

**Physician-Focused Payment Model Technical Advisory Committee
Public Meeting Minutes**

**December 8, 2020
10:01 a.m. – 11:57 a.m. EST
Virtual Meeting**

Attendance*

Physician-Focused Payment Model Technical Advisory Committee (PTAC) Members

Jeffrey Baillet, MD, PTAC Chair (President and Chief Executive Officer, Altais)

Paul N. Casale, MD, MPH, PTAC Vice Chair (Vice President, Population Health, NewYork-Presbyterian, Weill Cornell Medicine and Columbia University)

Carrie H. Colla, PhD (Professor, The Dartmouth Institute for Health Policy and Clinical Practice in the Geisel School of Medicine at Dartmouth College)

Jay S. Feldstein, DO (President and Chief Executive Officer, Philadelphia College of Osteopathic Medicine)

Lauran Hardin, MSN, FAAN (Senior Advisor, Partnership and Technical Assistance, National Center for Complex Health and Social Needs, Camden Coalition of Healthcare Providers)

Joshua M. Liao, MD, MSc (Associate Professor, Medicine and Director, Value and Systems Science Lab, University of Washington School of Medicine)

Terry (Lee) Mills, Jr., MD, MMM (Senior Vice President and Chief Medical Officer, CommunityCare)

Bruce Steinwald, MBA (President, Bruce Steinwald Consulting)

Jennifer L. Wiler, MD, MBA (Chief Quality Officer Denver Metro, UCHHealth, and Professor of Emergency Medicine, University of Colorado School of Medicine)

PTAC Members in Partial Attendance

Kavita K. Patel, MD, MSHS (Nonresident Fellow, The Brookings Institution)

PTAC Members Not in Attendance

Angelo Sinopoli, MD (Executive Vice President and Chief Clinical Officer, Prisma Health)

Office of the Assistant Secretary for Planning and Evaluation (ASPE) Staff

Stella (Stace) Mandl, PTAC Staff Director, Designated Federal Officer

Audrey McDowell, ASPE Staff

**Via Webex Webinar unless otherwise noted*

List of Presenters, Public Commenters, and Handouts

1. Welcome and PTAC Public Meeting Overview

Jeffrey Baillet, MD, PTAC Chair

Handout

- Public Meeting Agenda

2. Informing PTAC’s Review of PFPMs – Presentation on Public Input Received

Stace Mandl, PTAC Staff Director, Designated Federal Officer

Handouts

- June RFI Slides
- June RFI Responses

3. Informing PTAC’s Review of Telehealth and PFPMs – Presentation on Public Input Received

Audrey McDowell, ASPE Staff

Handouts

- Telehealth RFI Slides
- Telehealth RFI Responses

4. Telehealth and Value-Based Care Transformation – Presentation and Committee Discussion

Jay S. Feldstein, DO, PTAC Member

Handouts

- Preliminary Comments Development Team Slides
- Telehealth Policy Considerations Summary Table
- Telehealth Summary Report
- Environmental Scan Supplement
- Original Environmental Scan

5. Public Commenters

Harold Miller, MS (President and CEO, Center for Healthcare Quality and Payment Reform)
Eitan Sobel, MD

[NOTE: A transcript of all statements made by PTAC members and public commenters at this meeting is available on the ASPE PTAC website located at:

<http://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee>].

The PTAC website also includes copies of the presentation slides and a video recording of the December 8, 2020, PTAC public meeting.

Welcome and PTAC Public Meeting Overview

Jeffrey Bailer, PTAC Chair, welcomed members of the public to the third PTAC public meeting being held virtually due to the coronavirus pandemic and provided an overview of the meeting agenda. He thanked PTAC stakeholders for their work supporting patients during the pandemic and for their continued participation. He noted that PTAC is committed to submitter-driven proposals and accepts these proposals on a rolling basis.

