

**An Overview of Proposals Submitted to the Physician-Focused
Payment Model Technical Advisory Committee (PTAC)
That Included Telehealth Components, as of March 2020**

September 16, 2020

Introduction

- **Between December 2016 and March 2020, stakeholders submitted 36 proposed Physician-Focused Payment Models (PFPMs) to PTAC, including 18 proposals that included telehealth as a component of their models*—** either as:
 - A central feature of the model (5 proposals)
 - An aspect of the care delivery and/or payment model (9 proposals)
 - As an optional component and/or the potential for adoption under the model (4 proposals)
- This presentation provides a summary of the characteristics of these models from an Environmental Scan on Telehealth in the Context of Alternative Payment Models and PFPMs that can be accessed at the following hyperlink:
<https://aspe.hhs.gov/system/files/pdf/261946/Sep2020TelehealthEnvironmentalScan.PDF>

*Note: This excludes four proposals that were either under active review or pending submission of comments and recommendations to the Secretary by the Committee as of August 2020.

Background: Definition of Telehealth

- The HRSA Office for the Advancement of Telehealth (OAT) defines telehealth as **“the use of electronic information and telecommunication technologies to support long-distance clinical health care; patient and professional health-related education; public health; and health administration.”**¹
- Telehealth services, including those authorized through Medicare as telehealth or telecommunications, may include “live” or synchronous exchange of information; use a store-and-forward or asynchronous approach; or create a continuous data feed for ongoing analysis.

¹ Telehealth Programs. Official web site of the U.S. Health Resources & Services Administration (HRSA). Published April 28, 2017. Accessed July 8, 2020. <https://www.hrsa.gov/rural-health/telehealth><https://www.hrsa.gov/rural-health/telehealth>

Overview of Findings

- **Characteristics of the PTAC Proposals With Telehealth Components**
 - The PTAC proposal submissions with a telehealth component varied by populations served and settings of care.
 - The PTAC telehealth-related proposal submissions reflected the different technical platforms and modalities used in telehealth, with many of the proposals incorporating more than one telehealth modality.
- **Types of Proposed Uses of Telehealth to Help Address Care Delivery**
 - The proposed models identified telehealth solutions as a tool to address care delivery issues clustered around several broad themes related to improving access to care and improving quality of care.
- **Types of Proposed Payment Models**
 - The PTAC telehealth-related proposals also proposed a variety of payment models.

Review of Proposals Submitted to PTAC that Included a Telehealth Component

- Purpose of analysis
 - Synthesize and describe lessons learned and insights from previous PTAC proposal submitters that included telehealth in their proposed PFPMs
 - Identify key features and common elements of proposed care models and payment solutions within these proposals
- Methods
 - Analysis of past PTAC proposal submissions with a telehealth component included a thorough review of past proposals, Reports to the Secretary (where available), Secretary's Responses (where available), Preliminary Review Team Reports, and a targeted search of content in other PTAC process documents.
 - Discussions were conducted with 13 of the 18 previous submitters.

PTAC Proposals With a Telehealth Component By Type

A Central Feature of the Model (5)	Avera Health	Avera Health
	Illinois Gastroenterology Group and SonarMD	ICG/Sonar MD
	Pulmonary Medicine, Infectious Disease and Critical Care Consultants Medical Group	PMA
	Eitan Sobel, MD	Sobel
	University of New Mexico Health Sciences Center	UNMHSC
An Aspect of the Care Delivery and/or Payment Model (9)	American Academy of Hospice and Palliative Medicine	AAHPM
	American Academy of Neurology	AAN
	American College of Emergency Physicians	ACEP
	Coalition to Transform Advanced Care	C-TAC
	Hackensack Meridian Health and Cota	HMH/Cota
	Innovative Oncology Business Solutions	IOBS
	Icahn School of Medicine at Mount Sinai	Mount Sinai
	New York City Department of Health and Mental Hygiene	NYC-DOHMH
	Personalized Recovery Care	PRC
An Optional Component and/or the Potential for Adoption Under the Model (4)	American Academy of Family Physicians	AAFP
	Jean Antonucci, MD	Antonucci
	Community Oncology Alliance	COA
	Seha Medical and Wound Care	Seha

Summary of Telehealth Condition, Provider Setting and Modality

Condition

Chronic Conditions

Cancer (IOBS, HMH/Cota, COA);
Wounds (Seha);
Crohn's Disease (IGG/SonarMD);
Asthma/COPD (PMA);
Hepatitis C Virus (NYC DOHMH);
Cerebral Emergencies (UNMHSC);
Migraines/Recurring Headaches
(AAN)

