Delaware Health
and Social Services

Office of the Secretary

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January 26, 2016

The Honorable Orrin G. Hatch
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Johnny Isakson
Senator and Co-Chair
Finance Committee Bipartisan Chronic Care Working Group
United States Senate
131 Russell Senate Office Building
Washington, DC 20510

The Honorable Mark Warner
Senator and Co-Chair
Finance Committee Bipartisan Chronic Care Working Group
United States Senate
475 Russell Senate Office Building
Washington, DC 20510

RE: United States Senate Committee on Finance, Bipartisan Chronic Care Working Group, Policy Options Document

Dear Senators Hatch, Wyden, Isakson, and Warner,

The Delaware Telehealth Coalition appreciates the opportunity to comment on the Senate Finance Committee's Bipartisan Chronic Care Working Group Policy Options Document.

Formed in 2011, the coalition is a diverse group of healthcare stakeholders including state agencies, local healthcare organizations, non-profit groups, and members of the community. Its mission is to facilitate the use of telehealth to improve access to high quality healthcare

throughout Delaware.[1] Telehealth is a viable mode of care delivery that can help overcome provider shortages and transportation and mobility challenges.

Support for telehealth in Delaware is strong. Passage of legislation requiring private insurers to cover services delivered by telehealth and coverage by Delaware Medicaid are in place. In both cases, coverage of telehealth is provided without geographic or originating site restrictions if the service would be covered if provided in person. Additionally, the coalition is implementing its Strategic Action Plan[2] around three priority health needs: access to behavioral health services, access to specialty care, and management of chronic disease.

We commend the Bipartisan Chronic Care Working Group for their efforts to improve care for the millions of Americans who are managing chronic illnesses -- and for including telehealth/telemedicine as an important mode of care delivery. In Delaware, however, there are no Medicare-qualified originating sites. Under Medicare fee-for-service currently, Medicare beneficiaries are eligible for telehealth services only if they are presented from an originating site located in a rural Health Professional Shortage Area (HPSA) located either outside a Metropolitan Statistical Area (MSA) or in a rural census tract or a county outside of an MSA. There is no place in Delaware that meets this definition.

With one of the nation's largest aging populations[3], this presents significant challenges for Delaware seniors, especially those who are battling multiple chronic conditions, which essentially amounts to 75 percent of those over age 65;[4] individuals with disabilities also have these barriers accessing healthcare. These barriers are due to a number of factors including transportation issues, mobility limitations and shortages of healthcare providers.

With regard to health care providers, most of Delaware is in a federally designated Primary Care HPSA; all of Sussex County is in a Mental Health HPSA and a federally designated Medically Underserved Area (MUA); and all of Kent County and most of New Castle County are designated Medically Underserved Populations (MUP) (see Attachment A).

Additionally, Delaware is in the implementation phase of its State Innovations Model (SIM) plan for which telehealth is a planned component. The model is intended as an all-payer transformation of the state's healthcare system, but, as previously noted, there are no Medicare-qualified originating sites anywhere in the state.

We agree with the workgroup that individuals battling multiple chronic medical conditions need more effective tools to help them navigate today's complex healthcare system. Our comments on sections of the Policy Options Document follow in order of priority.

Providing ACOs the Ability to Expand Use of Telehealth

The Delaware Telehealth Coalition strongly agrees that the originating site requirement for telehealth provided by Accountable Care Organizations (ACOs) in the Medicare Shared Savings Program (MSSP) should be lifted entirely. This would benefit more Medicare beneficiaries in the state experiencing barriers accessing services around the priority health needs described in the DTC Strategic Action Plan.[5] The coalition recommends that if it is determined that standards

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[1] http://detelehealth.wix.com/detelehealth#!about-us/cjg9

[2] Ibid.

