

Physician-Focused Payment Model Technical Advisory Committee

Report on Preliminary Comments Development Team Findings:

The Role Telehealth Can Play in Optimizing Health Care Delivery and Value-Based Transformation in the Context of Alternative Payment Models and Physician-Focused Payment Models

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Presentation Overview

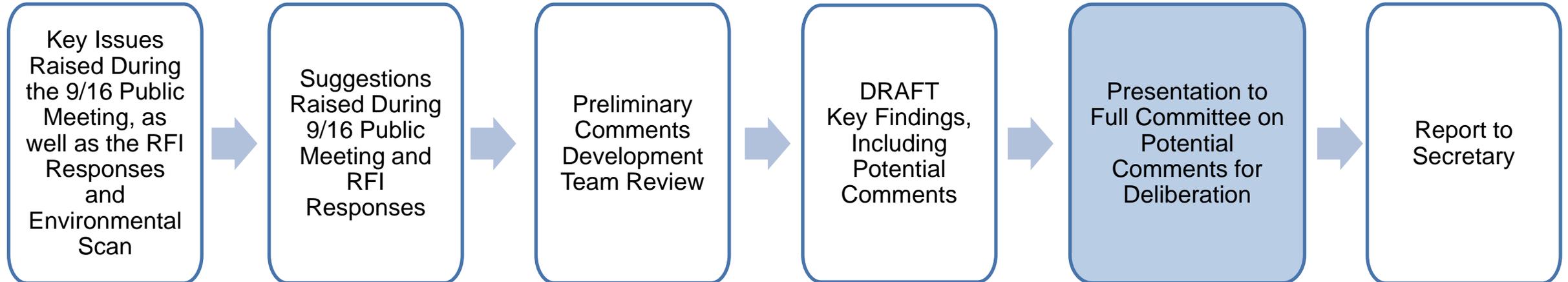
- Background
- Preliminary Comments Development Team (PCDT) Composition and Review Process
- Overview of Key Findings Relating to Telehealth in the Context of APMs and PFPMs
- Key Issues and Potential Comments Identified by the PCDT

Background

- **On September 16, 2020 PTAC held a theme-based discussion on Telehealth in the Context of Alternative Payment Models (APMs) and Physician-Focused Payment Models (PFPMs).** The goal was to provide PTAC with current perspectives on the role telehealth can play in optimizing health care delivery and value-based transformation in the context of APMs and PFPMs in order to further inform the Committee’s review of future proposals.
 - The Telehealth session included a presentation on the 18 previous PTAC proposals with a telehealth component, panel discussions with six past submitters whose proposals included a telehealth component and a diverse group of subject matter experts, and public comments from stakeholders.
- **Prior to the public meeting, an Environmental Scan was prepared** that provided background information on telehealth, the role of telehealth in the context of APMs and PFPMs, and issues and opportunities associated with optimizing telehealth in an APM.
- **After the public meeting, PTAC released a Request for Input (RFI) on telehealth and developed a Supplement to the Environmental Scan** on telehealth.

Preliminary Comments Development Team Composition and Review Process

- To prepare for today's discussion, three PTAC members volunteered to serve on the Preliminary Comments Development Team (PCDT). One member serves as the Lead.
- After reviewing the available information, the PCDT prepared a summary table and a presentation summarizing its findings for the full PTAC. The PCDT findings are typically posted on the PTAC website at least one week prior to public deliberation by the full Committee.
- The PCDT's findings are not binding on PTAC; PTAC may reach different conclusions from those contained in the PCDT's presentation.
- The Report to the Secretary will be prepared based on the results of the full Committee's deliberation.



