

September 30, 2020

Jeffrey Bailet, Chair  
Physician-Focused Payment Model Technical Advisory Committee  
c/o Assistant Secretary for Planning and Evaluation  
U.S. Department of Health and Human Services  
Room 415F  
200 Independence Avenue SW  
Washington, DC 20201

RE: Request for Public Input on PTAC's Review of Telehealth and PFPMs

Dear Dr. Bailet:

It is quite clear that in a large number of circumstances, telehealth is a highly beneficial service for patients, and in many circumstances, it is an essential service. It is also quite clear that telehealth services cannot be delivered if they are not paid for, and until the spring of 2020, most of them were not paid for.

The challenge now is whether and how to continue those services. Medicare is currently paying separate fees for those services in addition to all of the other thousands of fees it pays for office-based services. That's a *payer-centered* approach, not a *patient-centered* approach.

The patient-centered approach is to pay physicians to diagnose or treat patients' health problems in a way that gives physicians the flexibility to use whatever approach or location will have the best outcome at the lowest overall cost.

A number of physicians and provider organizations have designed payment models that would do just that – provide flexible patient-centered payments tied to health problems, services, or outcomes, not to specific places. PTAC has recommended a dozen of these models over the past three years. In fact, the very first model PTAC recommended in 2017 was Project Sonar, which was designed to enable physicians to monitor patient symptoms remotely.

Unfortunately, CMS has not implemented a single one of these models. If CMS had implemented them, thousands of patients could have been benefiting from telehealth services long before the pandemic.

CMS has said that it would take years to implement PTAC's recommendations and it doesn't have the bandwidth to do that. Miraculously, though, CMS found the bandwidth in 2020 to issue over a hundred pages of regulations making 50 separate changes to Medicare payment rules, more than two dozen of which were related to telehealth.

It certainly didn't take physicians years to implement the changes. Almost overnight, the use of telehealth services skyrocketed. It was clear that the payment system was the barrier, not physician or patient resistance.

It shouldn't require a pandemic in order to get the changes in payments that will help patients get better care. Congress clearly needs to change the law so CMS is required to implement more physician-focused payment models more quickly.

Sincerely,



Harold D. Miller  
President and CEO