Ochsner Health

March 1, 2021

Chairwoman Anna Eshoo
House Energy & Commerce Subcommittee on Health
2125 Rayburn House Office Building
Washington, DC 20515

Ranking Member Brett Guthrie
House Energy & Commerce Subcommittee on Health
2125 Rayburn House Office Building
Washington, DC 20515

Dear Chairwoman Eshoo and Ranking Member Guthrie:

On behalf of Ochsner Health (Ochsner), our physicians, nurses, and other health professionals and the tens of thousands of patients and communities we serve in Louisiana and Mississippi, we thank you for this opportunity to submit to you and your Energy and Commerce Health Subcommittee colleagues comments regarding "The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care." We commend you for your recognition of the importance to take time now to hold a hearing to examine the impact of telehealth on COVID-19 response, and how those lessons learned may inform future federal policy decisions with respect to telehealth.

We thank you in advance for your attention to our recommendations and the comments that may be submitted by our colleagues from associations representing health and hospital systems. Making permanent a number of the current federal telehealth waivers and other policy changes, expanding coverage and payment for telehealth and digital medicine services and devices, and otherwise supporting and facilitating the utilization of virtual care will help ensure that more patients have access to care, not just during emergency circumstances. These much-needed changes will help facilitate access to care for individuals from underserved and/or rural communities, and enable better access for those with mobility, transportation, and other challenges.

In particular, we stand ready to share our lessons learned over the past year as we have addressed the myriad challenges associated with COVID-19 and how we have successfully deployed telehealth and digital medicine to care for patients with COVID-19 as well as maintain continuity of primary and specialty care for patients, families, and communities during this challenging and unprecedented time. We welcome the opportunity to be a resource to you, your staff, and Energy and Commerce Health Subcommittee and full committee members as you examine this critically important topic.

Summary of Policy Recommendations

We know that the topic of telehealth is an incredibly important and time sensitive issue and as such, wish to draw your immediate attention to our policy recommendations below, which can be found in further detail on pages 7-11 of this document. Background on Ochsner and our digital medicine and telehealth programs can be found on pages 2-5. Our COVID-19 telehealth and virtual care lessons learned are enumerated on pages 5-6.

The following provides a summary of the policy changes we urge you and your colleagues to support. These recommendations are informed by our experience in providing care throughout the public health emergency (PHE) and, in particular, being an early "hot spot" for the pandemic. With these changes, patients will have improved access to the primary, specialty, urgent, and emergency care they need and deserve.

- Make permanent the range of waivers associated with the provision of telehealth. Specifically, make permanent the flexibilities associated with: patient location, relationship between patient and provider, and the types of services that can be provided via telehealth. Further, maintain reimbursement for telehealth services at the in-person rate and permanently waive the application of copayments to remote patient monitoring services and other non-face-to-face services.
- Ensure that in the event of a PHE cross jurisdictional licensure can be automatic, presuming certain conditions are met.
- Modify the Emergency Medical Treatment and Labor Act (EMTALA) to allow for new types of medical screenings, such as employment of pre-screenings that use technology that can help divert non-emergent cases to other settings.
- Expand covered remote monitoring services to allow for beneficiary participation and Medicare coverage and reimbursement for more than one program, which will increase access, ease patient day-to-day care, and improve health outcomes.
- Provide digital medicine and telehealth tools/devices to Medicare patients at no cost to increase patient uptake of these services.
- Ensure patient access to TeleStroke services by establishing separate Medicare payment for providers giving both TeleStroke consult and same day inpatient care to Medicare beneficiaries experiencing acute stroke.
- Expand Medicare beneficiary access to non-stroke telehealth services for acute neurological conditions.
- Expand access to intensive care unit (ICU) telehealth.
- Provide payment to providers who are offering additional levels of remote monitoring for patients through programs such as TeleStork.

About Ochsner

Ochsner, headquartered in New Orleans, with sites of care throughout Louisiana and Mississippi, is one of the nation's leading health systems. Ochsner is Louisiana's largest not-for-profit health system and one of the largest independent academic health systems in the United States. Specifically, in an innovative approach with the Ochsner Health Network (OHN), Ochsner partners with other health systems to offer 38 owned, managed, and affiliated hospitals and specialty hospitals – a model that allows many communities to maintain local ownership and control of their hospitals, while bringing to bear the benefit of the scale, assets, and experience of the Ochsner clinical and operational teams.