Overview of Key Findings Relating to Telehealth in the Context of APMs and PFPMs

- The following is an overview of some of the key themes that the Committee has identified relating to telehealth in the context of APMs, which are summarized in the appendix:
 - There are Many Definitions of Telehealth
 - Various Types of Barriers Have Affected Telehealth Use
 - Telehealth Use Increased During the Public Health Emergency (PHE)
 - Increased Use of Telehealth Provides Opportunities to Improve Health Care
 - Some Best Practices for Optimizing the Use of Telehealth Services
 - How to Address Barriers Affecting Beneficiaries' Access to Telehealth
 - The Role of APMs in Optimizing the Use of Telehealth Services
 - Payment Issues Relating to Telehealth Services

Importance of Considering the Relevance of Potential Comments to APMs and PFPMs

- **Many telehealth issues and potential comments are broadly applicable** to both value-based contexts and traditional reimbursement arrangements.
- During the Committee's deliberations, **it will be important to highlight which topics and comments are most important in the PFPM or value-based context.**

Potential Comments Organized By Category

Category One: Infrastructure: Provider and Beneficiary Needs

Category Two: Barriers and Enablers: Policies Related to Access and Optimization

Category Three: Payment Issues: Paying for Telehealth under Physician-focused Payment Models or Alternative Payment Models

Category Four: Research Questions to Address Gaps in Knowledge

Potential Comments on Category One: Infrastructure: Provider and Beneficiary Needs

Infrastructure: Beneficiary and Provider Needs

- Beneficiary Needs
 - Avoid Disparities
 - Focus on Vulnerable Populations
- Provider Needs
 - Address Standards for Adoption and Use
 - Address Benchmarks and Variation in Standards by Setting
- Understanding Provider and Beneficiary Costs

Category One. Infrastructure: Beneficiary Needs, Avoid Disparities

Key Observations

- Virtual care can exacerbate disparities in care for vulnerable populations.
- Those without access to devices, broadband or comfort using technology face a “digital divide”.
- Populations with physical and cognitive impairments to using technology have special needs.
- Populations with long-term support service (LTSS) needs at home with limited caregiver help have special needs.

Proposed Comment(s)

- Consider sponsoring a report to investigate or describe unintended consequences associated with widespread adoption and use of telehealth that addresses the potential for exacerbation of disparities in care for specific populations due to the digital-divide, cognitive and physical impairments, LTSS needs, and for those living in the community with limited caregiver support.

Category One. Infrastructure: Beneficiary Needs, Focus on Vulnerable Populations

Key Observations

- Aging or disabled populations with LTSS needs and others residing in the community with limited caregiver support are socially isolated with unmet needs.
- Visual and hearing impairments and limited caregiver support present challenges to usability.
- Cultural sensitivity, language translation services, and attention to health literacy are needed.
- Addressing the needs of these populations requires strategic care planning to ensure access to adequate virtual care.

Proposed Comment(s)

- Consider partnering with a diverse array of stakeholders (including providers and those representing beneficiary voice) on development of standards for adoption of telehealth to address LTSS needs of community-dwelling populations and to address the impact of social isolation.
- Consider further research on unintended consequences of widespread use of telehealth: address disparities in care for specific populations including those with impairments or those who require language translation and culturally competent education.

Category One. Infrastructure:

Provider Needs, Address Standards for Adoption and Use

Key Observations

- Telehealth can provide “as needed” access to interdisciplinary providers (e.g., social workers) for patients/staff in skilled nursing facilities (SNFs).
- An APM could support a cultural shift from using telehealth as an “event” to providing routine access.
- Rapid adoption of telehealth has led to some providers to adopt new workflows and approaches for determining the need for in-person care.
- Key strategies include enhancement of team-based approaches and use of an telephone/audio-only backup in case of technology failure.
- Telehealth may exacerbate data silos if not integrated with an electronic health record.

Proposed Comment(s)

- In the context of APMs, consider developing partnerships with a diverse array of stakeholders (including providers and those representing beneficiary voices) to support development of standards for telehealth adoption including workflow, service integration, team-based approaches, shifting to a culture of “routine access”, determining when telephone/audio-only access is appropriate, and interoperability of data gathered in the context of telehealth.