Chair Bailer provided remarks related to PTAC’s public meeting on September 16, 2020, when the Committee introduced its first theme-based discussion on the topic of telehealth. During this meeting, the Committee convened a panel of stakeholders who previously had submitted proposals to PTAC and included telehealth-related components in their proposed physician-focused payment models (PFPMs),

as well as an additional panel of subject matter experts (SMEs) to inform PTAC on the topic of telehealth.

Chair Baillet noted that, following the September public meeting, PTAC issued a Request for Input (RFI) to further inform the Committee's review of telehealth and PFPMs. Additionally, he explained that subsequent to the September meeting three PTAC members formed a Preliminary Comments Development Team (PCDT). Chair Baillet noted that the PCDT reviewed the input shared via the RFI and the September discussion on telehealth and, in turn, drafted considerations, recommendations, and research questions for PTAC to discuss for potential inclusion in a report to the Secretary of Health and Human Services (HHS). He explained that the report to the Secretary (RTS) would address telehealth and optimizing health care delivery and value-based transformation in the context of Alternative Payment Models (APMs) and PFPMs.

Chair Baillet noted PTAC's efforts to evaluate how the Committee processes proposal submissions so that PTAC can best provide comments and recommendations to the Secretary on new ideas related to payment models from the field. He also described PTAC's work to evaluate approaches used to activate stakeholders, solicit ideas and information, and serve stakeholders who want to provide innovative ideas that address care delivery, quality, and payment transformation via their proposals.

Chair Baillet noted that PTAC is considering enhancing and expanding its current processes in order to receive a broader array of proposals, further its engagement with stakeholders and better inform its review of PFPMs. He explained that this would include the opportunity to spend time during the public meeting to discuss stakeholder input received through the recent Requests for Input (RFI) including the input received on telehealth in relation to APMs. He noted that the PCDT's review of the holistic insights provided during the September 16 meeting the input from the RFI and today's discussion will help to inform potential content for PTAC's RTS on telehealth.

Chair Baillet also announced that PTAC recently sent two reports to the Secretary, including its comments and recommendations on *The "Medical Neighborhood" Advanced Alternative Payment Model (AAPM) (Revised Version)* and the *Patient-Centered Oncology Payment (PCOP) Model* PFPM proposals; PTAC voted on both proposals during its last public meeting on September 15, 2020.

Chair Baillet welcomed two newly appointed members of PTAC, Dr. Carrie H. Colla and Dr. Terry (Lee) Mills, Jr., both of whom were appointed by the Government Accountability Office (GAO) in October 2020. Additionally, Chair Baillet noted that PTAC has a new Vice Chair, Dr. Paul Casale, a founding member of PTAC. Chair Baillet expressed his gratitude for, and acknowledged the many contributions of, founding member Dr. Grace Terrell. He explained that Dr. Terrell had recently completed her term of service on the Committee, which included serving as Vice Chair over the past two years, and he acknowledged her vision in developing the Committee's theme-based discussions related to telehealth.

Chair Baillet invited Committee members to introduce themselves and their experience related to telehealth. Committee members introduced themselves and their relevant background. This discussion was followed by the Chair's introduction of Ms. Stace Mandl who presented on the June RFI.

Informing PTAC's Review of PFPMs – Presentation on Public Input Received

Stace Mandl, PTAC Staff Director and Designated Federal Officer, provided an overview of public input in response to PTAC's RFI that was released shortly after the June 2020 public meeting, which included a list of questions on various topics, the responses from which would in turn inform PTAC in its review of future proposed PFPMs.

Referencing a slide deck, Ms. Mandl reviewed the questions that were included in the RFI solicitation. She noted the seven respondents and highlighted a few of the responses related to challenges and priority topics such as fragmentation in health care, as well as other points made by respondents including that PTAC should prioritize models that “support and reward high-value interactions across settings” and consider “the lack of engagement between specialty and primary care clinicians” in existing models.

Ms. Mandl explained that, among other comments, respondents asked PTAC to take into consideration and prioritize proposed models that address medical specialists; serious illness; the cost of home health care; integration of non-physician providers; engagement with community-based organizations and caregivers; impact underserved and minority communities; improvements to the financial stability for providers; upfront investments for small, rural, and primary care providers; and balance quality with savings to avoid stinting. Ms. Mandl noted that the RFI and all responses received are available on the ASPE PTAC website.

