



AMERICAN ACADEMY OF
HOSPICE AND PALLIATIVE MEDICINE

Submitted electronically via meetingcomments@medpac.gov

December 9, 2020

Michael Chernew, Ph.D.
Chairman
Medicare Payment Advisory Commission
425 I Street, NW, Suite 701
Washington, DC 20001

Re: Expansion of Telehealth in Medicare

Dear Chairman Chernew:

On behalf of the more than 5,500 members of American Academy of Hospice and Palliative Medicine (AAHPM), thank you and the full Medicare Payment Advisory Commission for your consideration of policies to increase beneficiary access to care, reduce costs, and promote innovation through the expanded use of telehealth in the Medicare program following the end of the public health emergency (PHE) for COVID-19. AAHPM is the professional organization for physicians specializing in Hospice and Palliative Medicine. Our membership also includes nurses, social workers, spiritual care providers, and other health professionals deeply committed to improving quality of life for patients facing serious illness, as well as their families and caregivers.

AAHPM has been heartened by the Commission's recent discussions regarding expansion of telehealth in the Medicare program. While AAHPM believes that in-person visits, when safe and available, should almost always be the first choice for patient care, we recognize that the use of telehealth – including audio-only services – may be necessary and appropriate due to some patients' characteristics or situations. As such, ***AAHPM fully supports the policy options presented by staff at the Commission's November 9 public meeting to expand the availability of telehealth outside of rural and underserved areas – including in beneficiaries' homes – and to permanently add several services to the list of Medicare telehealth services for use after the end of the PHE.*** We also appreciate Commissioners' support for continuing Medicare coverage of audio-only services outside of the PHE, including some Commissioners' acknowledgement that ongoing availability of audio-only communications may be particularly valuable for certain services or populations, such as evaluation and management services, behavioral health services, and services for patients with internet access or technology challenges.

AAHPM would like to remind the Commission of another vital service that, despite being successfully furnished via audio-only communications technology during the PHE, has received little attention during the recent Commission discussions on telehealth expansion. On April 30, 2020, CMS permitted advance care planning services – among others – to be furnished as a Medicare telehealth service via audio-only equipment for the duration of the PHE. Advance care planning services are essential to ensuring high-quality care for Medicare beneficiaries, particularly those with serious illness or at the end of life.

Critical discussions about goals of care, treatment options, values, and preferences can help to ensure that patients receive appropriate care — that is, the care they want, when and where they want it. Given that advance care planning services essentially allow for conversations between the provider, the patient, and the patient’s family members or surrogates, it is clear that these services can effectively be furnished via audio-only technology, as has been successfully demonstrated during the PHE. For all these reasons, ***AAHPM believes that patients should be able to continue to access advance care planning services through audio-only technologies even after the PHE, and we urge the Commission to include these services in any recommendations to extend the availability of audio-only telehealth on a permanent basis.*** Continued reimbursement of audio-only advance care planning services would not only enable more patients to receive informed and comprehensive care that is consistent with their goals and treatment preferences, but it would also provide access to patients who do not have internet or broadband services – often as a result of poverty, disability or geographic isolation – allowing these most vulnerable individuals to equitably benefit from this essential service.

As the Commission continues its deliberations on telehealth expansion, ***AAHPM also encourages Commissioners to keep in mind considerations of beneficiary access and provider burden, particularly during a period when physician practices and other provider types are recovering from the COVID-19 pandemic. We also support ongoing data collection on quality and other outcomes associated with the use of telehealth, as raised by Commissioners at the November 9 meeting.*** These factors lead AAHPM to support the following policies, at least during an interim period following the PHE, until more robust data are available:

- Maintaining equivalent payment for telehealth visits and in-person visits until telehealth services can be appropriately valued by the AMA RVS Update Committee;
- Eliminating unnecessary frequency limits on telehealth services that restrict providers’ ability to respond to patients’ clinical needs or that are not based on clinical evidence;
- Allowing “incident to” services to be furnished via telehealth; and
- Allowing direct supervision to take place remotely to allow for the collection of data about the benefits and risks of such a policy outside the PHE.

While we recognize that Commissioners did not generally support such policies due to utilization and program integrity concerns, we believe these policies will support patient access to person-centered care – including through multidisciplinary teams; limit unnecessary provider burden; and promote investments in telehealth infrastructure that may otherwise be precluded given the financial toll the COVID-19 pandemic has placed on physician offices.

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Thank you for the opportunity to provide input on these important policies related to expansion of telehealth under the Medicare program. If you have any questions or requests for additional information, please feel free to direct them to Jacqueline M. Kocinski, MPP, AAHPM Director of Health Policy and Government Relations, at jkocinski@aahpm.org or 847-375-4841.

Sincerely,



Rodney O. Tucker, MD MMM FAAHPM
AAHPM President