Category One. Infrastructure: Provider Needs, Address Benchmarks and Variation in Standards by Setting

Key Observations

- Virtual services cannot fully substitute for hands-on care.
- Payment parity may be appropriate for ensuring access to some services, but may introduce program integrity concerns.
- Current “guardrails” to support appropriate protections may not be sufficient.
- Additional guidelines, quality metrics, and benchmarks may be needed.
- Different settings, provider-types, and clinical scenarios may warrant different standards.

Proposed Comment(s)

- Consider partnering with a diverse array of stakeholders (including providers and those representing beneficiary voices) to support development of standards for appropriate adoption of telehealth by setting; modified clinical quality measures for virtual versus in-person care; benchmarks using patient satisfaction measures to compare virtual care to in-person care; and use of analytic technology to enforce program integrity rules.

Category One. Infrastructure: Understanding Provider and Beneficiary Costs

Key Observations

- Lack of rigorous methods for accounting for provider costs means true cost of adoption is not known.
- Variation in costs by geographic area and provider type are unknown.
- Beneficiaries also face variable costs associated with devices and connectivity.
- Appropriate APM payment mechanisms to cover these costs require more exploration.

Proposed Comment(s)

- In the context of APMs, consider exploring:
 - Interest in partnerships with a diverse array of stakeholders (including providers and those representing beneficiary voices) to support development of accurate methods to comprehensively account for costs of telehealth adoption and use for different provider types.
 - Research on costs associated with beneficiary access to broadband connectivity, technologies (e.g., tablets), and technical support needed to benefit from telehealth.

PTAC Discussion of Suggested Comments

Category One:

Infrastructure: Provider and Beneficiary
Needs

PTAC Discussion of Suggested Comments

Category One Summary:

Suggested Comment Summary: Recommendations, Policy Considerations and Research Questions

1. Consider sponsoring a report on unintended consequences associated with widespread adoption and use of telehealth that addresses the exacerbation of disparities in care for specific populations due to the digital-divide, cognitive and physical impairments, LTSS needs, and for those living in the community with limited caregiver support.
2. Consider partnering with a diverse array of stakeholders (including providers and those representing beneficiary voice) on development of standards for adoption of telehealth to address LTSS needs of community-dwelling populations and to address the impact of social isolation.
3. Consider further research on unintended consequences of widespread use of telehealth: address disparities in care for specific populations including those with impairments or those who require language translation and culturally competent education.
4. In the context of APMs, consider developing partnerships with a diverse array of stakeholders (including providers and those representing beneficiary voices) to support development of standards for telehealth adoption including workflow, service integration, team-based approaches, shifting to a culture of “routine access”, determining when telephone/audio-only access is appropriate, and interoperability of data gathered in the context of telehealth.

Category One Summary: Suggested Comment Summary: Recommendations, Policy Considerations and Research Questions

5. Consider partnering with a diverse array of stakeholders (including providers and those representing beneficiary voices) to support development of standards for appropriate adoption of telehealth by setting; modified clinical quality measures for virtual versus in-person care; benchmarks using patient satisfaction measures to compare virtual care to in-person care; and use of analytic technology to enforce program integrity rules.
6. In the context of APMs, consider exploring interest in partnerships with a diverse array of stakeholders (including providers and those representing beneficiary voices) to support development of accurate methods to comprehensively account for costs of telehealth adoption and use for different provider types.
7. In the context of APMs, consider exploring research on costs associated with beneficiary access to broadband connectivity, technologies (e.g., tablets), and technical support needed to benefit from telehealth.

Potential Comments in Category Two: Barriers and Enablers to Accessing Virtual Care By Subcategory

Barriers and Enablers to Accessing Virtual Care

- Barriers

- Consider Flexibility Related to Coverage and Payment in the Context of APMs

- Enablers

- Consider Future Research on Enabling Patient Monitoring and Other Interventions

Category Two. Barriers and Enablers to Accessing Virtual Care By Subcategory

Barriers: Flexibility Related to Coverage and Payment in the Context of APMs

Key Observations

- Geographic limits (e.g., rural versus urban and state licensing) represent a barrier to access.
- Limitations on services covered and site of care for virtual care represent a barrier to access.
- Easing of geographic restrictions and expansion of covered virtual services (e.g., emergency medical screening) reduced exposure and helped protect providers during the PHE.
- Provider shortages pose a barrier to access to care in urban and rural areas (e.g., substance use disorder (SUD) treatment).
- Complexity and uncertainty in coverage for virtual care represent barriers.
- Telephone/audio-only may be a necessary modality to ensure access for some populations.