Committee Discussion on PFPMs

Chair Bailet explained that the Committee’s upcoming discussion was one of multiple opportunities to consider potential adjustments to PTAC processes based on stakeholder input. He then opened the floor to the Committee.

- Vice Chair Casale noted that several themes were emphasized in comments from stakeholders. He highlighted one theme that he found to be consistent across multiple responses related to the question of how to engage primary care providers and specialists. He described the issue of how to engage specialists as an ongoing challenge in models submitted to PTAC.
- Chair Bailet added that another challenge for physicians and specialists, in particular, is how to determine which models to adopt. He noted that sometimes a new model is proposed when the specialists are already working within an existing model.
- Dr. Colla remarked on how nearly all comments focused on how models can work to address fragmentation across settings and clinician types.
- Vice Chair Casale noted that some models address care coordination, engagement, and fragmentation from a clinical perspective, but that financial (or payment) components of proposed models have yet to fully address these issues. He noted some instances of confusion in determining how the finances work for some providers. For example, if a specialist is involved in more than one APM, there may be confusion regarding which payment mechanisms apply.
- Joshua Liao expanded on members’ points related to coordination, engagement, and fragmentation between specialty and primary care. He noted that this issue extends beyond different phases of care and also includes the interaction between phases. Dr. Liao explained that coordination may look different for primary and some specialty care providers depending whether they are in outpatient, acute, or post-acute settings. He concluded that it is critical to think about payment structures related to each of these types of care and how they work together.
- Luran Hardin noted the cross-professional nature of care coordination and its influence on how people look at payment. She suggested that, in order to have high-quality patient experiences, social services, community-based organizations, and other funding streams should be integrated into models. She also noted the challenge of thinking about what payment models look like when considering a community- or equity-based lens.
- Dr. Colla noted that some respondents mentioned risk adjustment. She emphasized the importance of keeping up with new approaches to risk adjustment to improve models.

- Chair Bailet noted the significant differences that exist between clinical settings. He explained that there are nuances that relate to the robustness of models when working with stakeholders in rural centers compared to urban and academic centers. Dr. Colla responded to Chair Bailet, noting that the variation in needs by geography and provider type extends to social needs and that models are now emerging or adjusting to consider social needs.

Chair Bailet concluded the discussion and reminded the public that the pipeline for proposals remains open. He noted that there has been a lull in proposal submissions, which could be related to stakeholders addressing the public health emergency (PHE). Chair Bailet explained that PTAC is working internally on ways to improve stakeholder engagement to foster submission of innovative models that may not have all of the attributes typically required under the Secretary's criteria but that have strong innovative components. He noted that there will be more to follow on this topic.

Chair Bailet transitioned the meeting to the next portion of the agenda, in which the Committee reviewed policy considerations and research questions that it might include in an RTS on telehealth and PFPMs. This began with an overview of the September 2020 RFI on telehealth presented by Audrey McDowell.

Informing PTAC's Review of Telehealth and PFPMs – Presentation on Public Input Received

Ms. McDowell provided an overview of the public input received in response to the RFI on PTAC's review of telehealth and PFPMs. She noted that the telehealth RFI was released following the September 2020 public meeting, and that the RFI question topics included lessons learned, best practices and care integration, performance metrics and evaluation methods, program integrity measures, beneficiary education needs, barriers related to proprietary platforms and equity, and federal and/or state policies.

Ms. McDowell indicated that the nine respondents to the telehealth RFI included four previous PTAC proposal submitters. She noted that the responses were consistent with many of the themes from the theme-based discussion during the September 16 public meeting and provided additional insights regarding opportunities for leveraging telehealth within the APM context, areas where further evidence is needed, performance-related metrics and monitoring/evaluation methods, issues related to the use of proprietary platforms, and beneficiary education.

