

June 12, 2024

The Honorable Brett Guthrie
2434 Rayburn House Office Building
Washington, DC 20515

RE: Additional Questions for the Record

Dear Chair Guthrie:

Thank you for the opportunity to provide additional feedback in response to the “Legislative Proposals to Support Patient Access to Telehealth Services” hearing on Wednesday, April 10, 2024. It was an honor to appear before the Subcommittee and discuss the critical and growing role telehealth services play in providing high-quality care to millions of Americans.

I would like to thank the Subcommittee for your leadership in granting Medicare telehealth flexibilities and extensions over the last four years. Telehealth has become an integral part of our care delivery system and a core function of health care delivery, constituting approximately 20 percent of our ambulatory care encounters.

The most important thing that Congress can do this year is make the Medicare telehealth flexibilities permanent with parity. Telehealth has become a core component of how we deliver care every day to our patients at Providence and for health care providers across the nation. Removing telehealth options for seniors and disabled Americans would significantly disrupt the continuity of care for our communities.

Thank you again for your leadership and attention to this critical issue. We look forward to continuing to partner with the Committee as we continue expanding virtual care services to our Medicare population. Please find my responses to the additional questions for the record below.

Sincerely,



Eve Cunningham, M.D. MBA
GVP, Chief of Virtual Care and Digital Health
Providence

Additional Questions for the Record

The Honorable Robert Latta

1. Doctors from teaching hospitals and programs have relied on telehealth to allow them to supervise resident physicians. This is especially in community hospitals where a teaching physician may not be physically present but can help supervise remotely. Can you discuss the impact that removing this flexibility might have in allowing patients to access specialty care and also for the adequate training of future doctors?

Dr. Eve Cunningham Response: Providence proudly offers graduate medical education training at 17 of our hospitals sites and strongly supports the ability to allow teaching physicians to supervise resident physicians through telehealth. In many cases some underserved areas or community hospitals may have limited access to the physical presence of a teaching physician but may still supervise resident physicians thanks to telehealth. Resident physicians can receive real-time guidance, feedback, and supervision from experienced physicians, enhancing their clinical skills and decision-making abilities.

Allowing supervising physicians to remotely oversee resident physicians allows patients in these areas to benefit from a specialist who may otherwise not be accessible to those patients. If this flexibility were to be removed, patients could face challenges in accessing specialty care or specialists.

The Honorable Lisa Blunt Rochester

1. In my home State of Delaware, the ChristianaCare Hospital Care at Home program just celebrated its 1000th patient admission since the program began under a COVID waiver in December 2021. Their innovative program enables patients with conditions like congestive heart failure or pneumonia, to receive hospital-level care in the comfort of their own homes through a combination of virtual and in-person care provided by a care team that includes physicians, nurse practitioners, paramedics, and other professionals. Patients who have participated in this program report high satisfaction with this model of care. Congress extended this waiver program via statute in December 2022 – and will need to act again by December 2024 for hospitals to continue these waiver flexibilities. Can you describe Providence’s experience in establishing a hospital at home program?
 - a. Why did you decide to establish a hospital at home program?

Dr. Eve Cunningham Response: Providence began our Hospital at Home program as a means to support our capacity-constrained facilities in serving our communities, ensuring access to high-quality and compassionate care. Acute care in the home creates the ability for Providence to organize care around the patient, their family and their unique circumstances, and ensures sustainability to continue to serve our community and ensure acute bed availability for those we serve.

- b. What can you say about the health outcomes and patient satisfaction levels experienced by patients participating in your program?

Dr. Eve Cunningham Response: At Providence St. Peter Hospital in Olympia, WA, we have cared for 351 cases in our Hospital at Home program. Caring for these patients in their homes has created nearly 1,200 bed days for acute care in our hospital, and saved patients over 28,000+ hours of emergency department boarding time.

Our patients have acuity comparable to those in other medical units at St. Peter Hospital, and have demonstrated significantly fewer 30-day all-cause readmissions (0.87 readmission O/E), no Hospital at Home department mortality, and a Net Promoter Score of 86. 100% of our patients surveyed indicate satisfaction with their care, and that they would be likely or very likely to recommend our program to others.

- c. Would a multi-year extension of the current waiver provide more predictability and stability for your program going forward?

Dr. Eve Cunningham Response: Yes. Extension of the waiver would provide sustainability and stability for our current program. Furthermore, extension of the federal flexibilities for Hospital at Home would increase the confidence of our operators considering Hospital at Home in making the significant time and resource investment to implement a program at their facilities.