Informing PTAC's Review of Telehealth and PFPMs: We Want to Hear From You

The September 15-16, 2020 Public Meeting included the Physician-Focused Payment Model Technical Advisory Committee's (PTAC's) first theme-based discussion to inform the Committee on topics important to Physician-Focused Payment Models (PFPMs). September 16 included a Telehealth session that was designed to give Committee members' information about current perspectives on the role telehealth can play in optimizing health care delivery and value-based transformation in the context of alternative payment models (APMs) and PFPMs specifically.

There has been interest in telehealth as a potential tool for optimizing resources to improve quality and reduce spending while helping to improve and/or maintain Medicare beneficiaries' access to diverse types of care such as routine primary and specialty care, as well as acute or complex care. The HRSA Office for the Advancement of Telehealth (OAT) defines telehealth as "the use of electronic information and telecommunication technologies to support long-distance clinical health care; patient and professional health-related education; public health; and health administration." [i]

Between December 2016 and March 2020, stakeholders submitted 18 PFPM proposals to PTAC that included telehealth as a component of their models – either as a central feature of the model; an aspect of the care delivery and/or payment model; or as an optional component and/or the potential for adoption under the model. This suggests that there is considerable stakeholder interest in telehealth in the context of APMs.

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) provides an environmental scan for every proposal reviewed by PTAC so that members have a good understanding of the clinical and economic circumstances within which the proposed model would be implemented, as well as related resource information that can inform their evaluation of each proposal. To assist PTAC in preparing for the telehealth theme-based discussion, ASPE requested the development of a brief environmental scan that provided background information on telehealth, the role of telehealth in the context of APMs and PFPMs, and issues and opportunities associated with optimizing telehealth in an APM. Additionally, the Telehealth session that took place on September 16 included panel discussions with six stakeholders who had previously submitted PFPM proposals to PTAC that included a telehealth component and a diverse group of subject matter experts, as well as public comments from stakeholders.

To help realize the opportunities for optimizing the use of telehealth, as well as the role that telehealth can play in optimizing health care delivery and value based transformation, it may be necessary to develop or refine APMs that provide incentives for appropriate, high quality telehealth delivery while maintaining or reducing total cost to the fee-for-service (FFS) Medicare program.[ii] PTAC anticipates that the Committee may receive additional stakeholder submitted proposals that include telehealth in the future. The environmental scan and the discussions will serve to inform PTAC on this topic. Thus, PTAC seeks to build upon the insights of stakeholders and use such insights and considerations to further inform our review of proposals and recommendations we may provide to the Secretary relating to this topic.

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Therefore, we are seeking stakeholder input on the following topics to further inform our environmental scans in general, and as we seek to enhance our environmental scan on optimizing telehealth in the context of APMs and value-based transformation.

Questions to the Public:

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?

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?

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
   - Acute care, including substitutes to traditional inpatient care, such as hospitals at home
   - Other home health care models
   - Long-term care
   - Post-acute care
   - Dialysis services
   - Mental health services
   - Other

4. In what areas is further evidence about telehealth needed?

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?

   a. Given potential disruptions in claims data due to the COVID-19 Public Health Emergency (PHE), what are the best approaches to constructing benchmarks or comparison groups for payment and evaluation purposes?

   b. What might be the ideal measures and/or measure sets that would adequately detect provider performance and high quality outcomes? What measures/measure sets could inform performance and enable program monitoring on care delivery issues such as access, costs, stinting, etc.?

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?

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?

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?

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?

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?

Where to Submit Comments/Input. Please submit written input regarding any or all of the above questions via PTAC@HHS.gov.

Note: Any comments that are not focused on the topic of APMs for telehealth services by physicians and related providers caring for FFS Medicare beneficiaries, or are deemed outside of PTACs statutory authority, will not be reviewed and included in any document(s) summarizing the public comments that were received in response to this request. For example, comments on the current Medicare FFS telehealth waiver, related services, and issues are not within PTAC's purview and will not be reviewed and included. Only CMS develops and oversees the current telehealth waiver and FFS payment policy.

Please address any questions about this request for public comment to PTAC@HHS.gov.

Endnotes

[i] See: https://www.hrsa.gov/rural-health/telehealthhttps://www.hrsa.gov/rural-health/telehealth
[ii] See: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet and https://telehealth.hhs.gov/providers/getting-started/