Proposed Comment(s)

- In the context of telehealth and APMs, consider flexibilities related to geography, site of care, covered services, and provider state licensing. Where possible, seek to provide greater certainty regarding reimbursement and coverage policy for telehealth under APMs during and following the PHE.

Category Two. Barriers and Enablers to Accessing Virtual Care: Consider Future Research on Enabling Patient Monitoring and Other Interventions

Key Observations

- Chronic disease populations often view being symptomatic as baseline/normal and may not seek virtual care that can help avoid hospitalizations, emergency department (ED) visits, or adverse health outcomes.
- Telehealth (not related to virtual event care) such as remote patient monitoring can provide proactive care. These services are not addressed through the temporary 1135 PHE waivers.

Proposed Comment(s)

- In the context of new and existing APM models, consider further research that could assess the potential of adopting remote patient monitoring and other forms of telehealth (in new or existing models) not related to existing temporary waivers during and after the PHE.

Category Two:

Barriers and Enablers: Policy Related to
Access and Optimization

PTAC Discussion of Suggested Comments

Category Two Summary: Suggested Comment Summary: Recommendations, Policy Considerations and Research Questions

1. In the context of telehealth and APMs, consider flexibilities related to geography, site of care, covered services, and provider state licensing. Where possible, seek to provide greater certainty regarding reimbursement and coverage policy for telehealth under APMs during and following the PHE.
2. In the context of new and existing APM models, consider further research that could assess the potential of adopting remote patient monitoring and other forms of telehealth (in new or existing models) not related to existing temporary waivers during and after the PHE.

Potential Comments in Category Three: Payment Issues By Subcategory

Payment Issues

- Document Emerging Findings
- Use APMs to Enable Telehealth
- Leverage Insights From Previous PTAC Proposals

Category Three. Payment Issues: Document Emerging Findings

Key Observations

- Providers engaged in APMs were able to adapt quickly to virtual care under the COVID-19 PHE.
- APM models gave providers more flexibility (sometimes through prospective and risk-adjusted payments) to adopt virtual care modalities.

Proposed Comment(s)

- Consider highlighting best practices and findings from rapid adoption of telehealth among providers involved in APMs across provider setting and clinical scenarios (e.g., stand-alone SUD or behavioral health, as well as usual source of care).

Category Three. Payment Issues: Use APMs to Enable Telehealth

Key Observations

- Virtual care delivered under APMs can be a tool to help ensure continuity of care, avoid exposure and avoidable utilization (ED and inpatient), and support provider to provider coordination. This applies to care during the PHE and generally.
- Flexibility afforded through prospective payments and risk-adjustment can support flexible adoption of virtual care modalities.
- Additional evidence is needed regarding the impact of telehealth on cost, access, and quality for various services.

Proposed Comment(s)

- Consider including telehealth modalities across all APMs currently in testing or development, as tools for facilitating access to care; optimizing care delivery; reducing avoidable inpatient or ED care; improving health outcomes; improving provider coordination; and supporting provider teaching, education, and collaboration.
- Consider using ACOs or other models to assist in testing the impact of telehealth on cost, access, and quality for various services.

Category Three. Payment Issues: Leverage Insights From Previous PTAC Proposals

Key Observations

- 18 previous PTAC proposals included telehealth as a component of their models. Some of these proposals included innovative care delivery models related to:
 - Providing remote assessment and education to rural providers relating to neurological conditions
 - Telemonitoring of patients with chronic conditions
 - Providing team-based care to multiple skilled nursing facilities
 - Ensuring care coordination after discharge from EDs
 - Maximizing primary care provider flexibility
- ACO shared savings can potentially be used to support cost-saving telehealth interventions.

