

Preliminary Review Team Findings on

**ACCESS Telemedicine: An Alternative Healthcare Delivery Model
for Rural Cerebral Emergencies**

Submitted by the University of New Mexico Health Sciences Center (UNMHSC)

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Presentation Overview

- Preliminary Review Team (PRT) Composition and Role
- Proposal Overview
- Summary of the PRT Review
- Key Issues Identified by the PRT
- PRT Evaluation Using the Secretary's Criteria

Preliminary Review Team Composition and Role

- The PTAC Chair/Vice Chair assigns two to three PTAC members, including at least one physician, to each complete proposal to serve as the PRT. One PRT member is tapped to serve as the Lead Reviewer.
- The PRT identifies additional information needed from the submitter and determines to what extent any additional resources and/or analyses are needed for the review. ASPE staff and contractors support the PRT in obtaining these additional materials.
- The PRT determines, at its discretion, whether to provide initial feedback on a proposal.
- After reviewing the proposal, additional materials gathered, and public comments received, the PRT prepares a report of its findings to the full PTAC. The report is posted to the PTAC website at least three weeks prior to public deliberation by the full Committee.
- The PRT report is not binding on PTAC; PTAC may reach different conclusions from those contained in the PRT report.

Proposal Overview

Background: The ACCESS Telemedicine proposal is based on a pilot study funded under a Health Care Innovation Award (HCIA). The submitters want to address what they perceive as significant unmet need for cerebral emergent care in rural/underserved areas. They believe that rural hospitals lack financial resources to support current telemedicine models of payment.

Goals: ACCESS Telemedicine aims to expand access to neurological and neurosurgical expertise in rural and underserved areas to reduce unnecessary transfers and improve timeliness of care.

APM Entity: Rural hospitals

Proposal Overview – Continued

Core Elements of the Program:

- Uses a two-way audio-visual program to connect providers in rural/underserved areas to neurological and neurosurgical experts to help evaluate patients with cerebral emergencies.
- Rural providers request a consultation with an available specialist who consults on the case using an online telemedicine platform.
- The consulting physician provides recommendations on treatment to the requesting provider, who ultimately decides on a course of action.

Proposal Overview – Continued

Payment:

- The submitter proposes a bundled payment made to the rural hospitals that serve as originating sites when using neurological or neurosurgical telehealth consults from distant site practitioners.
 - The bundled payment includes the cost of the consult, technology, ensuring provider availability, staff education, program administration and quality assurance.
 - The payment covers a follow-up consultation on the same case within 24 hours.
 - The rural hospital is responsible for paying the distant site neurologist or neurosurgeon and the telemedicine technology platform provider.

Proposal Overview – *Continued*

Payment (*continued*):

- In contrast to current Medicare payment methodology, ACCESS Telemedicine payments:
 - Differ by the consulting provider specialty (total charge per consult: \$850 for neurology, \$1,200 for neurosurgery).
 - Cover the technology platform (NMXS) and include payments for on-call availability by neurosurgeons.

	Neurologist	Neurosurgeon
Total charge per consult	\$850	\$1,200
Payment to consulting physician	\$250	\$400
Technical charge	\$175	\$175
Residual payment	\$425	\$625

Proposal Overview – Continued

Existing Evidence:

- The HCIA evaluation determined there were too few Medicare and Medicaid treatment beneficiaries to conduct a rigorous impact analysis of service use and cost.
- The HCIA evaluation reported anecdotal evidence from hospital and UNM staff that ACCESS patients received tissue plasminogen activator (tPA) more often and sooner because of the telehealth consultations.
 - Use of clot-dissolving drugs such as tPA is time-sensitive and carries a risk of excessive bleeding; thus, timely and accurate assessment for the appropriate administration and monitoring is very important.
- Cost modeling published by the submitter estimates that ACCESS Telemedicine may save \$4,241 per patient in health care costs in the 90 days post-event for ischemic strokes.
 - Unpublished cost analyses from the submitter estimate per patient savings of \$13,617 in the first year and \$35,761 over the lifetime following an ischemic stroke.

Summary of the PRT Review

Criteria Specified by the Secretary (at 42 CFR §414.1465)	PRT Conclusion	Unanimous or Majority Conclusion
1. Scope (High Priority)	Meets and Deserves Priority Consideration	Unanimous
2. Quality and Cost (High Priority)	Meets and Deserves Priority Consideration	Unanimous
3. Payment Methodology (High Priority)	Meets	Unanimous
4. Value over Volume	Meets and Deserves Priority Consideration	Unanimous
5. Flexibility	Meets	Unanimous
6. Ability to Be Evaluated	Meets	Unanimous
7. Integration and Care Coordination	Meets	Unanimous
8. Patient Choice	Meets	Unanimous
9. Patient Safety	Meets	Unanimous
10. Health Information Technology	Meets	Unanimous