With more than 100 sites of care among its health centers and urgent care clinics, each year OHN serves approximately 1 million patients – from every state in the nation and more than 70 countries. Ochsner offers clinical expertise in more than 90 medical specialties and subspecialties, and includes approximately 3,600 affiliated physicians, with more than 1,300 employed Ochsner physicians and another 26,000 employees. In 2020, Ochsner earned two "Best Hospital" Specialty Category Rankings in U.S. News & World Report.

Louisiana regularly ranks near the bottom of the United States in nearly all health indicators, with a population that has a high prevalence of a number of risk factors for poor health outcomes, including obesity, tobacco use, poverty, diabetes, and cardiovascular disease. A number of years ago, Ochsner leaders recognized that it would take innovative strategies and deployment of new technologies and interventions to tackle these myriad challenges.

In response to the demand for better care at a lower cost and greater convenience to patients, Ochsner created an innovation lab, innovationOchsner (iO) to improve health through innovation with the following quadruple aim:

improve the patient experience of care, improve the health of populations, reduce the per capita cost of health care, and improve the work life of the provider of care. The strategies to achieve these goals are: operational efficiency, differentiate product or service, create customer intimacy, and improve quality and safety. We are proud that our investment and focus in this area has resulted in ground-breaking innovations, which are measurably improving patient care and outcomes, and are reducing inefficiencies and costs.

iO has developed a number of digital medicine programs, particularly for those affected by chronic disease, in particular hypertension and diabetes, that are transforming the patient experience, enhancing health, and well-being, while reducing costs. More than 15,000 patients are enrolled in our digital medicine programs and we are currently onboarding an additional 1,033, representing a more than 100% increase in enrollments since 2019. In addition, Ochsner provides more than 100 telehealth services to more than 185 hospital and clinic partners. Further, Ochsner continues to innovate in the direct-to-consumer market, with offerings such as Ochsner Anywhere Care for primary and urgent care needs.

Ochsner's innovative digital medicine approach using wearable technologies, remote monitoring, and virtual provider visits is substantially improving patient health outcomes at a lower cost. Particularly for patients who are managing complex diagnoses and chronic disease we are easing the patient care experience by allowing them to receive the care they need, when and where they need it. And, critically, our pioneering telehealth program is meaningfully increasing patient access to medical services in rural areas of Louisiana and Mississippi where, in certain cases, no such access existed before. For many – and a growing population – of our patients, telehealth and digital medicine are the standard of care and a preferred way in which they interface with the health care system.

Examples of Ochsner Digital Medicine Offerings[1]

Ochsner's Hypertension Digital Medicine (HTNDM) program uses a connected blood pressure cuff to transmit blood pressure readings from the patient's home to be monitored by an Ochsner care team, which includes a pharmacist and health coach. This program has been shown to be three times more effective than traditional care at having patients achieve blood pressure control over 180 days, while also increasing patients' medication adherence and patient activation, and reducing the total cost of care.

An analysis by Blue Cross Blue Shield found that participants in the HTNDM medication adherence program led to an overall decrease in emergency department visits and inpatient hospital stays. The same analysis also found that the program saved $77 per member, per month, based on claims data and total cost of care.

Our Digital Diabetes Medicine (DDM) program uses a prescription, Bluetooth-enabled digital glucometer to monitor a diabetic patient's A1C and other health indicators. This program also has achieved results that are better than traditional care methods, including reductions in A1C, decreases in hypoglycemic events and diabetes distress, and increases in adherence to recommended health maintenance activities.

