SCHOOL OF MEDICINE & DENTISTRY

Center for Human Experimental Therapeutics

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MEDICINE of THE HIGHEST ORDER

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Senator Orrin Hatch, Chairman
Senator Ron Wyden, Ranking Member
Senator Johnny Isakson
Senator Mark Warner
Senate Finance Committee

Re: Chronic care reform – telehealth coverage for Medicare beneficiaries

Dear Senator Hatch, Senator Wyden, Senator Isakson, Senator Warner, and the Senate Finance Committee,

Thank you very much for your efforts to address the substantial unmet needs of Medicare beneficiaries with chronic conditions. For nearly a decade, my colleagues and I have used simple video conferencing to provide care to Medicare beneficiaries initially in nursing homes and more recently, directly into their homes ("virtual house calls").[1-3] These experiences and the generous support of the Patient-Centered Outcomes Research Institute have led us to conduct the first national randomized controlled trial of virtual house calls for individuals with Parkinson disease (or any chronic condition, to our knowledge)[4] and inform our feedback on the requested topics below.

Increasing convenience for Medicare Advantage enrollees through telehealth
Providing ACOs the ability to expand the use of telehealth

Traditional Medicare is increasingly alone in its very limited coverage of telehealth, which is generally limited to the provision of telehealth services into facilities in health professional shortage areas, a designation that can change.[5] In 2012, Medicare spent $5 million – less than 0.001% of its expenditures – on telehealth services.[6] By contrast, 48 state Medicaid programs now cover telehealth services, and twenty-nine states, more than double the number from three years ago, have telemedicine parity laws that require private insurers to cover telehealth services to the extent they cover in-person care.[7,8] Organizations that are financially at risk for health care expenses, including the Veterans Administration,[9,10] the Department of Defense,[11,12] and Kaiser Permanente,[13] readily cover and often encourage the use of telehealth to improve health and reduce costs. For example, in 2014 the Department of Veterans Affairs had over two million telehealth visits, many directly into a veteran's home.[10] Kaiser Permanente of Northern California predicts that this year it will have more virtual (email, phone, and video) visits than in-person visits.[13]

Given the widespread adoption of telehealth, including by organizations that are financially at risk for its utilization, both Medicare Advantage and traditional Medicare should expand its coverage of telehealth to include coverage (1) outside of health professional shortage areas, (2) directly into the home, and (3) from a wide range of clinicians. Currently, over 40% of Medicare beneficiaries with Parkinson disease, a neurological condition that affects approximately one million Americans, do not see a neurologist for their condition.[ref] Moreover, those that do not are approximately 20% more likely to fracture their hip, be placed in a skilled nursing facility, and to die. Distance, disability, and the distribution of doctors (in addition to low reimbursement

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for chronic care visits) all limit access to care. The access is not limited to southern Utah or eastern Oregon, where over 75% of Medicare beneficiaries with Parkinson disease do not see a neurologist but extends to Georgia, Virginia, Iowa, New York, and Delaware, all of which have many areas where 50% or more of its Medicare beneficiaries with a common, treatable neurological condition do not receive care from a neurologist. The entire state of Delaware does not have a single Parkinson disease specialist (a neurologist with additional training in movement disorders), and we currently provide care to patients with Parkinson disease remotely to a nurse-managed health care clinic in Newark, DE (not a designated health professional shortage area). By addressing licensure laws, the TELE-MED Act (H.R. 3081, S. 1778) would help increase access to care for Medicare beneficiaries who reside in areas with limited access to medical care.[14,15]

Medicare coverage of telehealth should also extend beyond clinic locations to the home. In many ways, the design of current care for Parkinson disease and other chronic conditions could not be worse. It asks individuals from suburban and rural areas with impaired mobility, cognition, and driving ability to be driven by overburden caregivers to urban locations that require mobility and high cognitive function. As the diseases progress, the situation only worsens. Consequently, care for most with chronic conditions is not safe, effective, patient-centered, timely, efficient, or equitable. By providing care directly into the home, telehealth is enabling the next generation house call, the gold standard for patient-centered care.[16]

Across multiple studies, we have connected to patients (and at times their caregivers) through secure HIPAA-compliant video conferencing software directly in their homes. In over 95% of cases, we have connected directly to individuals with Parkinson disease directly in their home with nothing more than telephone support from a coordinator.[1,17] No additional safeguards have been needed. Whatever the technical barriers are (and they are rapidly decreasing), they are less complicated than driving. In one of our previous studies comparing virtual visits to in-person care, one patient was involved in a car accident on their way to a clinic appointment with us.[1]

Finally, telehealth should enable care from a wide range of qualified clinicians. For example, speech therapy can readily be provided remotely to patients directly in their homes.[18] Similarly, the rationale for requiring individuals with impaired mobility (and driving ability[19]) to drive to a clinic to receive physical therapy three times per week for six weeks is dated and not centered on the needs of beneficiaries or their families.

Implications for Congressional Budget Office

The Congressional Budget Office has expressed concern that expanded coverage of telehealth services by Medicare will lead to increased Medicare expenditures.[20,21] For Medicare beneficiaries with Parkinson disease, recent research found that the more frequently a beneficiary saw a neurologist, the lower total health care expenditures. The increased costs for physician visits, which are relatively inexpensive ($70-100 for a typical follow-up visit[22]) were more than offset by reductions in hospitalizations related (e.g., falls) to Parkinson disease.[23]

More importantly, empirical evidence strongly supports the notion that telehealth can save money. Organizations that are financially at risk for health care expenditures have been among the most rapid adopters of telehealth. Within the federal government, the Department of Veterans Affairs has broadly adopted telehealth to increase access, improve care, and reduce costs.[24,25] Kaiser Permanente, which integrates the financing and delivery of health care, will have more virtual than in-person visits this year. Their experience suggests that the total number of visits (and thus access to care) does increase but in a way that is "cost competitive" and positions themselves for lower costs in the future.[13] Canada, which has a single payer system, is also a broad adopter of telehealth.[26] In short, the empirical evidence strongly suggests that those with greatest financial risk for health care expenses are among the broadest adopters of telehealth.

More fundamentally, Medicare's founding purpose was to guarantee access to health care at a time when half of older Americans did not have such access.[16] Some Medicare beneficiaries have paid into Medicare for now half a century. To say to Medicare beneficiaries, in Mississippi, for example, that Medicare will not enable access to care that you need simply because of where you live is antithetical to Medicare's fundamental mission. Moreover, social and political forces combined with increasingly widely available and inexpensive technology are driving the need for telehealth for Medicare beneficiaries. The break-up of the extended family,[27] the increased mobility of the nuclear family,[28,29] and the strong desire of older individuals to remain in their own homes[30,31] is resulting in geographically separated children caring for an increasing number of aging parents. Telehealth can help enable beneficiaries to connect to care, connect to family members, and to live independently at home for longer periods of time.

Increasingly, Canadians,[26] Medicaid beneficiaries,[7] veterans, the military,[11,12] the commercially insured,[7] and prisoners[32] all can benefit from telehealth, but most Medicare beneficiaries cannot. The Senate Finance Committee is uniquely positioned to ensure that Medicare fulfills its half-century promise to guarantee access to health care for older Americans with chronic conditions everywhere.

Please let us know if you have any questions or if we can be of further assistance.

Sincerely,

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