Key Issues Identified by the PRT

- The ACCESS Telemedicine model takes a big step toward addressing the problem of access to specialist care for cerebral emergencies in rural areas.
 - The proposed model would allow for a transition from resource duplication and unnecessary transfers under the current health care system to a system that uses new technology to provide right-sized care.
 - The program makes innovative use of technology while considering capabilities of rural facilities, thereby improving access to high-quality care in rural areas.
- The program has the potential to improve quality and outcomes for patients while saving costs to Medicare and to patients/families by reducing unnecessary transfers.
 - It can reduce the burden on patients to travel long distances when care in the local area is sufficient.
- The proposal provides an innovation in care delivery that enables rural hospitals to enhance access to quality care for patients and to retain more patients (and the associated revenue) locally, potentially supporting the financial viability of rural hospitals.

Key Issues Identified by the PRT– Continued

- Some aspects of the payment model depart from how Medicare currently pays for telemedicine.
 - The bundle includes payment for education/training, technology, provider availability and quality assurance costs.
 - Payments are made to the originating site, which is required to pass along payment to the consulting provider at the distant site and to the telemedicine platform provider.
- Some aspects of the payment model should be considered further, especially through evaluation.
 - The fair market value and other calculations may not be sufficiently rigorous, so it is not possible to assess whether the estimated payment amounts are appropriate for the Medicare program.

Criterion 1. Scope (High Priority)

Criterion Description

Aim to either directly address an issue in payment policy that broadens and expands the CMS APM portfolio or include APM Entities whose opportunities to participate in APMs have been limited.

PRT Conclusion

Meets Criterion and Deserves Priority Consideration

Unanimous or Majority Conclusion

Unanimous

- The proposal aims to improve access to cerebral emergent care among Medicare beneficiaries in rural areas, where neurology workforce shortages challenge the ability for rural hospitals to care for such patients.
- The proposed model would strengthen the capacity of rural hospitals to provide cerebral emergent care through:
 - Increasing access to physician specialists at tertiary care distant facilities through telemedicine.
 - Rural originating site hospital staff training and education that increases knowledge of and confidence in providing care.
- The proposed model would allow rural hospitals to provide care to more neuro-emergent patients confirmed not to need transfer and be reimbursed for these services.
 - The financial viability of rural facilities could be increased, and patients could receive care in their own communities when appropriate.

Criterion 2. Quality and Cost (High Priority)

Criterion Description

Are anticipated to improve health care quality at no additional cost, maintain health care quality while decreasing cost, or both improve health care quality and decrease cost.

PRT Conclusion

Meets Criterion and Deserves Priority Consideration

Unanimous or Majority Conclusion

Unanimous

- ACCESS Telemedicine reduces the need to transfer some patients to facilities with neurologists for evaluation and treatment.
 - The submitter provided data showing their model reduced transfers out of rural facilities from 90% before implementation to 15% after implementation.
 - Analyses of Medicare claims were not able to substantiate the problems of unnecessary transfer provided in the submitter’s proposal. However, the limited information on claims may have precluded identification of patients appropriate for the program.
- The ACCESS Telemedicine program is intended to improve quality of care for Medicare fee-for-service (FFS) beneficiaries who experience cerebral emergencies in rural areas.
- The program has a particular focus on reducing unnecessary transfers, which directly benefits both the patients as well as the viability of rural hospitals.

Criterion 3. Payment Methodology (High Priority)

Criterion Description

Pay APM Entities with a payment methodology designed to achieve the goals of the PFPM criteria. Addresses in detail through this methodology how Medicare and other payers, if applicable, pay APM Entities, how the payment methodology differs from current payment methodologies, and why the PFPM cannot be tested under current payment methodologies.

PRT Conclusion

Meets Criterion

Unanimous or Majority Conclusion

Unanimous

- The proposed ACCESS Telemedicine model offers a simple and clearly defined payment structure with a single bundled amount for hospitals to bill.
 - The bundle covers telehealth consultation, staff education, data collection, and quality assurance.
- Viability of the model is supported by the fact that New Mexico’s Medicaid program added the ACCESS Telemedicine program as a covered benefit effective 2019.
- The model as specified does not explicitly involve either upside or downside risk sharing.
- The proposed payment model departs from current Medicare payment policy in several ways:
 - Different payments based on provider specialty
 - Payments for on-call availability and technical charges
 - Payments to originating sites and reliance on them to disburse funds to distant providers

Criterion 4. Value over Volume

Criterion Description

Provide incentives to practitioners to deliver high-quality health care.