[3] http://www.ipa.udel.edu/healthpolicy/srcenters/demographics-06-4-2014-final.pdf

[4] http://www.cdc.gov/chronicdisease/about/multiple-chronic.htm

[5] http://detelehealth.wix.com/detelehealth#!about-us/cjg9

need to be in place to ensure that proper clinical equipment is used in a beneficiary's home, that protocols adopted by the Visiting Nurses Association of America Blueprint for Excellence be considered as a standard.[6]

Addressing the Need for Behavioral Health among Chronically Ill Beneficiaries
The Delaware Telehealth Coalition, in its Strategic Action Plan and related implementation activities, supports the integration of behavioral health and primary care. Delaware's State Health Care Innovation (SIM) Plan that is now being implemented also aims to facilitate the integration of behavioral health and primary care in its efforts to improve access to care. Current models being considered include using telehealth to facilitate this integration of care to address professional shortages and to promote efficiency.

The state has already made strides toward reimbursement for services delivered using telehealth technologies. Delaware Medicaid and private insurers must reimburse for normally covered services when delivered using telehealth. Unfortunately, Delaware does not benefit from Medicare reimbursement for telehealth due to Medicare requirements relative to the location of the originating site. As such, this may hinder the adoption rate of primary care-behavioral health integration models that use telehealth, especially for Medicare beneficiaries.

Delaware as a pilot state: The Delaware Telehealth Coalition believes that Delaware could serve as a right-sized statewide testing location for Medicare reimbursement of telehealth for the integration of primary care and behavioral health without restrictions on the location of the originating site. Another more limited option could be to provide reimbursement only for primary care-behavioral health integration for Medicare beneficiaries who also have multiple chronic conditions and/or who live in a federally designated HPSA, MUA or MUP (see attachment A). A third option could be to further limit the pilot to providers accredited as Patient Center Medical Homes or to Medicare individuals with a specific condition, such as Parkinson's disease.

Use Case: It is estimated that between 3,000 and 4,000 individuals residing in Delaware have been diagnosed with Parkinson's disease, and the majority also have multiple chronic conditions. In addition to the mobility issues that individuals with Parkinson's experience, it is also estimated that at least 50 percent of those diagnosed will experience some form of depression and up to 40 percent will experience an anxiety disorder. Behavioral health issues have a significant impact on the health status of individuals with Parkinson's and treating depression is one of the most significant ways to decrease disability and improve quality of life.[7]

The University of Delaware's Nurse Managed Health Center (NMHC) currently operates a Parkinson's disease clinic with a telehealth component to facilitate encounters with behavioral health and Movement Disorder Specialists for persons with Parkinson's who have difficulty traveling to these providers' distant sites. The clinic has been in operation for nearly two years and reports improved patient outcomes. However, the program is in a constant state of flux as it is mostly grant funded, due, in part, to lack of Medicare reimbursement for these telehealth encounters. This also prevents the program from helping more patients in the Parkinson's community. If Medicare reimbursement were available, the program could potentially broaden its reach to help more who are affected.

If the Bipartisan Chronic Care Working Group decides that the Government Accounting Office (GAO) should conduct a study, as mentioned in its policy options document, on the integration

[6] http://www.vnaa.org/vnaa-blueprint
[7] http://www.parkinson.org/understanding-parkinsons/non-motor-symptoms/depression

of primary care and behavioral health among private sector Accountable Care Organizations (ACOs), public sector ACOs and ACOs in the MSSP, as well as private and public sector medical homes, the Delaware Telehealth Coalition would recommend that telehealth be allowed as a Medicare reimbursable mode of care delivery without geographic restriction. A Delaware pilot could also be considered for the GAO study.

Expanding Use of Telehealth for Individuals with Stroke

As previously mentioned, the Delaware Telehealth Coalition includes a number of healthcare professionals and organizations, and several of these stakeholders were consulted on this policy option. The coalition strongly supports eliminating the originating site geographic restriction for promptly identifying and diagnosing stroke and to enable every Medicare beneficiary to receive an evaluation critical to diagnosis via telehealth from a neurologist not onsite. Individuals with stroke have a narrow window of opportunity for which certain treatments are effective; telehealth can improve the likelihood of receiving treatment within that window.