[1] To learn more about Ochsner's digital medicine programs see the following articles:
CNBC*:** https://www.cnbc.com/2019/03/04/ochsner-hospital-in-new-orleans-has-o-bar-like-apple-store.html, ***Modern Healthcare: https://www.modernhealthcare.com/article/20180922/TRANSFORMATION01/180929992/the-internet-of-things-extends-healthcare-into-the-home
Washington Post: https://www.washingtonpost.com/business/economy/these-louisiana-physicians-can-monitor-your-blood-pressure--and-you-dont-even-have-to-leave-your-living-room/2018/07/11/6d57f198-7beb-11e8-93cc-6d3beccdd7a3_story.html

The Connected Maternity Online Monitoring (MOM) program allows expectant mothers to conveniently receive monitoring and care between scheduled in-person visits. Each participant in the program is provided with a wireless scale and blood pressure cuff, along with supplies for urine protein tests that can be read and sent remotely. This deployment of technology allows the care team to be more proactive and anticipate and treat issues that may arise sooner. Due to the more frequent at-home monitoring, patients need fewer in-person appointments, providing convenience for low-risk patients, while opening up greater clinic availability for higher-risk patients and those patients who need additional in-person care.

The use of digital and wearable technologies in these programs results in improved patient outcomes while lowering costs and increasing patient engagement.

Examples of Ochsner's Telehealth Offerings

Ochsner deploys telehealth to deliver specialty, primary, and urgent care to patients near and far. We are proud to have created a network of hundreds of physicians who reside out of state and who – through multi-state licensure and the telehealth licensure compact – can deliver high quality care to our patients via telehealth, helping to ensure better access to care for underserved communities.

Ochsner provides emergency virtual psychiatric services, cutting emergency room wait times for psychiatric care at our partner sites by 50%. Telehealth can meaningfully increase patient access to telepsychiatry and telebehavioral health services for many patients in rural and underserved areas who are currently without access to such care. Access to specialty care has been expanded through the utilization of physicians with multi-state licensure who can treat patients via telehealth. Our "hub" and "spoke" model allows us to leverage our specialty physician workforce and expertise located in New Orleans to locations throughout Louisiana and Mississippi.

Ochsner's TeleStroke program provides 24-hour/7-days per week coverage by vascular neurologists who – through telehealth – are immediately available to emergency department physicians in rural hospitals to help them quickly diagnose and treat patients presenting with symptoms of a possible stroke. The program has been instrumental in successfully treating thousands of patients (more than 300 patients per month) in a timely manner, and allows these facilities to remain open and successfully caring for patients in their own communities. ***Seventy percent of TeleStroke patients now stay local; prior to the program's implementation, nearly all patients were transferred.***

Ochsner's TeleStork program, using live streaming of maternal and fetal health records, provides 24/7 monitoring to laboring mothers. Rapid detection of labor distress and early intervention by our specialty care team is helping reduce poor birth outcomes. Since initiated in August 2016, there has been a 50% decrease in term unexpected Neonatal Intensive Care Unit (NICU) admissions in TeleStork facilities. ***The program has seen an 80% decrease in situations requiring intervention from TeleStork nurses, indicating an improvement in birth outcomes and overall improvement in health status of newborns within the program.***

We recently launched a partnership with Ready Responders (RR) to make house calls to Medicaid patients who are heavy users of the emergency department and have multiple comorbid conditions, including behavioral health and substance use challenges. Through RR, we are able to deliver high quality, compassionate, tailored care to in-need patients at their home via EMS and/or nurses, with telehealth hook-up with a physician as needed. Patients seen by RR have reported dental pain, suicide ideation, and altered mental state.

RR addresses urgent and acute medical needs while also working with patients on referrals to and support related to

social and behavioral issues, such as transportation, food insecurity, lack of a regular source of primary care, and addiction. ***RR has helped enrolled patients get needed urgent and longer term care while reducing overall emergency department visits by 42%, decreasing unnecessary emergency department visits by 58%, and lowering costs to the health care system.***

In 2019, we announced a partnership with Tyto Care, the health care industry's first all-in-one modular device for remote medical exams. This partnership expands Ochsner's current telehealth offering, a consumer-facing virtual visit platform called Ochsner Anywhere Care, which is powered by national telehealth leader American Well®. The Ochsner Anywhere Care Health Kit, powered by Tyto Care, is a portable health kit that enables patients to capture physical examination data at home using a handheld device with a digital camera and various attachments and then share it with a provider using the Ochsner Anywhere Care app. It is designed to replicate the exams performed during an in-office visit, by providing high-quality digital sounds of the heart and lungs, digital images and video of the ears, throat and skin, and body temperature. Special adaptors are included for examining the ears, throat, skin for taking body temperature, and listening to heart and lung sounds. To see a demonstration video visit: https://ochsner.tytocare.com/.