PRT Conclusion

Meets Criterion and Deserves Priority Consideration

Unanimous or Majority Conclusion

Unanimous

- The model seeks to mitigate existing telemedicine implementation challenges for rural facilities by decreasing upfront telemedicine platform costs and providing continuing education and outreach to rural providers.
- Data provided by the submitter indicate that the ACCESS Telemedicine program resulted in fewer transfers and an increase in patients being discharged quickly following diagnosis and treatment in the emergency department.
- The submitter indicates that the education provided through the ACCESS Telemedicine program has resulted in greater comfort/confidence among rural hospitalists in providing care for neurology patients and therefore reducing transfers to tertiary facilities.

Criterion 5. Flexibility

Criterion Description

Provide the flexibility needed for practitioners to deliver high-quality health care.

PRT Conclusion

Meets Criterion

Unanimous or Majority Conclusion

Unanimous

- The proposed ACCESS Telemedicine model allows flexibility to provide care in rural settings rather than transferring cases out to distant facilities.
- While the neurologist or neurosurgeon providing the telemedicine consult offers a recommendation, the rural physician makes the treatment decision.
- The criteria for seeking a consultation under the model are flexible and can be applied to a number of neurological conditions.
- The proposed model allows rural originating sites to retain their existing transfer relationships, but may increase the pool of available physicians.
 - The model does not incentivize or require transfers to go to the consulting physician’s facility.
 - The remote specialists providing telemedicine consults can be based at any hospital or health system.
- Requirements for licensure and credentialing vary across jurisdiction, which must be addressed and may present a barrier to scaling the proposed model.

Criterion 6. Ability to Be Evaluated

Criterion Description

Have evaluable goals for quality of care, cost, and any other goals of the PFPM.

PRT Conclusion

Meets Criterion

Unanimous or Majority Conclusion

Unanimous

- The submitter proposes quality measures and evaluation approaches in areas including patient experience, total cost of care, readmissions, transfer rates, and measures related to timeliness of care (e.g., imaging, tPA administration).
- The ACCESS Telemedicine quality assurance component includes collection and analysis of data on quality and timeliness of care. These data are reviewed for all stroke cases and one-third of other consults.
- As with the original HCIA evaluation, the number of people who qualify for ACCESS Telemedicine at many facilities might be sufficiently limited such that rigorous evaluation may be difficult.

Criterion 7. Integration and Care Coordination

Criterion Description

Encourage greater integration and care coordination among practitioners and across settings where multiple practitioners or settings are relevant to delivering care to the population treated under the PFPM.

PRT Conclusion

Meets Criterion

Unanimous or Majority Conclusion

Unanimous

- The proposed model attempts to improve coordination between different care settings, primarily rural hospitals and tertiary care facilities.
- The ACCESS Telemedicine proposal currently does not include electronic health record (EHR) interoperability.
 - The consulting specialist relies on the audio/visual patient examination, information provided by the rural physician, and imaging/lab results shared via cloud technology.
 - However, the consulting specialist does not have direct access to information in the patient EHR that may inform diagnostic and/or treatment recommendations.

Criterion 8. Patient Choice

Criterion Description

Encourage greater attention to the health of the population served while also supporting the unique needs and preferences of individual patients.

PRT Conclusion

Meets Criterion

Unanimous or Majority Conclusion

Unanimous

- By reducing avoidable transfers, the proposed model would allow more rural patients to receive care in their local community, which may align with patient and family preferences.
- Family member involvement is a strength of the approach since patient choice may be less relevant given the potential cognitive impairment of a patient experiencing a cerebral emergency.
- As described by the submitter, the proposed model allows for patient and family member decision-making.
 - Before participating in a telemedicine consult, patients provide informed consent (or an appropriate health care proxy if the patient is not able to provide consent).

Criterion 9. Patient Safety

Criterion Description

Aim to maintain or improve standards of patient safety.

PRT Conclusion

Meets Criterion

Unanimous or Majority Conclusion

Unanimous

- The proposal acknowledges recognized standards for patient safety that will be followed and also emphasizes the importance of evidence-based care.
- The model aims to strengthen rural providers' capacity to provide care for patients with neuro-emergent conditions through learning from the specialists providing consults as well as the training, education, and clinical support provided through the ACCESS Telemedicine program.

Criterion 10. Health Information Technology

Criterion Description

Encourage use of health information technology to inform care.

PRT Conclusion

Meets Criterion

Unanimous or Majority Conclusion

Unanimous

- The proposal relies on telemedicine technology to provide cerebral emergent care in settings that lack adequate neurologist or neurosurgeon access.
- This use of technology allows for remote specialist consultations and sharing of test results (e.g., imaging), giving rural and isolated providers access to expertise not available in their communities.
- The model currently relies on a third party company, NMXS, for the telemedicine platform and connection to remote physician specialists.
 - However, the submitter states that this arrangement is flexible, and other companies could provide similar services should the model be expanded.
- Interoperability of HIT across different institutions and with telemedicine platform vendors outside of NMXS could be challenging.