Delaware as a pilot state: One of Delaware's major healthcare systems, Bayhealth, is in the planning stage for the development of telemedicine capabilities for the evaluation of patients with acute stroke to improve "door to needle" time for the administration of tissue plasminogen activator, also known as tPA. The American Heart Association/American Stroke Association recently tightened guidelines for tPA administration to 60 minutes with the expectation that there would be a marked reduction in disability of patients suffering from stroke. Meeting this goal clearly should improve patient care, reduce patient disability and result in significant cost savings for our health care system.[8] Medicare reimbursement for this service would be extremely beneficial to the program's viability.

The medical center is also considering developing the capability for outpatient assessment of patients with stroke or other acute neurologic symptomatology via telehealth. Providing rapid neurologist evaluation of patients with stroke or acute neurologic symptomatology in this manner would facilitate better triage to a hospital for urgent issues or to an outpatient facility for non-urgent evaluation. This would also allow more rational utilization of emergency and hospital facilities and promote improved patient care with expected cost savings by reducing unnecessary emergency and hospital facility utilization. Additionally, telemedicine capabilities would be immensely helpful for post-stroke care. Many patients with stroke have mobility issues making it difficult to come to a physician's office for outpatient follow up. Telemedicine would allow many of these patients to be followed at home.

The Delaware Telehealth Coalition believes that Delaware could serve as a right-sized statewide testing location for Medicare reimbursement for the expanded use of telehealth for individuals with stroke to include triage and post-stroke care via telehealth. Another more limited option could be to eliminate the originating site geographic restriction for the narrow purpose of identifying and diagnosing strokes, but then to pilot the Bayhealth proposed program for outpatient triage assessment of patients with stroke or other acute neurologic symptomatology and for post-stroke care via telehealth.

Expanding Access to Home Hemodialysis Therapy

As previously mentioned, the Delaware Telehealth Coalition includes a number healthcare professionals and organizations, and several of these stakeholders were consulted on this policy option. Being able to receive home-based care is important for this population; monthly visits via telehealth would be appropriate originating from the patient's home. However, patients should

[8] https://www.aan.com/Guidelines/home/GetGuidelineContent/581

have a face-to face encounter with their clinician at least once every six months, either in a medical facility or in the patient's home.

Increasing Convenience for Medicare Advantage Enrollees through Telehealth
The Delaware Telehealth Coalition is opposed to limiting telehealth services provided to Medicare Advantage (MA) plan enrollees to only those allowed under the traditional Medicare Program. The coalition favors the inclusion of any services, normally covered under the traditional Medicare Program. The coalition favors the inclusion of any services normally covered when delivered by traditional in person encounter, in its annual bid amount, without geographic or originating site restrictions. The potential for data collection to demonstrate efficiencies and cost savings within these plans could prove extremely valuable. At a minimum, MA plans should be able to include the use of telehealth for behavioral health/integration of behavioral health and primary care, access to specialty services when not readily available and remote patient monitoring (RPM) for individuals with two (2) or more chronic conditions, without geographic or originating site restrictions, in their annual bid amounts.

Maintaining ACO Flexibility to Provide Supplemental Services
The Delaware Telehealth Coalition agrees with the recommendation to clarify that ACOs participating in the MSSP may furnish a social service or transportation services for which payment is not made under fee-for services Medicare. The coalition agrees with clarifying that ACOs participating in the MSSP may furnish a remote patient monitoring service for which payment is not made under fee-for-service Medicare.

Thank you for this opportunity to comment on the United States Senate Committee on Finance's Bipartisan Chronic Care Working Group's Policy Option Document.

Should you want additional information or to engage in discussion about the potential of a pilot project in Delaware, please let us know.

