

September X, 2021

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted online at <http://www.regulations.gov>

RE: Medicare Program; CY 2022 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies [CMS-1751-P]

Dear Administrator Brooks-LaSure:

Thank you for the opportunity to comment on the CY 2022 Medicare Physician Fee Schedule. As allied organizations with a shared interest in the balanced use of telehealth for optimal treatment of patients with chronic health conditions, we focus our comments specifically on Section II.D, Payment for Medicare Telehealth Services.

Telehealth's Benefits for Patients & Health Care Providers

Telehealth utilization skyrocketed in 2020, spurred by pandemic precautions and made possible largely through reimbursement policy changes initiated by the Centers for Medicare and Medicaid Services. Patients and health care providers, including those represented by the undersigned organizations, found virtual visits a safe, reliable way to seek and maintain care during the COVID-19 pandemic.

Many patients, particularly those with chronic conditions, benefited from expanded access to care. Remote visits mitigated the challenge and expense of finding transportation to their health care provider's office. It saved time and money, while also alleviating the burden on many caregivers. Some patients were able to see specialists who would otherwise have been too far away to provide them with care. Patients who lacked the technology or comfort level for video calls were permitted to meet with their provider via phone.

Meanwhile, health care providers found they could re-establish their clinical workflow disrupted by the pandemic, while in some cases increasing practice efficiency. Some reported seeing better adherence from patients and lower rates of missed appointments.

Telehealth should have a long-term place in the provision of patient-centered care, but in-person care remains a cornerstone of clinical practice in the diagnosis and management of chronic conditions. Finding the proper balance between the two is paramount, and Medicare's Physician Fee Schedule can set the precedent for public and private health plans moving forward.

Balancing Virtual & In-Person Care

As the Centers for Medicare & Medicaid Services weigh the criteria, inclusion and reimbursement for telehealth services in the coming year, certain considerations are critical.

In-Person & Virtual Care Should be Complementary

Whatever the state of public health, in-person care and telehealth services should never be viewed as an either-or proposition. Upholding access to telehealth services should not mean disincentivizing traditional in-person care. Both are valuable and complementary options, useful and limited in different ways to initiate and maintain personalized care for each patient.

Diagnosing and Treating Chronic Conditions Requires a Personalized Approach

From asthma to migraine disease, bipolar disorder to rheumatoid arthritis, chronic diseases impact about 133 million Americans. Effective long-term treatment of these conditions hinges upon a strong provider-patient relationship and the ability to tailor treatment to each individual patient.

In some cases, an in-person visit is necessary to accurately diagnose a chronic disease or for a clinician to get a full understanding of a patient's symptoms or disease progression. Optimally treating certain chronic conditions may rely heavily on in-person care. In other cases, telehealth services may also play an important role. For example, remote visits may be useful for discussing in a timely manner a medication's side effects or a patient's progress.

While certain preventive services and screenings may necessitate periodic in-person care, in general the decision about which type of service is needed should be based on the patient and provider preferences and the clinical standard of care. Those determinations should be at the clinical level and in no circumstances should access to in-person care be restricted.

Increasing Telehealth Providers Benefits Patients

Given the increased interest in virtual care, policies that encourage more providers to offer telehealth services can significantly benefit patients.

Eliminating geographic restrictions, for example, may expand the range of potential patients a clinician can reach, prompt more clinicians to offer remote care and increase patient access to medical specialists. And accepting Rural Health Centers and Federally Qualified Health Centers as providers may expand still further the range of clinicians who can offer a growing community of patients the chance to seek care remotely.

Optimal Use of Telehealth May Require In-Home Support

Whether it's establishing remote monitoring or conducting a clinician visit remotely, some patients may need assistance to get the maximum benefit from telehealth services. Policies that allow health care professionals to safely support patients in their homes could prove a significant asset.

Assistance might include helping to set up equipment, teaching patients to read and report vital signs, or educating patients on the ins and outs of telehealth technology. Exercising proper precautions against COVID-19 and other contagious diseases, having a health care professional in the home could empower patients who might otherwise not benefit from telehealth services.

Conclusion

Technology and innovation continue to present new opportunities to improve the quality and delivery of health care in the United States. Telehealth is an important example.

Implementing new technologies, however, does not mean foregoing the traditional care that has shaped the practice of medicine for generations. Policies that respect physician-patient decision-making and strike a balance between in-person and remote care will be critical to strong health care delivery as the United States gradually recovers from the COVID-19 pandemic.

Please keep these principles, and the patients and clinicians they serve, in mind as you finalize decisions about the inclusion and reimbursement of telehealth services for the coming fiscal year.

Sincerely,

Patient and Provider Advocates for Telehealth

Aimed Alliance

Allergy & Asthma Network

Alliance for Patient Access

Alliance for Balanced Pain Management

American Association of Neuroscience Nurses

American Chronic Pain Association

American Parkinson Disease Association

Association of Migraine Disorders

Brian Grant Foundation

Caregiver Action Network

CHAMP

Clinical Neurological Society of America

Congenital Adrenal Hyperplasia Research Education & Support Foundation
(DBA: CARES Foundation, Inc.)

Cystic Fibrosis Engagement Network

Davis Phinney Foundation

Depression and Bipolar Support Alliance

Derma Care Access Network

Diabetes Policy Collaborative

HD Reach

Headache and Migraine Policy Forum

HealthyWomen

Help 4 HD International

Infusion Access Foundation (IAF)

International Bipolar Foundation

International Foundation for Autoimmune & Autoinflammatory Arthritis (AiArthritis)

Lupus and Allied Diseases Association

The Michael J. Fox Foundation for Parkinson's Research

Michigan Parkinson Foundation

National Organization for Tardive Dyskinesia

National Infusion Center Association (NICA)

One Mind

The Parkinson Alliance

Parkinson Association of Northern California

Parkinson's Foundation

Parkinson & Movement Disorder Alliance

Parkinson Voice Project

Partnership to Advance Cardiovascular Health

Patient Mind Inc.

Schizophrenia & Psychosis Action Alliance

U.S. Pain Foundation

VHL Alliance

Vision Health Advocacy Coalition