Association for Behavioral
Health and Wellness

Advancing benefits and services in mental health, substance use and behavior change.

February 6, 2015

Ms. Marilyn Tavenner, Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Medicare Program; Medicare Shared Savings Program: Accountable Care Organizations

Dear Administrator Tavenner:

The Association for Behavioral Health and Wellness (ABHW) appreciates this opportunity to provide comment on the proposed rule, "Medicare Program; Medicare Shared Savings Program: Accountable Care Organizations." Specifically, ABHW is pleased to see you are considering a waiver of certain telehealth requirements in section 1834(m)(4)(C)(i)(I) of the Social Security Act.

ABHW is an association of the nation's leading behavioral health and wellness companies. These companies provide an array of services related to mental health, substance use, employee assistance, disease management, and other health and wellness programs to over 150 million people in both the public and private sectors. ABHW and its member companies use their behavioral health expertise to improve health care outcomes for individuals and families across the health care spectrum.

Expanding access to telehealth services is a priority for our member companies. Telehealth services have been proven to drive important advancements for our patients, expand access to care, improve health outcomes, reduce the inappropriate use of psychotropic medications, overcome the stigma barrier, and cut costs. Given that approximately 25 percent of the adult population in the United States is reported to have a mental illness, and the fact that there is a growing shortage of behavioral health providers to respond to this significant need for service, the expansion of telehealth is an important option to consider.

Many studies have shown that providing telemental services is as effective as an in-person visit, and the patient satisfaction studies show satisfaction is equivalent. Some studies show it is preferred, especially for patients with physical difficulties. Transmission and bandwidth are advanced enough to make the recognition of movement disorders, medication side effects, and assessment of affect the same as a face-to-face visit. Studies also show that the relationship between patient and provider is equivalent.

Telehealth has the ability to reach a broad range of behavioral health consumers, including children and adolescents who appreciate the use of technology when communicating with their behavioral health care

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providers; patients who reside in areas where there is a shortage of behavioral health providers; elderly patients who may have difficulty leaving their homes to travel to an appointment; military veterans; the deaf; and incarcerated populations, where the number of inmates with mental health issues is steadily growing, and prisons are failing to provide adequate mental health care.

Under section 1834(m) of the Social Security Act, Medicare pays for telehealth services when the service is furnished by an eligible practitioner; a patient is located in an originating site; the originating site is in an area that is designated as a rural health professional shortage, in a county that is not included in a Metropolitan Statistical area, or from an entity that participates in a federal telemedicine demonstration project.

Waiving the originating site barrier – and along with it the geographic restrictions – will improve access to and quality of care for people with behavioral health needs. If we can intervene early, we can avoid clinical deterioration that can lead to prolonged hospital stays.

The regulation's original intent regarding urban versus rural communities was based on the assumption at the time that rural areas were underserved, and therefore supporting telemedicine in rural areas would help the underserved. However, present reality shows that there are many urban areas that also suffer a shortage of qualified physicians and especially so when you consider child and adolescent psychiatry. Additionally, when considering access, it may take longer for a patient to travel to a specialist across town than for a rural resident to drive into the nearest city (i.e. Los Angeles).

Access to services also refers to those who are unable to travel or leave their homes due to chronic medical or some psychiatric illnesses. It is rare to find psychiatrists who will go to a patient's home, but providing telemental services direct to consumer makes care possible for this group.

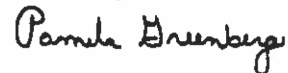
In addition to lifting the originating site and geographic restrictions, we recommend additions to the list of eligible providers. A shortage of behavioral health providers, particularly child psychiatrists, limits access to mental health services. The shortage of psychiatrists and sub-specialists is predicted to get worse in the near future, and making telemental services available in all settings is a viable way to optimize the psychiatric workforce. The current list of eligible providers includes clinical psychologists and clinical social workers, and we encourage you to expand that list to include any behavioral health practitioner who is licensed to practice independently. This would also benefit primary care providers, as well as ob-gyns, who are well-positioned to leverage telemental services for consultation. Each state regulates the role of nurse practitioners, but we would like to encourage the use of psychiatric nurse practitioners in providing telemental services to help address the above issues of shortage and access. Experience has shown that their training and oversight by MDs makes them a valuable and quality addition to mental health manpower. Furthermore, a lack of communication and coordination between specialty and primary care providers often prevents optimal outcomes even for those with mental health access. A patient-centered model for telehealth, where appropriate, has the potential to transform mental health services by integrating them into primary care.

Should you choose to waive any of the aforementioned telehealth requirements, such waivers should not be limited to ACOs participating in Track 3. Rather, in order to have a true impact, the waivers should be available to ACOs participating in Tracks 1 and 2 as well.

In the proposed rule, you ask how "telehealth" should be defined. We believe it is imperative to have a standardized definition in order to implement consistent policies across the board. The lack of a standardized definition results in confusion and increased administrative costs. We suggest that the definition should include a description of what "tele" means (i.e. use of web-enabled audio and video capabilities in compliance with federal, state, HIPAA, and privacy regulations).

Thank you for directing your attention toward this very important issue and for the opportunity to comment. We look forward to working together to expand access to telehealth services. If you have any questions, please contact Rebecca Murow Klein at (202) 449-7658.

Sincerely,



Pamela Greenberg
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