



ALLIANCE *for*
CONNECTED CARE

November 29, 2019

The Honorable Richard Neal
Chairman
Committee on Ways and Means
U.S. House of Representatives
1102 Longworth House Office Building
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member
Committee on Ways and Means
U.S. House of Representatives
1139 Longworth House Office Building
Washington, DC 20515-6348

Re: Rural and Underserved Communities Health Task Force Request for Information

Dear Chairman Neal, Ranking Member Brady, and leaders of the Task Force:

The Alliance for Connected Care is pleased to provide input on priority topics that affect the health status of people in rural and underserved communities. We applaud the leadership of Task Force co-chairs Reps. Danny Davis (D-IL), Terri Sewell (D-AL), Brad Wenstrup (R-OH), and Jodey Arrington (R-TX) in bringing for this important effort to the forefront.

The Alliance is dedicated to improving access to care through the reduction of policy, legal and regulatory barriers to the adoption of telemedicine and remote patient monitoring. The Alliance's membership brings together diverse industry leaders - from providers of direct patient engagement to physician consultation and remote monitoring, as well as the connected care technologies that are already facilitating the future of health care delivery.

As you know, telehealth is an important tool for bringing healthcare to those who need it most. The Health Resources and Services Administration found that there were more than 7,600 designated Health Professional Shortage Areas lacking adequate primary care nationwide, with nearly 60 percent of HPSAs located in rural regions. Provider shortages are associated with delayed healthcare usage, reduced continuity of care, higher healthcare costs, worse prognoses, less adherence to care plans, and increased travel.

In addition to being a tool to address transportation barriers, telehealth services play an important role in supplementing and strengthening clinician networks available to patients. Telehealth can provide additional clinicians when needed, specific services where they are lacking, and can be an important tool to support and empower small primary care practices through consultations and specialized services. We believe additional flexibility for telehealth in the delivery system is the most important thing the Ways and Means Committee can do to improve access for those in underserved areas.

The Alliance for Connected Care has several top-line recommendations that could increase access to care for individuals in Medicare, Medicaid, and the commercial market by increasing access to telehealth services in rural and underserved areas.

- Drive greater flexibility for clinicians to provide care across state lines: State lines create artificial barriers to the delivery of care – complicating access for patients and creating additional burden on clinicians. These lines sometimes split major urban areas or may create an artificial barrier between a patient and their nearest opportunity for care. They also hamper the ability of telemedicine providers to fill in gaps in the delivery system and provide high-value care directly to consumers in rural or underserved areas. Current efforts to expand interstate licensure have been wholly insufficient to meet the needs of patients and the clinicians seeking to better serve them.
- Expand provider networks in Medicare Advantage through telehealth: Congress should allow telehealth services to fulfill or at least expand Medicare Advantage (MA) network adequacy requirements, particularly in health care shortage areas. Currently, “enrollee choice” language restricts MA plans’ coverage of additional telehealth benefits to a 1:1 ratio. The Alliance believes that telehealth services can be used to fill in gaps in areas that are experiencing workforce and provider shortages in all markets and allow MA plans to better serve beneficiaries and expand access to high-value and effective treatments like tele-behavioral health and tele-dermatology in medically underserved areas.
- Allow expanded use of telehealth for individuals with Health Savings Accounts. Current restrictions on spending under Health Savings Account -eligible High-Deductible Health Plans prevent employers from expanding subsidized benefit offerings to include telehealth services without risking employee eligibility for an HSA. These benefits are an important tool to keep people healthy – and they are doubly important for employers in rural and underserved areas where there may be limited healthcare provider options. Congress should permit employers to provide coverage of telemedicine and second opinion services outside of the IRS actuarial value calculation for a high-deductible plan.
- Leverage telehealth to strengthen Medicaid Managed Care networks: Current law restricts the ability of a Medicaid Managed Care plan to leverage a full range of partners in their work to increase the health and wellbeing of Medicaid beneficiaries. Provider restrictions that require full participation in the broader Medicaid program in order to participate in the network of a managed care entity are particularly problematic for telehealth and other services that may be used more narrowly or in specific circumstances – and may not have sufficient capacity, ability, or market to participate more broadly in the Medicaid program. Congress should modify restrictions on providers participating in the network of a managed care entity, which undermine the ability of managed care to leverage telehealth and other supplemental services when they are needed to improve care in rural and underserved areas.