It is important to note that an Ochsner Anywhere Health Kit is not required for an Ochsner Anywhere Care or other telehealth visit, but it does provide tools to capture and share exam data, which can prove to be helpful for a provider making a diagnosis and treatment recommendation.[2] This offering has potential to expand access to care, particularly for individuals with mobility limitations, including disabilities and transportation challenges, as well as provide access to individual and families in rural and underserved communities.

Since the pandemic began, we have sold thousands of Ochsner Anywhere Care Health Kits and through their deployment expanded access to primary and urgent care, allowing these patients to have access to care from the safety of their own homes. Further, through funding we received through the Federal Communications Commission (FCC) COVID-19 Telehealth Program, we have been able to purchase and are actively disseminating – at no cost to patients – almost 12,000 devices to support patients in participating in our HTNDM, DDM, and Connected MOM programs.

Having additional resources allowed us to expand the reach of our digital medicine programs, which in turn, supported our ability to maintain continuity of care – and in some cases begin important health monitoring – of patients with hypertension and/or diabetes as well as support our patients during an important time during their pregnancy. We are particularly pleased with the growth of enrollment in patients covered by Medicare and Medicaid due to the FCC funding, where offsetting the costs of the devices removed a significant barrier for many new enrollees.

Lessons Learned from COVID-19

Prior to the COVID-19 PHE, Ochsner had long-advocated that Congress, the U.S. Department of Health and Human Services (HHS), and the Centers for Medicare and Medicaid Services (CMS) expand coverage and reimbursement for telehealth and digital medicine services and associated connected devices. We theorized that improvement in how these services and the associated devices are covered and reimbursed would accelerate their adoption, increase access

[2] The Ochsner Anywhere Health Kit, powered by Tyto Care, retails for $299 with $10 flat shipping if ordered online at www.ochsner.org/healthkit. It is also available for purchase at Ochsner pharmacy locations, O Bar retail stores, Ochsner Fitness Centers and Ochsner Total Health Solutions. Some insurance providers may provide a discount or partial reimbursement; it is recommended that consumers contact their insurance provider for more information.

to care, and in turn, leverage their potential in supporting patient engagement, expand provider access to more accurate and timely patient data, and enhance the patient experience.

Now, a year into the pandemic, we have real world experience and have seen this theory come to fruition. These technologies and care delivery modalities are making a difference in the lives of people diagnosed with COVID-19, those suspected as having COVID-19, and for patients who need access to non-COVID-related primary or specialty care. Fully deploying telehealth and digital medicine to our Medicare, Medicaid, and commercially insured patients has helped to maintain continuity and coordination of care, as well as allowed for expanded access to care to patients who previously had been underserved. In many cases, Ochsner has been able to reach patients who previously have had limited or no access to such services – particularly in rural and underserved areas where health care disparities persist.

Over the course of the COVID-19 pandemic, Ochsner has observed in patient reported data a significant increase in utilization of telehealth services by minority populations, particularly among African Americans, where the percentage of patients completing virtual visits doubled. At the height of the COVID-19 outbreak in the "hot spot" state of Louisiana, Ochsner delivered more than 60 percent of visits to patients via telehealth – making Ochsner the leading health care system in the South in the delivery of telehealth during the public health crisis.

From the March to December 2020 period, we are proud to have deployed virtual visits in a robust manner to sustain continuity of care and reduce the risk of COVID-19 exposure for patients, family members, and providers. Specifically, during this period Ochsner provided:

- An estimated 314,000 total virtual visits to adult and pediatric patients;
- Virtual visits across 20 different service lines, with the bulk of care being primary care, behavioral health, and other/non-specified;
- Approximately 60,000 virtual visits to Medicare Advantage beneficiaries;
- An estimated 39,000 virtual visits to Medicare fee-for-service beneficiaries; and
- More than 40,000 virtual visits to people with Medicaid coverage.