Proposed Comment(s)

- Review previous PTAC proposals that included a telehealth component, and incorporate some of the telehealth-related elements from one or more of these proposals into ACOs and other CMMI models that include prospective payment and two-sided risk in order to pilot test potential best practices and assess their impact on health care costs and quality.

PTAC Discussion of Suggested Comments

Category Three:

Payment Issues:

Paying for Telehealth under PFPs or APMs

PTAC Discussion of Suggested Comments

Category Three Summary: Suggested Comment Summary: Recommendations, Policy Considerations and Research Questions

1. Consider highlighting best practices and findings from rapid adoption of telehealth among providers involved in APMs across provider setting and clinical scenarios (e.g., stand-alone SUD or behavioral health, as well as usual source of care).
2. Consider including telehealth modalities across all APMs currently in testing or development, as tools for facilitating access to care; optimizing care delivery; reducing avoidable inpatient or ED care; improving health outcomes; improving provider coordination; and supporting provider teaching, education, and collaboration.
3. Consider using ACOs or other models to assist in testing the impact of telehealth on cost, access, and quality for various services.
4. Review previous PTAC proposals that included a telehealth component, and incorporate some of the telehealth-related elements from one or more of these proposals into ACOs and other CMMI models that include prospective payment and two-sided risk in order to pilot test potential best practices and assess their impact on health care costs and quality.

Potential Comments in Category Four: Research Questions to Address Gaps in Knowledge

- Infrastructure, Beneficiary and Provider Needs
- Infrastructure, Standards for Adoption
- Barriers and Payment Issues

Category Four. Research Questions: Infrastructure, Beneficiary and Provider Needs

Selected Proposed Comments

Consider sponsoring a report on unintended consequences associated with widespread adoption and use of telehealth that addresses the exacerbation of disparities in care for specific populations due to the digital-divide, cognitive and physical impairments, LTSS needs, and for those living in the community with limited caregiver support.

Key Research Questions

- How can the needs of these populations be addressed in the context of telehealth APMs?
 - What features of an APM will or will not facilitate helping these populations benefit from access to telehealth?

Category Four. Research Questions: Infrastructure, Beneficiary and Provider Needs

Selected Proposed Comments

Consider further research on unintended consequences of widespread use of telehealth; address disparities in care for specific populations including those with impairments or those who require language translation and culturally competent education.

Key Research Questions

- How can the needs of these populations be addressed in the context of telehealth APMs?
 - What features of an APM will or will not facilitate helping these populations benefit from access to telehealth?

Category Four. Research Questions: Infrastructure, Standards for Adoption

Selected Proposed Comments

In the context of APMs, consider developing partnerships with a diverse array of stakeholders (including providers and those representing beneficiary voice) to support development of standards for telehealth adoption including workflow, service integration, team-based approaches, shifting to a culture of “routine access”, and interoperability of data gathered in the context of telehealth.

Key Research Questions

- What is known about standards of care, quality measurement, safety and appropriateness in the context of virtual versus in-person care?
 - What are the best approaches for determining services where there should be payment parity between in-person and virtual care?
- How do we account for differences in the care environment and incentives inherent in virtual versus in-person care, while also maintaining simplicity and flexibility?
 - Which telehealth interventions are different modalities/settings rather than new types of services?
 - Are there program integrity challenges associated with telehealth?

Category Four. Research Questions: Infrastructure, Standards for Adoption

Selected Proposed Comments

In the context of APMs, explore research on costs associated with beneficiary access to broadband connectivity, technologies (e.g., tablets), and technical support needed to benefit from telehealth

Key Research Questions

- How, if at all, should APMs incorporate cost of implementation and effective use of telehealth into their payment design?
 - How do different APM payment designs facilitate or create barriers to effective adoption and use of telehealth?
 - What supports do beneficiaries receiving care through APMs need to most effectively benefit from telehealth?
 - How does beneficiary satisfaction vary for specific services delivered virtually versus in-person?