Ms. McDowell highlighted examples of several stakeholder responses to the RFI and indicated that information from the stakeholder responses would be incorporated into the December 8 public meeting discussion, the telehealth report to the Secretary, and PTAC environmental scans and analyses relating to future PFPM proposals that incorporate telehealth. She also noted that all responses to the telehealth RFI are available on the ASPE PTAC website.

Chair Bailet thanked Ms. McDowell for her presentation and thanked those responding to the RFI for their insights.

Committee Discussion on Telehealth and PFPMs

Chair Bailet informed the audience that PTAC will synthesize its comments and recommendations from the theme-based discussion and prior research on telehealth and payment models in a RTS. He explained that the Committee's PCDT synthesized what the Committee learned at the September 16 public meeting and key points from stakeholder responses to the telehealth RFI into a presentation. Chair Bailet noted that the presentation includes findings and comments that PTAC could include in its upcoming report. He emphasized that these comments did not represent the full Committee's position and they were not binding. Chair Bailet explained that the Committee would discuss the suggested

comments and the extent to which the findings and comments would be included in the final report. Chair Bailet introduced Jay Feldstein, the PCDT lead, who presented the PCDT's findings to the full Committee; other members of the PCDT included Dr. Colla and Ms. Hardin.

Telehealth and Value-Based Care Transformation – Presentation and Committee Discussion

Referencing a slide presentation, Dr. Feldstein provided stated that on September 16, 2020, PTAC held a theme-based discussion on telehealth in the context of APMs and PFPMs. He noted that the goal was to provide the Committee with current perspectives on the role that telehealth can play in optimizing health care delivery and value-based transformation in the context of APMs and PFPMs, in order to inform the Committee's review of future proposals. Dr. Feldstein explained that prior to the September 16 public meeting, an environmental scan was prepared to provide 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. He noted that after the September public meeting, PTAC released an RFI on telehealth and PFPMs and developed a supplement to the environmental scan on telehealth.

Dr. Feldstein also provided an overview of the role of the process that the PCDT used in developing its findings. He indicated that in preparation for the discussion with the full Committee, the PCDT prepared a summary table and a presentation reviewing its findings for the full Committee. He noted that a RTS will be prepared based on the results of the full Committee's deliberation.

Dr. Feldstein presented an overview of the general themes relating to telehealth that resonated from the September public meeting and the RFI in the context of APMs. He summarized the themes as follows:

- There are many definitions of telehealth.
- Various types of barriers have affected telehealth use.
- Telehealth use increased during the 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 services.
- The role of APMs in optimizing the use of telehealth services.
- Payment issues related to telehealth services.

Dr. Feldstein presented the themes further organized by category, as follows:

- **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

Dr. Feldstein reviewed the input received and potential comments that PTAC could consider with regard to **Category One**, which focused on infrastructure, specifically regarding provider and beneficiary needs. He noted that the topics cover beneficiary needs (to avoid disparities and to focus on vulnerable populations), provider needs (to address standards for adoption and use and to address benchmarks and variation in standards by setting), and understanding provider and beneficiary costs. Dr. Feldstein summarized the PCDT's suggested comments on recommendations and policy considerations for Category One:

- 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, long-term services and supports (LTSS) needs, and for those living in the community with limited caregiver support.
- Consider partnering with a diverse array of stakeholders (including providers and those representing beneficiary voices) 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.
- 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.
- 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.
- 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.
- 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.

Chair Bailet invited the other PCDT members, Dr. Colla and Ms. Hardin, to make additional comments before the full Committee began its discussion. Ms. Hardin highlighted the importance of integrating diversity and equity in the way that the Committee looks at telehealth.