While Ochsner was able to quickly and adeptly expand our telehealth and digital medicine offerings due to our existing programs and infrastructure, other hospitals, health systems, and providers required significant time, resources, equipment, and training – of health professionals and patients – to scale up their remote care offerings, which in turn, caused some delay in patients receiving health care services and outpatient treatment. We feel strongly that the nation's health care system must maintain these advances during non-pandemic times to ensure that the infrastructure, practice, familiarity, and resources are in place so irrespective of what threat may emerge – natural disaster, bioterrorism, or infectious disease – that we have a strong, existing system so physicians, nurses, and hospitals can continue to provide health care services across the care continuum.

Ochsner Policy Recommendations

The telehealth waivers granted by HHS and CMS have been critical to Ochsner's quick expansion and implementation of telehealth and digital medicine services. Since the start of the pandemic and the advent of the waivers, in our telehealth program, we have seen an 89% increase in Louisiana patients from rural areas, as defined by the Health Resources and Services Administration. This increase is due to a number of factors, including a significant boost in patient interest in remote care and quick patient adoption to remote care.

We applaud and commend HHS and CMS for this work and respectfully request that the Congress work with CMS and HHS to enact legislation and modify regulations, as applicable, to make these waivers permanent and, ensure that the United States does not lose the gains made in telehealth.

Telehealth Waivers Prioritized for Permanent Change

While all of the telehealth waivers provided by HHS and CMS have enhanced our ability to serve patients throughout the COVID-19 public health crisis, Ochsner believes that the following waivers in particular have enabled and fostered successful deployment of telehealth services to patients and these policy changes should be maintained once the pandemic has abated so that more patients – especially those in rural and underserved areas – can access treatment and receive more comprehensive and coordinated care.

1. **Patient location**: The ability of patients to receive telehealth services from any location, including their homes, has given patients access to services where in many cases they could not have accessed care. Telehealth has reduced the need to travel for patients who are not as mobile and provides scheduled or on demand care and support through difficult stages of well-being. For example, telehealth has allowed patients in rural and remote areas without reliable transportation to more easily receive treatment by eliminating travel burden. For those patients with limited resources, telehealth has eliminated the cost of travel time and additional time away from work to receive an in-person visit. Further, for institutional-based patients such as those residing in skilled nursing facilities (SNFs), telehealth has given them the ability to remain in their care setting, minimizing both health risk and burden. Hence, making permanent the waiver permitting patients to receive telehealth from any location will eliminate a significant barrier for many patients who, before the telehealth expansion, were unable to access the services they need to get well and stay healthy.

2. **Reimbursement at the in-person visit rate**: Reimbursing for telehealth visits at the in-person rate has enabled Ochsner to offer services to patients in a financially sustainable and scalable manner. Adequate reimbursement for telehealth at the in-person visit rate ensures that providers receive appropriate payment for the full range of care they provide in the context of a remote visit. For example, often patients submit photographs, videos, and other medical information (e.g., blood pressure readings, blood sugar data, etc.) in advance that their providers take time to review and analyze prior to – or following – a telehealth encounter. In a face-to-face encounter this often is done in real time and is reflected in the in-person payment amount. Further, providing reimbursement at the same rate as in-person care recognizes that the provision of telehealth services requires resources, such as technology and other infrastructure.

3. **New services eligible for telehealth delivery:** The significant expansion in the types of health care services that can be delivered via telehealth has given Ochsner a way to reach patients previously not possible in many instances. For example, delivering occupational, speech/language, and physical therapy services via telehealth to patients in their homes or in nursing facilities has given patients new or increased access to care that improves quality of life and health outcomes. Pain Management and Palliative Care and hospice patients and families have also benefited from the ability to connect with their providers through telehealth.

4. **No required established relationship between practitioner and patient:** Without the requirement of an established relationship between the patient and provider, Ochsner has been able to immediately serve a wider population of patients and address their care needs. Many patients living in rural and underserved communities do not have a regular source of health care and therefore do not have an established relationship with a provider.