Category Four. Research Questions: Barriers and Payment Issues

Selected Proposed Comments

In the context of new and existing APMs, consider further research that could assess the potential of adopting remote patient monitoring and other forms of telehealth not related to existing temporary waivers during and after the PHE.

Key Research Questions

- How does the role of telehealth vary if the intervention is a substitute for in-person care versus a complement or supplement to in-person care?
- How should coverage and reimbursement rules vary for these different forms of telehealth?

Category Four. Research Questions: Barriers and Payment Issues

Selected Proposed Comments

Consider highlighting best practices and findings from rapid adoption of telehealth among providers involved in APMs across provider setting and clinical scenarios (e.g., stand-alone SUD or behavioral health, as well as usual source of care).

Key Research Questions

- What are the reasons for and against the inclusion of telehealth in different types of payment models?
 - What are the best approaches to understanding the true cost of adopting different telehealth modalities?
 - What are the models of payment that will make these financial investments feasible?

Category Four:

Research Questions to
Address Gaps in Knowledge

**PTAC Discussion of Suggested Research
Questions**

Category Four Summary:

Potential Comments in Category Four: Research Questions to Address Gaps in Knowledge

1. How can the needs of populations that could experience exacerbated disparities in care from widespread telehealth adoption (e.g., populations experiencing the digital-divide, with cognitive or physical impairments, LTSS needs, or with limited caregiver support) be addressed in the context of telehealth APMs?
 - A. What features of an APM will or will not facilitate helping these populations benefit from access to telehealth?
2. How can the needs of populations that could experience exacerbated disparities in care from widespread telehealth use (e.g., populations with impairments or who require language translation and culturally competent education) be addressed in the context of telehealth APMs?
 - A. What features of an APM will or will not facilitate helping these populations benefit from access to telehealth?
3. What is known about standards of care, quality measurement, safety and appropriateness in the context of virtual versus in-person care?
 - A. What are the best approaches for determining services where there should be payment parity between in-person and virtual care?

Category Four Summary:

Potential Comments in Category Four: Research Questions to Address Gaps in Knowledge

4. How do we account for differences in the care environment and incentives inherent in virtual versus in-person care, while also maintaining simplicity and flexibility?
 - A. Which telehealth interventions are different modalities/settings rather than new types of services?
 - B. Are there program integrity challenges associated with telehealth?

5. How, if at all, should APMs incorporate cost of implementation and effective use of telehealth into their payment design?
 - A. How do different APM payment designs facilitate or create barriers to effective adoption and use of telehealth?
 - B. What supports do beneficiaries receiving care through APMs need to most effectively benefit from telehealth?
 - C. How does beneficiary satisfaction vary for specific services delivered virtually versus in-person?

Category Four Summary:

Potential Comments in Category Four: Research Questions to Address Gaps in Knowledge

6. How does the role of telehealth vary if the intervention is a substitute for in-person care versus a complement or supplement to in-person care?
7. How should coverage and reimbursement rules vary for these different forms of telehealth?
8. What are the reasons for and against the inclusion of telehealth in different types of payment models?
 - A. What are the best approaches to understanding the true cost of adopting different telehealth modalities?
 - B. What are the models of payment that will make these financial investments feasible?

Key Findings Relating to Telehealth in the Context of APMs and PFPMs

Key Findings Relating to Telehealth in the Context of APMs and PFPMs: There are Many Definitions of Telehealth

- **There are many definitions of telehealth** based on the services provided, modalities employed, and type of clinician.
- The Health Resources & Services Administration's (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.”**
 - Telehealth services, including those authorized through Medicare as telehealth or telecommunications, **may use “live” or synchronous exchange of information;** use a store-and-forward or **asynchronous approach;** or **use a continuous data feed** for ongoing analysis.
 - Some examples of telehealth modalities **include audiovisual, video and telephone/audio-only services.**
 - There may also be differences by geography, clinical area, specialty and disease state.
- Stakeholders generally agree that **telehealth should be viewed as a separate setting or modality for existing services,** not as a new type of service.