PTAC engaged in discussion on the Category One recommendations and policy considerations.¹

- Bruce Steinwald noted that the advancements of telehealth have been great, but with rapid growth comes the potential for overuse and misuse. He stressed the importance of looking past the pandemic to make sure the infrastructure for telehealth does not generate additional unnecessary spending. In addition, Mr. Steinwald suggested that the health care system should focus on building telehealth into APMs and PFPMs, as a way of ensuring that services are used appropriately and do not result in an unwarranted increase in Medicare spending.
- Dr. Colla remarked on the tension between creating access while thinking about program integrity and the importance of managing health care costs. She noted the benefit of

¹ Please note that these are abbreviated summaries of Committee members’ comments. The full transcript of the meeting is available at <http://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee>.

considering implications for Medicare spending in cases where telehealth is a substitute for existing care, as was the case during the height of pandemic. In contrast, Dr. Colla explained that prior to the pandemic, telehealth was often a supplement to existing care. She also observed that an APM might be well suited for allowing providers to make a determination on when telehealth will be an effective approach, noting that this determination will vary depending on clinical scenarios. Dr. Colla expressed the potential value of research that investigates differences in effectiveness and outcomes for telehealth delivered by a provider who has an ongoing relationship with a patient, relative to telehealth delivered by a freestanding provider. She also raised the issue of the importance of considering the appropriate balance between program integrity versus the benefits of flexibility and reduced administrative complexity. Dr. Colla concluded that the relaxation of some rules helped to enable the increase of telehealth usage during the pandemic.

- Dr. Liao noted that APMs and PFPMS might help to address challenges related to program integrity and telehealth. He added that some of the issues raised in the discussion, more than others, were particularly relevant to APMs and PFPMS. Dr. Liao noted that the best ways to incorporate telehealth will vary depending on the focus of a given model. As an example, he described how many of the considerations raised may apply differently to a primary care model versus a sub-specialty care model or a population-based model. Dr. Liao advised that PTAC consider the issues that are most critical for each of these model types.
- Chair Bailet noted that language barriers should be addressed in the context of mitigating disparities. He noted the need for translation services for telehealth visits but cautioned against mandating these services without addressing financial considerations. He suggested that funding and payment for telehealth services, along with the necessary infrastructure for broader implementation (e.g., translation), should be incorporated into model design at early stages, so that the services are delivered appropriately.
- With regard to addressing disparities, Dr. Colla noted the importance of considering whether to make some additional kinds of providers (e.g., community health workers) eligible for providing telehealth services.
- Chair Bailet highlighted the challenge of incorporating data from telehealth visits into patients' electronic health records (EHRs) and avoiding the creation of another data silo. He explained that fragmentation of data would create barriers to accessing information for patients, physicians, and stakeholders. Dr. Feldstein agreed and noted that challenges exist relating to telehealth provision in the context of integrated delivery systems and by freestanding telehealth companies.
- Vice Chair Casale referenced the Committee's earlier conversation on fragmentation of care and care coordination. He noted that telehealth can be helpful in addressing those needs, if due consideration is given to where the data should reside. Depending on how data issues are addressed, he noted that telehealth could improve coordination or further fragment care. Vice Chair Casale reflected further on disparities associated with access to specialty care. He noted that telehealth may be able to provide additional access to specialists, but in order to avoid fragmented care, the data associated with telehealth visits would need to be integrated with other patient data.

Dr. Feldstein reviewed the input received and potential comments that PTAC could consider with regard to **Category Two**, which focused on barriers and enablers to accessing virtual care by subcategory. He noted that the input included barriers that could be addressed by considering flexibility related to coverage and payment in the context of APMs and considerations related to research on enabling

patient monitoring and other interventions. Dr. Feldstein summarized the PCDT's suggested comments on recommendations and policy considerations for Category Two:

- 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 for telehealth under APMs during and following the PHE.
- 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.