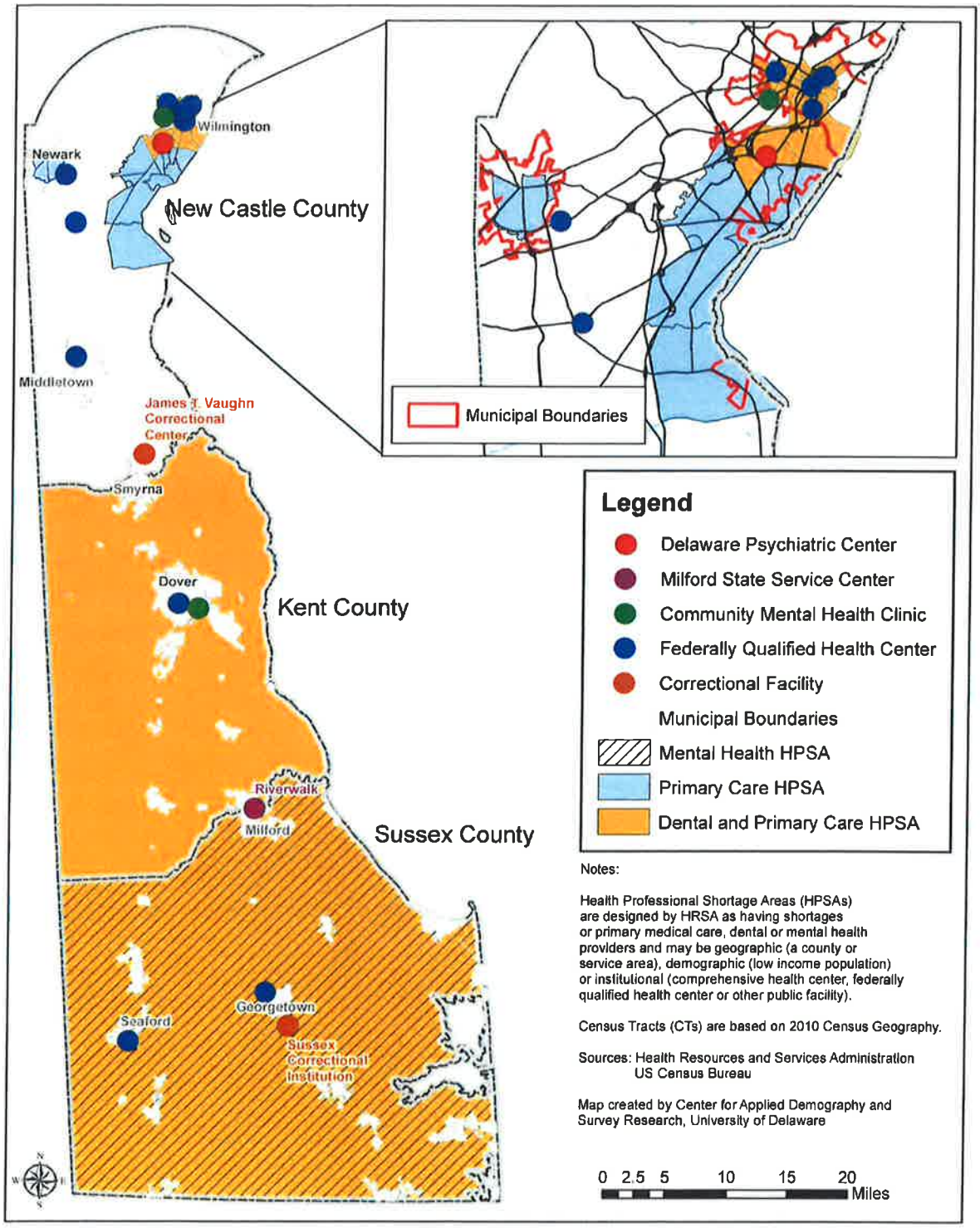
Sincerely,

Rita M. Landgraf Cabinet Secretary	Gerard Gallucci, MD DHSS Medical Director	Carolyn Morris Director of Telehealth Planning & Development