Key Findings Relating to Telehealth in the Context of APMs and PFPMs: Various Types of Barriers Have Affected Telehealth Use

- **Regulatory** – Restrictions related to payment policy, covered services, site of care, licensure requirements.
- **Technology-Related** – Broadband-related issues, lack of technical infrastructure (including challenges relating to hardware, software, and equipment).
- **Financial** – Financial incentives in payment models, copayments, infrastructure / start-up costs, billing complexity.
- **Patient Access** – Lack of broadband access, lack of a computer or a smartphone, language barriers, disabilities, lack of familiarity and comfortability with using the technology, need for assistance with using the technology.
- **Operational** – Issues related to integrating the delivery of telehealth into the provider's workflows.

Key Findings Relating to Telehealth in the Context of APMs and PFPMs: Telehealth Use Increased During the Public Health Emergency (PHE)

- During the PHE related to COVID-19, **the relaxing of regulations has enabled providers to rapidly engage in the use of telehealth**, leading to exponential increases in use.
- **Providers who were already engaged in APMs were able to pivot more easily to the use of virtual care services** than providers who primarily relied on fee-for-service (FFS).
- **Providers found that telehealth could be a valuable frontline assessment tool** for limiting the number of in-person visits and hospitalized patients, reducing exposure to COVID-19, preserving personal protective equipment, and facilitating follow-up with patients.
- Primary care and specialty **providers undergoing a rapid switch to telehealth were required to develop a team approach** that involved educating patients, conducting pre-visit technology testing, creating backup plans for the use of telephone/audio-only technology, and determining when patients needed an in-person visit.

Key Findings Relating to Telehealth in the Context of APMs and PFPMs: Increased Use of Telehealth Provides Opportunities to Improve Health Care

- **Increased utilization of telehealth during the PHE has provided an opportunity that can be leveraged to improve the health of patients** across the United States.
- Stakeholders agree that **telehealth can be an effective and efficient tool for improving and optimizing the delivery of health care.**
 - Telehealth services can augment available services in a manner that can foster timely, integrated, coordinated, proactive care and patient monitoring—“enabling the right care to the patient at the right time in the right modality as determined by the provider, including in-person care services.”
- There is also a general consensus that based on the significant increase in utilization that has occurred as a result of the PHE, **telehealth/telemedicine/virtual health care services are here to stay** in some capacity along with in-person services.
- **Virtual health care delivery has been particularly important for individuals receiving behavioral health services.**

Key Findings Relating to Telehealth in the Context of APMs and PFPMs: Some Best Practices for Optimizing the Use of Telehealth Services

- **Team-based and patient-centered approaches to care** are important to ensure continuity of care using telehealth—including the **importance of finding the right balance between virtual and in-person services**, recognizing that virtual services cannot fully substitute for “hands-on” care.
- It will also be important to **ensure the integration of telehealth across the entire healthcare delivery system and avoid the creation of another healthcare silo**, especially among freestanding telehealth companies.
 - Ensuring **integration of telehealth with electronic health records** and facilitating interoperability, data sharing and standardized documentation (including capturing modality in data) will be important to avoid exacerbating silos and facilitate evaluation.
 - **Providing and/or coordinating telehealth through the beneficiaries’ usual source of care** can also be beneficial for helping to ensure integration.
- The **cultivation, dissemination and institution of best practices** will also be important.