PTAC engaged in discussion on Category Two recommendations and policy considerations.²

- Chair Bailet raised a concern related to protecting patient health information during telehealth visits. He stated that the privacy and security elements that are built into an in-person visit are not necessarily as controlled in a telehealth visit. He noted the importance of using a purposeful design to protect the security of information during telehealth visits and paying attention to how data from telehealth visits are stored and secured, as well as related infrastructure costs. He asked whether these issues were flagged by the PCDT, suggesting that they be included as research questions in the RTS.
- Dr. Feldstein indicated that the PCDT did note the importance using of guardrails. In addition, he noted that, from a Health Insurance Portability and Accountability Act (HIPAA) and cybersecurity perspective, telehealth will require management and protections.
- Ms. Hardin also remarked on the importance of privacy and confidentiality, especially with respect to increased use of telehealth visits for behavioral health and substance use disorder (SUD). In response, Chair Bailet acknowledged the importance of patient protections and flagged this issue for inclusion as a recommendation to the Secretary.
- Dr. Liao commented on the variation in telehealth modalities (e.g., audio-only versus audio-video) and how different modalities may be suited to address barriers depending on the clinical setting and scenario. He noted that some telehealth modalities might be more useful in certain settings than in others. He also noted that barriers themselves may vary as evidence emerges. Dr. Liao also highlighted the existence of a tension between ensuring flexibility for addressing barriers and ensuring evaluability in order to determine the effectiveness of various types of telehealth services across settings.
- Dr. Colla remarked that the health care system is a multi-payer environment, and that differences in each payer's rules around telehealth affect expansion and use of telehealth. She suggested the importance of alignment across payers on policies related to privacy and confidentiality. Dr. Colla further noted the importance of considering state laws with regard to licensure and parity when thinking about barriers and facilitators, in light of the use of telehealth services across states.
- Ms. Hardin noted the increased uptake of hospital-at-home care during the pandemic along with the necessary technology tools for effective clinical monitoring from home. She explained that this trend might continue post-pandemic and raise additional considerations with respect

² Please note that these are abbreviated summaries of Committee members' comments. The full transcript of the meeting is available at <http://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee>.

to barriers and facilitators of telehealth services. Committee members agreed that this trend toward increased hospital-at-home services would likely remain after the PHE.

- Vice Chair Casale emphasized the importance of understanding shifts in home care, remote patient monitoring, and wearables. He also noted the importance of identifying situations where these technologies improve outcomes. Additionally, he reflected on the importance of investigating who should look at the data being collected through remote patient monitoring and the infrastructure (and costs of the infrastructure) necessary to monitor the data. Vice Chair Casale emphasized that more research is necessary to understand how to best use different remote patient monitoring modalities.
- Jennifer Wiler discussed ways to prevent increased costs within the system (e.g., possible software solutions like artificial intelligence-based monitoring) while improving value and expanding services safely. Shifting to the topic of medical education, Dr. Wiler noted that creating quality measurement is important from a safety perspective and that there must be alignment in the physician-provider space to train future clinicians on how to deliver care in this way.
- Chair Bilet raised the issue of the logistics of telehealth data storage and security. He remarked on the relevance of similar robust parameters around security and access associated with EHR data being applied to telehealth data.

Dr. Feldstein discussed the input received and potential comments that PTAC could consider with regard to **Category Three**, which focuses on payment issues by subcategory. He noted themes relating to the documentation of emerging findings, the use of APMs to enable telehealth, and how to leverage the insights from previous PTAC proposals.

Dr. Feldstein summarized the PCDT's suggested comments on recommendations and policy considerations for Category Three:

- 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).
- 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 emergency department (ED) care; improving health outcomes; improving provider coordination; and supporting provider teaching, education, and collaboration.
- Consider using Accountable Care Organizations (ACOs) or other models to assist in testing the impact of telehealth on cost, access, and quality for various services.
- 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 Center for Medicare & Medicaid Innovation (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 engaged in discussion on Category Three recommendations and policy considerations.³

³ Please note that these are abbreviated summaries of Committee members' comments. The full transcript of the meeting is available at <http://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee>.

