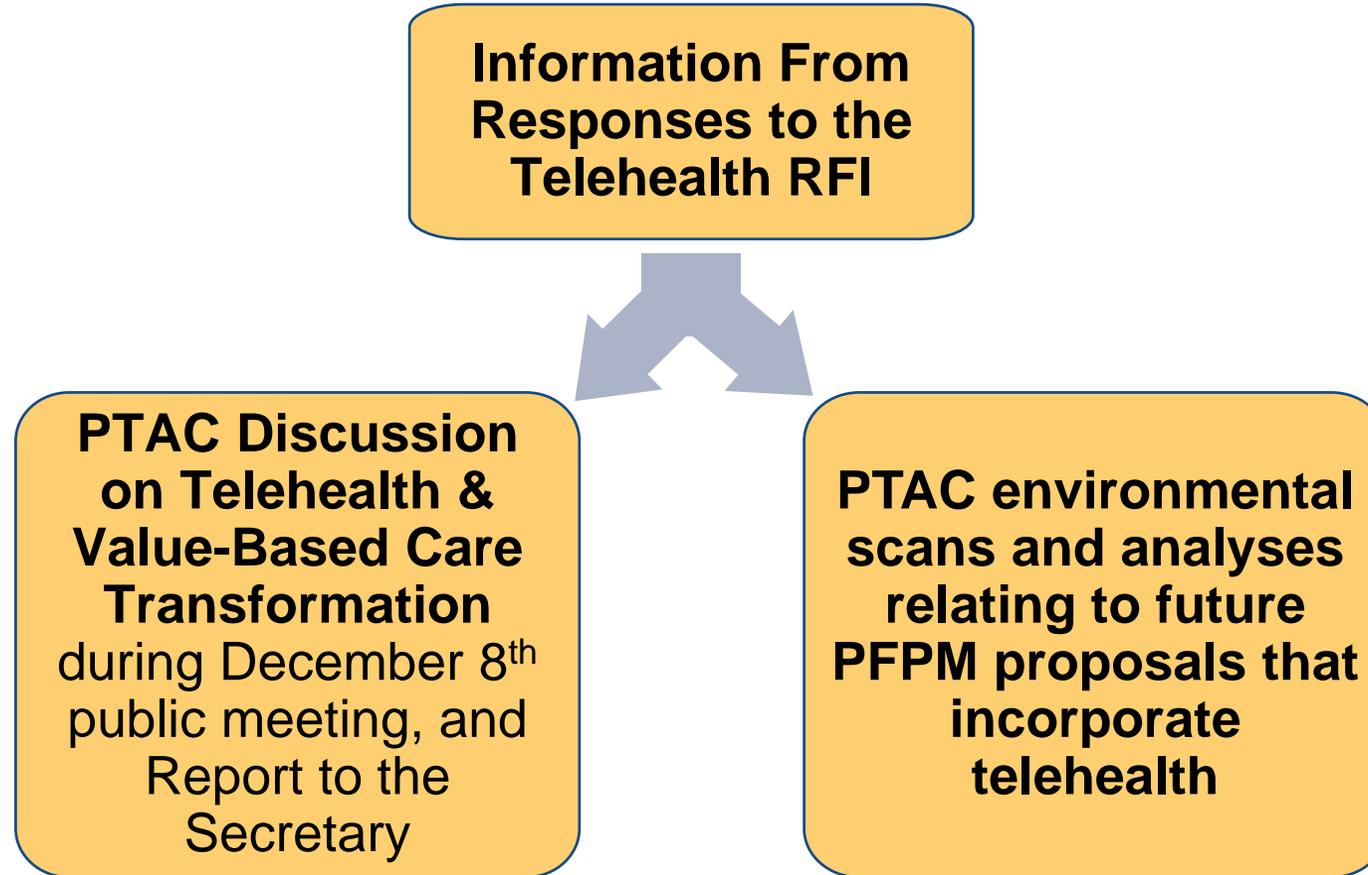
“Measures need to precisely define which aspect of telehealth is being measured when considering the impact on cost, quality, and experience of care.”Co

“We should hold telehealth, as another site or modality rather than type of care, to the same quality and safety standards as other care settings. We can and should adapt, rather than reinvent, quality measures for telehealth.”

“We need robust education to help beneficiaries understand how to use telehealth, when it may or may not be appropriate, how to protect their privacy . . . and that they have a right to obtain in-person care . . .”



Next Steps



Appendix



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Appendix: Full Questions from Telehealth RFI

- **Question 1:** Are there experiences and lessons learned from providing telehealth in existing APMs, such as telehealth in the Center for Medicare & Medicaid Innovation's (CMMI's) current models or APMs implemented by other public (e.g., Medicaid HMOs) and private payers (e.g., Medicare Advantage plans, Special Needs Plans for Medicare-Medicaid dually eligible) that may be informative when developing or evaluating PFPMs?
- **Question 2:** Are there changes related to the use of telehealth technology, such as changes in scheduling, care delivery workflow, staffing, quality standards, information and supports needed by beneficiaries, etc., that may be required to optimize its use?
- **Question 3:** Within the APM context, how can stakeholders leverage telehealth to enable coordinated and integrated care delivery for Medicare beneficiaries who need frequent or complex services across a variety of providers? For example, how might telehealth help to optimize care for these patients within and across services and settings such as: primary care, outpatient specialty care, urgent care, emergency services and observation settings, other home health care models, long-term care, post-acute care, dialysis services, mental health services, acute care including substitute to in-person care such as hospital at home, other.



Appendix: Full Questions from Telehealth RFI (2)

- **Question 4:** In what areas is further evidence about telehealth needed?
- **Question 5:** In the context of APMs for Medicare beneficiaries, what might be the most informative performance-related metrics and strategic approaches for monitoring and evaluating the use of telehealth as part of care delivery? Given potential disruptions in claims data due to the COVID-19 PHE, what are the best approaches to constructing benchmarks or comparison groups for payment and evaluation purposes? What might be the ideal measures and/or measure sets that would adequately detect performance and quality outcomes? What measures/measure sets could inform performance and enable program monitoring on care delivery issues such as access, costs, stinting, etc.?
- **Question 6:** Are there any measures that are specific to program integrity that are important to consider as it relates to encouraging use of telehealth after the PHE? How, if at all, would these measures be different under FFS or APMs?



Appendix: Full Questions from Telehealth RFI (3)

- **Question 7:** What educational information would you suggest that payers and providers can provide to Medicare beneficiaries and their caregivers to maximize the use of telehealth?
- **Question 8:** How might barriers related to the use of proprietary telehealth platforms, software, and tools be overcome to enable their use in care delivery models and APMs for Medicare beneficiaries?
- **Question 9:** Ensuring high quality care and access to services is critical for successful health care delivery. What are major telehealth barriers for Medicare beneficiaries related to equity such as access to broadband, technology, or familiarity with the technology, and how might they be addressed? What policies, best practices and technical approaches have providers and other stakeholders used to help mitigate these barriers?
- **Question 10:** In the context of APMs for Medicare beneficiaries, what federal and/or state policy issues exist that may need to be addressed for appropriate and effective telehealth use, such as Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules?



Appendix: For Further Information

- *All of the comment responses to the Telehealth RFI are available on the [For Public Comment](#) page of the ASPE PTAC website.*



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