Making this waiver permanent will remove a significant barrier in access to treatment, especially for those many patients in rural and underserved communities who in many cases historically have received fragmented care.

5. **Waiver of Medicare remote patient monitoring and other non-face-to-face services copayments:** The HHS Office of the Inspector General (OIG)'s waiver of the Anti-Kickback Statute (AKS) for cost-sharing obligations for non-face-to-face services furnished through various modalities, including remote patient monitoring, remote monthly care management, virtual check-ins, and telehealth visits has eliminated a substantial barrier in patient access to care where, in many cases, patients simply do not have the resources to pay for services that are not immediate care needs but who could benefit from the care provided.

   For example, as noted earlier, primary and secondary preventive services like Ochsner's DDM and HTDM programs have reduced unnecessary emergency department visits, decreased inpatient admissions, increased medication adherence, and improved annual screening compliance, but unfortunately have been hindered by copayment barriers. Unfortunately, given the demographics of the Ochsner patient population, affordability of care is a serious impediment to our ability to manage chronic disease for too many of our patients. According to Kaiser Family Foundation, approximately 20% of Medicare beneficiaries in fee-for-service have no type of supplemental coverage, which makes paying out-of-pocket costs more challenging. Coinsurance often stands in the way of patients seeking and receiving the care they need, particularly for Medicare patients with limited resources.

   Remote monitoring, such as our hypertension program, typically involves a monthly "charge" to cover the costs of having the data reviewed by the health care team and additional involvement by the physician should any adjustments to treatment or the care plan need to be made. We know from our clinical experience that for many beneficiaries the cost of the monthly out-of-pocket fee caused them to decline the opportunity to enroll in a digital medicine program. Yet, over the past four months, with the copayments waived, we have noted a significant increase in enrollment and participation among patients who need these programs, which in turn will help improve their health and reduce costs over time.

   Permanently waiving the copayment requirement for these non-face-to-face services will meaningfully improve access and much better enable Ochsner to more effectively and comprehensively care for patients, especially for patients in rural and underserved areas where significant disparities in care remain and must be addressed.

Other Waiver Related Policy Recommendations

In addition to the telehealth waivers enumerated above, HHS and CMS have provided additional waivers during the PHE that have strengthened our ability to "continue to provide health care services and outpatient treatment during a pandemic." Based on our experience with these waivers, we recommend the following:

1. ***Cross jurisdictional licensure in the event of a PHE:*** In the event of a PHE, there should be automatic allowance of CMS physician or non-physician practitioner licensing requirements when the following four conditions are met: 1) must be enrolled as such in the Medicare program; 2) must possess a valid license to practice in the state, which relates to his or her Medicare enrollment; 3) is furnishing services –whether in person or via telehealth – in a state in which the emergency is occurring in order to contribute to relief efforts in his or her professional capacity; and, 4) is not affirmatively excluded from practice in the state or any other state that is part of the emergency area. This change would have no effect on state licensure requirements.

2. ***Modify the Emergency Medical Treatment and Labor Act (EMTALA):*** The 1135 emergency waiver authority has allowed the Secretary to waive enforcement of EMTALA. In response to the current PHE the Secretary allowed hospitals to redirect patients who present at the emergency department to an alternative screening site and to transfer individuals with an unstable emergency medical condition. To use these waivers, many health systems relied on technology to screen patients upon emergency department arrival. Outside of a PHE, such screening tools would not typically meet the medical screening requirements under EMTALA.

   While EMTALA is necessary to ensure that all patients have access to emergency medical care, **we urge Congress to revise the statute to allow for new types of medical screenings.** Specifically, many health systems hope to employ pre-screenings that use technology that can help divert non-emergent cases to other settings. The current medical screening requirements are so extensive that patients remain in the full queue of emergency department patients before it is determined that they could be diverted to another setting of care. More often than not, the patient is treated in the hospital after long wait times rather than being directed to nearby outpatient departments or physician practices, where the patient could have received appropriate care in a timelier manner and at lower cost to the patient and healthcare system. We envision appropriate guardrails could be put in place by requiring hospitals to have their pre-screening approaches approved by CMS and requiring additional data submissions on patient diversion.