- Ms. Hardin observed that the behavioral health arena has had a tremendous drop in no-show rates since the pandemic started. She also noted that some patients using those services see behavioral health providers more than a primary care physician. She suggested this may work to expand the dialogue about usual care, how care is funded, and how data are integrated. Ms. Hardin explained that care is now dispersed across community and home settings, to take advantage of a range of professionals (e.g., social workers, nurses, pharmacists, community health workers). She emphasized the importance of considering this inter-professional dimension in determining the right provider to conduct and receive payment for a telehealth visit, and how services provided by different providers relate to the total cost of care. She also noted the importance of deploying technology efficiently and effectively to meet patient needs.
- Chair Baillet highlighted the importance of payment for telehealth and noted the desirability of coordination across public and private payers. He stressed that some variation in payment methods may be okay while others may be problematic. He stated that this could be an opportunity for commercial payers to think about how to pay for telehealth services. Chair Baillet observed that the biggest barrier to an increase in telehealth could be the cost of infrastructure that must be built to create telehealth capacity. He noted that it would be unfortunate to build infrastructure without the payment methodology to support it. Further, Chair Baillet observed that these risks are why payers and even Medicare have historically been resistant to encouraging wider use of telehealth.
- Vice Chair Casale noted that ancillary services provided during an in-person visit often provide additional payments, less likely to take place during a telehealth visit. Vice Chair Casale went on to reflect on past proposals that the Committee has reviewed. He observed that one challenge has been a reluctance on the specialty side to think about total cost of care when considering two-sided risk models and that often, models have emphasized reducing costs associated with a specific condition. He noted this discussion is an opportunity to explore how prospective payment can help build infrastructure and help integrate care so it is coordinated (not fragmented), and tie this to value in the context of total cost of care. Vice Chair Casale commented that this point spans the whole discussion around fragmentation of care and care coordination because patients do not have just one condition.
- Dr. Wiler noted there are incentives within the payment system that encourage care to be delivered on site, and these incentives should be considered. Dr. Wiler also stated that it is important to emphasize infrastructure cost, and consider how to create aligned incentives to invest in infrastructure as part of payment models. She also noted that the pandemic has shown that virtual care services are a patient-centered care model.

Dr. Feldstein reviewed several potential comments regarding **Category Four**, comprising research questions that seek to address gaps in knowledge. The research questions relate to the following topics: infrastructure, beneficiary, and provider needs; infrastructure and standards for adoption; and barriers and payment issues. Dr. Feldstein highlighted the following research questions for this category⁴:

- How can the needs of populations that could experience exacerbated disparities in care related to widespread telehealth adoption (e.g., populations affected by the digital divide, with cognitive or physical impairments, LTSS needs, or with limited caregiver support; as well as populations with impairments or who require language translation and culturally competent education) 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?

⁴ The full set of potential research questions can be found at <https://aspe.hhs.gov/system/files/pdf/261946/PCDT-Findings-Dec-2020.pdf>.

- 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?

PTAC engaged in discussion on Category Four research questions.⁵

- Dr. Colla emphasized that the rapid uptake of telehealth due to the COVID-19 PHE has created an increase in information and opportunities to research and understand telehealth.
- Mr. Steinwald asked the Committee to consider how integrated delivery systems have used telehealth versus fee-for-service (FFS) systems. In response, Ms. Hardin noted that while APMs adopted telehealth to control cost, providers paid under FFS who lost revenue during the PHE also built out telehealth capacity.
- Chair Bailet discussed the importance of educating medical students to use telehealth and opportunities for standardization. He asked the Committee members to consider how to ensure that residency programs that include telehealth visits as part of training provide appropriate oversight. In response, Dr. Feldstein noted that all medical schools had to switch to virtual environments due to the PHE, and that there is a need for the system to address this issue from the perspective of residency training and medical education funding. He noted that that this creates an important opportunity but also a substantial challenge.
- Ms. Hardin mentioned the importance of considering how medical education can build competencies for organizing telehealth visits to maximize efficiency across different kinds of provider disciplines.
- Vice Chair Casale remarked that the CARES Act (Coronavirus Aid, Relief, and Economic Security Act) includes a move to greater transparency in clinical notes and discussed how this may relate to the best ways to conduct care coordination. In response, Dr. Feldstein observed that from a research perspective, there is a need for the health care system to investigate priorities related to cybersecurity to protect data as telehealth grows exponentially over the next two to three years.
- Chair Bailet noted that there is a need for standardized measures relating to quality and cost outcomes in telehealth, which will require more research over time. He noted that this research is particularly important because of the cost associated with telehealth use. Building this cost into payment models will require knowledge of how best to deploy telehealth to maximize effectiveness.
- Dr. Liao emphasized that even before the pandemic, there was variation in how attending physicians delivered care, and without being able to tie outcomes to care approaches, it will remain difficult to measure effectiveness. In response, Vice Chair Casale observed that there is often not a direct link between telehealth and outcomes. For this reason, the link to outcomes will be difficult to determine and will require more research.