- Promote greater Medicare Accountable Care Organization reach by facilitating telehealth use:
In 2018 Congress recognized the potential for preventative care delivered by telehealth when it expanded the ability of Accountable Care Organizations (ACOs) to use telehealth to drive better high-value care for patients. While this expansion took important steps to expand the geographic reach of telehealth and allow telehealth in the home, it is not being utilized as anticipated. The provision also limited the telehealth expansion to those ACOs using prospective assignment – even though other tools applied to both prospective and retrospectively assigned ACOs. Many ACOs today are using retrospective assignment (with a prospectively developed list of expected beneficiaries that is then reconciled at the end of the period) so are unable to fully utilize telehealth to deliver care.

2. What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities, for example initiatives that address: a) social determinants of health (particularly transportation, housing instability, food insecurity); b) multiple chronic conditions; c) broadband access; or d) the use of telehealth/telemedicine/telemonitoring?

Out of pockets costs are one of the leading barriers to positive health outcomes in rural or underserved communities. There is evidence that on-demand telehealth has an ability to improve access to care and lower costs by avoiding more expensive interventions.

- Research by the Alliance for Connected Care shows that telehealth savings in avoided utilization (the patient not using higher-cost settings) could lead to savings of approximately 70 percent in the commercial market -- approximately \$126 in estimated savings (\$176 - \$50) per commercial telehealth visit.
- A 2019 study in the American Journal of Emergency Medicine recently showed that on-demand telemedicine programs could resolve the majority of concerns in a single consultation, and resulted in short-term cost savings by diverting patients from more expensive care settings. Net cost savings per telemedicine visit was calculated to range from \$19-\$121 per visit.
- When the Veterans Health Administration deployed its national home telehealth program, Care Coordination/Home Telehealth (CCHT) to coordinate the care of veteran patients with chronic conditions and avoid their unnecessary admission to long-term institutional care it was shown to reduce the number of bed days of care by 25 percent and reduce the number of hospital admissions by 19 percent.

In addition to health costs, research by NTCA–The Rural Broadband Association in 2017 examined the economic returns of telehealth. Among the nonquantifiable benefits of rural telehealth are access to specialists, timeliness, comfort, transportation, provider benefits and improved outcomes.

- Among the quantifiable benefits of rural telehealth are transportation cost savings, lost wages savings, hospital cost savings-- estimated to be:
 - Travel expense savings: \$5,718 per medical facility, annually
 - Lost wages savings: \$3,431 per medical facility, annually
 - Hospital cost savings: \$20,841 per medical facility, annually

5. If states or health systems have formed regional networks of care, leveraging for example systems of transport or the use of telehealth/telemedicine, what states or entities are these, what approaches

did they use to form these networks, what challenges did they overcome, and what challenges persist?

The recommendations above on addressing barriers to the creation of more flexible provider networks are all particularly relevant to this question.

- One of the most effective utilizers of telehealth networks to support the delivery of care, the U.S. Department of Veterans Affairs, supported 900,000 veterans through telemedicine visits – a majority of which were for mental healthcare. The program demonstrated growth of 17% over the past year. A major reason for this success is because the VA benefits from rules allowing it to bypass barriers like state licensing requirements, which remain a major barrier for other regional or national networks of care – often inhibiting any work across state lines.
- Success in using telehealth to bridge provider shortages, meet patient needs, and lower costs relies heavily on additional opportunities to create more flexibility in provider networks and leverage telehealth providers to supplement care where there are provider shortages.

6. What successful models show a demonstrable, positive impact on addressing workforce shortages in rural and underserved areas? What makes these models successful?

As noted, telehealth more broadly, and expanded flexibilities for telehealth would allow it to support underserved areas better.

- While they are not yet widely adopted, multi-specialty electronic consultation programs have the potential to supplement a limited workforce in rural and underserved areas. These models increase access to specialists when needed, simplify access for patients, and empower clinicians in rural and underserved areas who may be stretched thin, without a broad range of expertise available for consultation.

Thank you for your consideration, we look forward to working with you on this important effort. Please contact Chris Adamec at 202-640-5941 or cadamec@connectwithcare.org with any questions.

Sincerely,



Krista Drobac
Executive Director
Alliance for Connected Care