Other Policy and Payment Change Recommendations

1. ***Expand covered remote monitoring services to allow for beneficiary participation and Medicare coverage and reimbursement for more than one program, which will increase access, ease patient day-to-day care, and improve health outcomes*:** Federal health programs should permit patients to participate in as many remote monitoring programs as their health needs dictate. A significant number of patients have more than one chronic condition (e.g., hypertension and diabetes) that would benefit from remote monitoring. Currently, Medicare only provides payment for one remote monitoring program/initiative, generally resulting in the provider receiving reimbursement for the program to which the patient consents first. Ochsner treats patients who would benefit from being enrolled in both our HTNDM and DDM programs because they have both hypertension and diabetes. For example, in Louisiana among Medicare beneficiaries aged 65 and older 65.63% have hypertension and 27.99% have diabetes.[3] Hypertension is twice as common among people with diabetes as those without it and an estimated two-thirds of people with diabetes have elevated blood pressure and/or are treated for hypertension.[4] Among the population we treat at Ochsner, an estimated 75% of patients with diabetes also have hypertension. Many chronic care Medicare beneficiaries have multiple comorbid conditions. The latest CMS data for Louisiana show that 28.63% of Medicare beneficiaries in the state have 2-3 chronic conditions and annual Medicare per capita spending for this group of patients is $5,999.[5] As such, the Medicare program and patients could benefit from allowing providers to offer a variety of remote monitoring services at the same time for all applicable

[3] https://portal.cms.gov/wps/portal/unauthportal/unauthmicrostrategyreportslink?evt=2048001&src=mstrWeb.2048001&documentID=69E5BACC452E9CC0D72D6DA872A90AF6&visMode=0&currentViewMedia=1&Server=E48V126P&Project=OIPDA-BI_Prod&Port=0&connmode=8&ru=1&share=1&hiddensections=header,path,dockTop,dockLeft,footer

[4] https://www.hopkinsmedicine.org/health/conditions-and-diseases/diabetes/diabetes-and-high-blood-pressure

[5] https://portal.cms.gov/wps/portal/unauthportal/unauthmicrostrategyreportslink?evt=2048001&src=mstrWeb.2048001&documentID=69E5BACC452E9CC0D72D6DA872A90AF6&visMode=0&currentViewMedia=1&Server=E48V126P&Project=OIPDA-BI_Prod&Port=0&connmode=8&ru=1&share=1&hiddensections=header,path,dockTop,dockLeft,footer

documented diagnoses. Federal health programs should permit providers to bill for all remote monitoring services applicable to a patient's diagnoses to foster increased patient access to more coordinated and more comprehensive care, ultimately, resulting in improved patient health outcomes at a lower total cost-of-care.

2. ***Provide digital medicine and telehealth tools/devices to Medicare patients at no cost to increase patient uptake of these services*:** Patients often need technology or tools to support their health and well-being and allow for better care management by their provider team. As explained above, Ochsner's successful digital medicine programs require the use of connected smart devices that communicate with the care team. Patients must purchase these devices – in some cases entirely out-of-pocket and in other cases with some cost-sharing and some coverage. Unfortunately, as noted above, out-of-pocket expenses often preclude patients from accessing to the care, services, and tools they need to stay healthy and prevent catastrophic episodes of care. In our experience, approximately 10% of patients decline to participate in our digital medicine programs when they learn they have to pay for the device out-of-pocket. Therefore, Congress should expand Medicare payment policy to include full coverage of digital medicine devices (e.g., Bluetooth-enabled blood pressure cuff, Bluetooth-enabled digital scale, Bluetooth-enabled digital glucometer) and telehealth devices (e.g., Tyto Anywhere Care kit) and do so without any cost-sharing requirements. The overwhelming response to the Congressionally-established COVID-19 Telehealth Program at the FCC has demonstrated the need for a funding mechanism for these devices. Ochsner has seen first-hand the willingness of patients to participate in these beneficial programs when they have affordable access to them. Expanding access to these important patient engagement and support tools will help providers leverage the full value and improved patient health outcomes that digital medicine and telehealth care can offer.