Chair Bailet thanked the Committee members for their comments and asked Ms. McDowell to provide an overview of the comments.

⁵ Please note that these are abbreviated summaries of Committee members' comments. The full transcript of the meeting is available at <http://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee>.

Summary of Potential Comments/Recommendations for the Secretary

Ms. McDowell noted that in addition to the high level summary, for the RTS itself PTAC will draw from the transcript and presentation and proceeded to note the following:

- Overall, the Committee believes that telehealth—which includes a variety of services and modalities—can be an important and effective tool for optimizing the delivery of health care.
- The increased use of telehealth during the PHE provides an important opportunity that can be leveraged to optimize the role of telehealth in the delivery of value-based health care where appropriate.
- In the presentation, the Committee identified a number of challenges, including the following:
 - Barriers that affect beneficiaries' access to technology and the ability to use technology related to telehealth;
 - Issues specifically relating to vulnerable populations;
 - The need to develop standards for best practices and quality measures for telehealth;
 - The importance of understanding the actual cost of providing telehealth services, which is important for being able to develop appropriate models;
 - Issues related to coverage of telehealth, such as which providers should be covered and the site of service;
 - Tensions between increasing access and program integrity concerns across different types of services;
 - The balance between providing flexibility and administrative complexity; and
 - Upfront infrastructure costs related to telehealth and the variability in payment.
- In addition to the specific comments that were included in the PCDT's presentation, the report to the Secretary will synthesize additional comments that were made as part of the Committee's discussion. Specifically, Committee members discussed:
 - The potential role that APMs can play in giving providers flexibility to use telehealth effectively;
 - The importance of testing the impact of telehealth on cost, access, and quality for services and ensuring that telehealth is not overused;
 - The potential that specific issues might be more relevant for different types of models in the context of APMs (e.g., primary care versus specialty models);
 - The importance of addressing disparities related to language and that translation costs should be included in payment upfront;
 - The types of providers that should be providing telehealth services (e.g., community health workers);
 - The value of improving care coordination and avoiding care fragmentation and data silos, in light of the rapid uptake of telehealth;
 - The importance of protecting patient health information and the implications for storing and securing telehealth data;
 - Evaluating which modalities are most effective in addressing barriers and considering the implications of increased use of hospital-at-home models and remote patient monitoring, calling for research on how not to increase costs in the use of these services;
 - The importance of using appropriate care models to reduce variability across payers; and
 - The need for research on telehealth outcomes and the related implications for costs of service.

Committee members thanked ASPE and NORC staff, as well as the PCDT, for the work that was done preparing for the theme-based discussion on potential comments and recommendations related to telehealth.

Public Commenters

Chair Bailet opened the floor for public comments. The following individuals made comments:

1. Harold Miller, MS (President and CEO, Center for Healthcare Quality and Payment Reform)
2. Eitan Sobel, MD

Closing Remarks

Chair Bailet thanked the Committee members and the public for their participation in PTAC’s virtual December public meeting. He informed the audience that they can keep an eye out for the telehealth report to the Secretary and announcements by joining PTAC listserv available on the ASPE PTAC website.

The public meeting adjourned at 11:57 a.m. EST.

Approved and certified by:

//Stella Mandl//

2/5/2021

Stella Mandl, Designated Federal Officer
Physician-Focused Payment Model Technical
Advisory Committee

Date

//Jeffrey Bailet//

2/5/2021

Jeffrey Bailet, MD, Chair
Physician-Focused Payment Model Technical
Advisory Committee

Date