Serious Illness

C-TAC, AAHPM

Provider Setting

Primary Care

Antonucci, AAFP

Patient Home

Mount Sinai, PRC

SNFs

Avera Health

Care Transitions

ACEP

Rural Providers

UNMHSC

Modality

Synchronous Services

Video: (AAHPM, AAN, Avera Health, COA, C-TAC, Mount Sinai, NYC DOHMH, PMA, PRC, Seha, Sobel, UNMHSC);
Phone: (AAHPM, AAN, ACEP, Avera Health, COA, C-TAC, Antonucci, IGG/SonarMD, IOBS, Mount Sinai, PMA, PRC, Seha, Sobel)

Mobile Health (mHealth) Services

AAN, C-TAC, IGG/SonarMD, IOBS, NYC-DOHMH, PMA, PRC

Remote Patient Monitoring

AAHPM, AAN, COA, IGG/SonarMD, IOBS, NYC-DOHMH, PMA, PRC

Asynchronous Services

AAN, Avera Health

Telehealth Tools to Support Care Delivery Objectives Identified by the PTAC Telehealth-Related Proposal Submissions

- The proposed models identified telehealth as a tool to address care delivery issues clustered around several broad themes related to improving access to care and improving quality of care:
 - Increase access to and quality of specialty care in rural/remote areas
 - Provide enhanced and/or 24/7 access to providers via telephone, videoconferencing, smartphone applications, and other software tools
 - Reduce the burden of face-to-face visits for patients and providers implementing telehealth services; either telephonically or via “e-visits”
 - Improve care coordination, care delivery, and patient choice using telemanagement, electronic communication between care team members and specialists, and secure messaging between patients and providers
 - Improve patient engagement using secure messaging and digital communication platforms

PTAC's Assessment of the Proposals That Included a Telehealth Component

- PTAC's assessment of these proposals included positive remarks about the inclusion of telehealth services in six Reports to the Secretary. PTAC:
 - Emphasized the data-sharing opportunities created by health information technology (HIT) and telehealth
 - Noted the potential use of telehealth to create efficiencies for providers
 - Highlighted the use of telehealth to support higher quality care, allow for earlier intervention, and support reductions in ED visits, hospitalizations, and mortality

Summary

- The 18 PTAC proposal submissions that included telehealth as a component of their models indicate stakeholder interest in this issue.
- To assist in understanding what insights can be learned from the vision of previous PTAC proposal submitters that included telehealth in their PFPMs, discussions were conducted with 13 of the 18 previous submitters.
 - The findings from these discussions are summarized in the Environmental Scan that can be accessed at the following hyperlink:
<https://aspe.hhs.gov/system/files/pdf/261946/Sep2020TelehealthEnvironmentalScan.PDF>
 - Additionally, there will be a Panel Discussion with six of the past submitters whose proposals included a telehealth component during today's Telehealth session.

Appendix: Summary of Telehealth Condition, Provider Setting and Modality

	<i>Synchronous (live video)</i>	<i>Synchronous (telephone)</i>	<i>Asynchronous</i>	<i>Remote monitoring</i>	<i>mHealth</i>	<i>Not Specified</i>	<i>Condition</i>	<i>Provider Setting</i>	<i>Place of Service</i>
AAFP		■					Not specified	Primary Care	Patient home
AAHPM	■	■		■			Serious Illness	Palliative Care	Inpatient, outpatient
AAN	■	■	■	■	■		Migraine	Primary Care	Patient home
ACEP		■				■	Care Transition	ED provider	Patient home
Avera Health	■	■	■				Geriatric Care	SNF and NF	SNF and NF
COA	■	■		■		■	Cancer	Outpatient	Patient home
C-TAC	■	■			■		Serious Illness	Advanced care team	Patient home
Antonucci		■				■	Not specified	Primary Care	Patient home
HMH/Cota						■	Cancer	Outpatient	Patient Home
IGG/SonarMD		■		■	■		Crohn's Disease	Gastroenterology	Patient home
IOBS		■			■	■	Cancer	Outpatient	Patient home
Mount Sinai	■	■					Acute illness	Outpatient	Patient Home
NYC DOHMH	■				■		Hepatitis C	Primary Care	Outpatient
PMA	■	■		■	■		Asthma/COPD	Pulmonology	Patient Home
PRC	■	■		■	■		Acute illness	Inpatient; outpatient	Patient Home
Seha	■	■				■	Wounds	Outpatient	Patient home
Sobel	■	■		■			Not specified	Not specified	Not specified
UNMHSC	■						Cerebral Emergency	Neurologist or neurosurgeon	Rural/community hospital