3. ***Ensure patient access to TeleStroke services by establishing separate Medicare payment for providers giving both TeleStroke consult and same day inpatient care to Medicare beneficiaries experiencing acute stroke:*** Ochsner commends the Congress for expanding Medicare beneficiary access to TeleStroke services as part of the Bipartisan Budget Act (BBA) of 2018. To foster further Medicare beneficiary access to TeleStroke services, Congress should permit Medicare to make two separate payments to a single provider for both a TeleStroke consult and the work of a subsequent stroke admission on the same day if the admitting hospital both provides the initial TeleStroke consult and later admits the patient after transfer due to the acuity level of the patient's stroke.

4. ***Expand Medicare beneficiary access to non-stroke telehealth services for acute neurological conditions:*** Patients in rural and underserved communities typically have significantly less access to treatment for acute neurological diseases. To build on the important expansion of TeleStroke care, Ochsner requests that Medicare provide unrestricted telehealth coverage for other non-stroke acute neurological conditions that typically require consultations with emergency departments to achieve optimal patient health outcomes. These include diagnostic questions of numbness, weakness, vertigo, confusion, headache, tremors and seizures, leading to treatment of complications of spinal cord injury, nerve compression, brain tumors, Multiple Sclerosis (MS), Parkinson's disease, Alzheimer's disease, epilepsy, Amyotrophic Lateral Sclerosis (ALS), and many other conditions. Similar to the request for TeleStroke above, Congress should allow Medicare to make two separate payments to a single provider for both a non-stroke telehealth consult of an acute neurological condition and the work of a subsequent inpatient admission on the same day related to that condition if the admitting hospital provides both the initial telehealth consult and later admits the patient after transfer due to the acuity level of his or her neurological condition. Patient access to acute neurological telehealth services should not be limited by geographic or originating site requirements in the original Medicare telehealth statute. All patients should be able to benefit from the availability of these services that in many cases can offer life-saving and life-sustaining care.

5. ***Expand access to intensive care unit (ICU) telehealth*:** In many cases, patients in rural and underserved areas have to travel significant distances to receive emergency care. Through Ochsner's innovative telehealth offerings, we can give telehealth ICU consults that save meaningful time to treatment in many instances where immediate access to care can result in the likelihood of significantly better patient health outcomes. Congress should provide unrestricted Medicare coverage for telehealth ICU consults (i.e., no originating or geographic site limitations) so that all beneficiaries can access the emergent care they need as quickly as possible.

6. ***Provide payment to providers who are offering additional levels of remote monitoring for patients through programs such as TeleStork***. Offerings like TeleStork provide an additional level of specialized monitoring and clinical support to providers who are caring for maternity patients who may be at higher-risk for poor maternal and fetal outcomes. Because the care is not delivered directly to the patient there is no reimbursement provided for the service, yet in our experience it is cost-effective and cost-saving.

Conclusion

The federal waivers outlined above have allowed Ochsner's telehealth programs to operate at their full potential, and in doing so, have demonstrated that telehealth is a high quality, efficient, and effective way to treat patients safely both inside and outside of the clinic and hospital settings. Ochsner urges the permanent extension of these critically important waivers; this essential policy change will allow us to continue providing care to patients that may otherwise go unserved.

Further, we thank you for considering our additional recommendations for ways to modify federal coverage and reimbursement policy to facilitate the provision of virtual care and patient monitoring in a cost effective and convenient manner and in a way that also reduces patients' unnecessary exposure to infectious disease, such as COVID-19. We believe that by strengthening our nation's telehealth and digital medicine infrastructure we will be able to maintain the access to care gains made over the past year and support hospitals and providers in continuing to provide care during the PHE and otherwise.

We thank you for your consideration of our recommendations and stand ready to serve as a resource. Should you need any additional information, please contact me at (662) 719-4969 or William.crump@ochsner.org.

Sincerely,

Will Crump
Director of Public Health Policy

cc: The Honorable Frank Pallone, Jr., Chairman
House Energy & Commerce Committee