Key Findings Relating to Telehealth in the Context of APMs and PFPMs: Some Best Practices for Optimizing the Use of Telehealth Services (*cont'd*)

- Recognizing that **there is a potential tension related to determining how to balance the need for flexibility and simplicity** relating to telehealth.
 - **Importance of flexibility regarding identifying appropriate telehealth care delivery models**, accounting for various factors including patient preferences .
 - **Importance of simplicity/simplification of the process in considering how payment models align with telehealth care models .**
- **The importance of payer, provider and technology partnerships**, as well as interprofessional/interdisciplinary/interorganizational collaboration.
- **The need for patient protections** to help prevent disparities, ensure appropriate use and payment, and secure patients' privacy.
 - **Requirements for telehealth providers to have a preexisting patient relationship** or to be communicating with one of the patient's physicians can help to protect patients.
- **The importance of developing quality and outcome-based monitoring programs.**

Key Findings Relating to Telehealth in the Context of APMs and PFPMs: How to Address Barriers Affecting Beneficiaries' Access to Telehealth

- **Using caution so that virtual healthcare does not exacerbate disparities among vulnerable populations** who may not have access to or skills related to using the needed technologies.
- **Providing technical support** related to using the technology; and **beneficiary education** about safety, efficacy, effects on benefits and cost sharing, and the availability of telephone/audio-only and translation services.
- **Use of telephone/audio-only visits**, distribution and access to virtual devices, in-home services and supports, and **empowering caregivers to assist in telehealth delivery**.
- **Developing infrastructure for overcoming cultural or language barriers and trust gaps.**
- Expanding and **supporting efforts to ensure universal broadband access.**
- **Addressing geographic limits on telehealth services that can represent a barrier to access**, particularly in areas and for specialties that are affected by provider shortages.
- **Ensuring that providers and specialists in rural areas have access to the most current medical information** to ensure that care delivery keeps pace with science and medicine.

Key Findings Relating to Telehealth in the Context of APMs and PFPMs: The Role of APMs in Optimizing the Use of Telehealth Services

- **The consensus was that value-based models/APMs (especially those with prospective payment) are the best approach for advancing optimal use of telehealth.**
 - An APM would be needed to support a cultural shift from using telehealth as an event to viewing telehealth holistically as part of an interdisciplinary team-based care model.
 - Population-based payments can provide revenue stability for planning investments in and use of telehealth, and incentivize cost-effective use of these services.
 - Value-based payment can also help to overcome challenges related to billing complexity.
- **The availability of predictable financing can enable providers to plan investment in and integration of telehealth services in patient care.**
- **Shared savings from Accountable Care Organizations (ACOs) can potentially be used to support cost-saving telehealth interventions.**

Key Findings Relating to Telehealth in the Context of APMs and PFPMs: The Role of APMs in Optimizing the Use of Telehealth Services *(cont'd)*

- **Several Center for Medicare & Medicaid Innovation (CMMI) models include telehealth.**
 - For example, the Next Generation ACO, Comprehensive Care for Joint Replacement (CCJR), Bundled Payments for Care Improvement (BPCI) and BPCI Advanced models, which include two-sided financial risk, have a telehealth waiver that allows for the use of telehealth from additional originating sites.
- **18 previous PTAC proposals included telehealth as a component of their models as a tool to address a variety of care delivery issues related to improving access and quality of care.**
 - The telehealth-related PTAC proposals varied by populations served (chronic conditions, serious illness) and provider settings (primary care, patient home, skilled nursing facilities, care transitions, rural providers).
 - These proposals also incorporated a variety of different technical platforms and modalities that are used in telehealth, with many incorporating more than one telehealth modality; these proposals also included a variety of payment models.

Key Findings Relating to Telehealth in the Context of APMs and PFPMs: Payment Issues Related to Telehealth Services

- **Determining the best payment mechanism for providing virtual services** – including appropriate APM payment mechanisms, and the role of telehealth in FFS payment models.
- The importance of **determining the actual costs associated with virtual care delivery**.
 - Including costs associated with start-up, technology, staff training, team-based care, provider education, resources for patients, communications, outreach, and variations by geographic area and provider type.
 - Beneficiaries also face variable costs associated with devices and connectivity.
- **Issues related to financing and coverage** – who pays for it, who maintains it, what services are being provided over the platform, and provider-types eligible for payment.
- **Economic incentives** – how to incentivize both entities (the originating site and distant site) within a FFS context, or within APMs that tend to be physician or provider-focused.
- **Issues related to payment parity** – which may be appropriate for ensuring access to some services, but may introduce program integrity concerns.