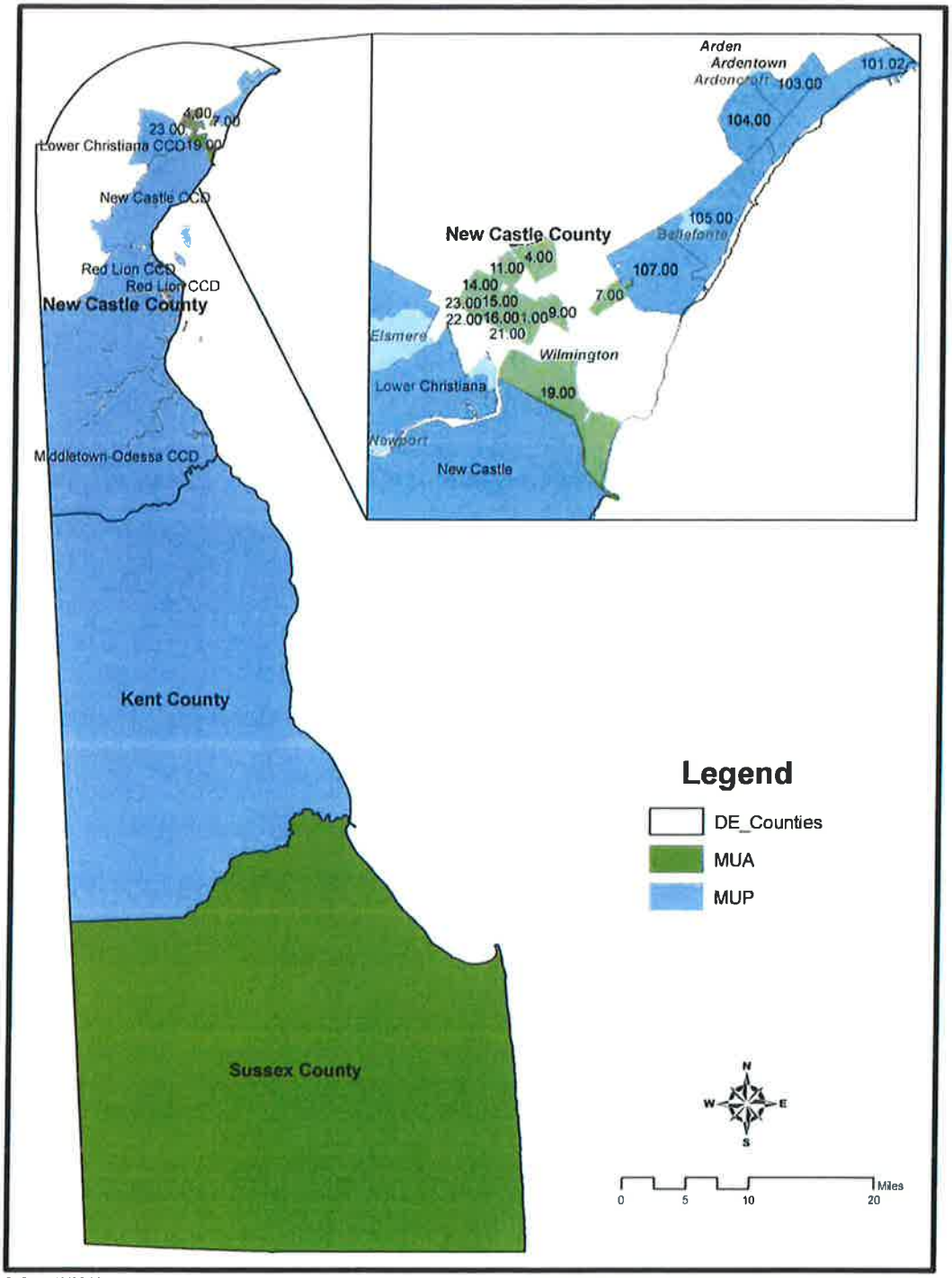
Cc: Senator Carper and Senator Coons

ATTACHMENT A

All HPSA Designations



Delaware 2010 MUAs and MUPs



B G 12/8/2010

Map created by Delaware Health Statistics Center