AMERICAN ACADEMY OF NEUROLOGY®

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March 22, 2022

Alondra Nelson, PhD
Director
White House Office of Science and Technology Policy
1600 Pennsylvania Avenue, NW
Washington, DC 20500

RE: Request for Information (RFI) on Strengthening Community Health Through Technology

Dear Dr. Nelson,

The American Academy of Neurology (AAN) is the world's largest neurology specialty society representing more than 38,000 neurologists and clinical neuroscience professionals. The AAN is dedicated to promoting the highest quality patient-centered neurologic care. A neurologist is a physician with specialized training in diagnosing, treating, and managing disorders of the brain and nervous system. These disorders affect one in six people and include conditions such as multiple sclerosis, Alzheimer's disease, Parkinson's disease, headache, stroke, migraine, epilepsy, traumatic brain injury, ALS, and spinal muscular atrophy.

The AAN strongly supports policies that ease unnecessary restrictions to virtual care, support long-term sustainability of care delivery, and promote high-quality, patient-centered care. We note that evidence supports the effectiveness of telehealth in inpatient and outpatient settings, for acute evaluation and routine assessment and for multiple neurologic subspecialties.[1] To ensure delivery of safe, high-quality virtual care, policymakers need to consider numerous issues including access, infrastructure, reimbursement, and interstate delivery of care.

Successful models within the U.S.

AAN members and their patients rapidly adopted telehealth in response to the Covid-19 Public Health Emergency (PHE). There is consensus among our members that adoption of telehealth and continued use over two years has yielded copious benefits for patient care. Throughout the PHE, the expanded availability of telehealth services and additional administrative flexibilities have allowed AAN members to mitigate infection risk and continue to provide care to patients who otherwise would have missed critical appointments with serious potential consequences. Successful models of care include the use of telehealth to augment capacity in areas where there is a shortage of providers or other barriers to access and include the use of both audio/video and audio-only services, as appropriate. The available literature demonstrates that benefits for neurology patients associated with expanded access to telehealth services include[2]:

[1] Hatcher-Martin, Jaime M., et al. "American Academy of Neurology Telehealth Position Statement." Neurology, Wolters Kluwer Health, Inc. on Behalf of the American Academy of Neurology, 17 Aug. 2021, https://n.neurology.org/content/97/7/334.
[2] Id.

- Improved access to expert neurologic evaluation and enhanced comfort, convenience, and safety, particularly for patients with limited mobility due to their medical condition or need for home medical support equipment.
- Reduced travel time and decreased time away from work or other essential activities for patients and care partners.
- Reduced patient costs, including fuel costs, associated with traveling for an in-person visit.
- Increased care partner and provider participation during a visit and reduced caregiver stress.
- Better assessment of social determinants of health, including the patient's home environment.
- Early intervention prior to a scheduled office visit, based on continuous assessment of neurologic disease progression and treatment efficacy.
- Protection of patient and providers from infectious disease exposure and reduction in the use of personal protective equipment.

Barriers

There are a number of barriers that OSTP should consider when evaluating potential policy options. As noted in the RFI, significant technical barriers must be addressed to promote the use of telehealth, including access to high-quality broadband, robust, and affordable cellular data networks. We also must take steps to better understand and address technological literacy and the digital divide as well as patient perspectives on quality, trust, and privacy. In situations in which technological literacy or access is an issue, supporting audio-only services is essential.

The complexity of reimbursement policies across payers creates substantial barriers for providers to incorporate telehealth services into their practices. The AAN strongly believes that payment policies for telehealth must be reformed to ensure that providers can sustainably provide patient care through telehealth while maintaining access to critical in-person services. The AAN firmly believes that coverage and the professional component of reimbursement for two-way real-time interactive encounters should be independent of setting and modality, provided that standards of care are met because the provider's cognitive work is equivalent. To best address the needs of the patient and their health, the appropriateness of a telehealth evaluation should be determined on a case-by-case basis by the provider and the patient, not by the payer, based on arbitrary geographic or site limitations.

Variations in regulatory frameworks across states pose significant barriers to the practice of telehealth across state borders. The AAN notes that neurology faces substantial workforce shortages and in-person access to a neurologist is highly variable across geographies. The AAN believes that if there are no local providers practicing a certain specialty, patients should have telehealth access covered for that specialty. When traveling out of state, patients should maintain coverage for telehealth access to their home state providers.

Proposed government actions

There are numerous opportunities for the federal government to transform community health by improving access to telehealth services. The AAN believes that the following changes are necessary to ensure that progress made in improving equitable patient access to care via telehealth services is preserved and built upon following the termination of the PHE. Recognizing the barriers enumerated above, we believe that the White House should work with legislators and regulators to implement the following changes in the immediate future:

- Permanent payment parity for evaluation and management (E/M) services for established patients delivered via real-time interactive audio-video technology with in-person E/M services.
- Elimination of geographic site restrictions and modification of originating site restrictions in the Medicare program to allow the patient’s home to be a permissible originating site.

- Revision of the Medicare definition of "direct supervision" to include immediate availability through the virtual presence of the supervising physician or practitioner using real-time, interactive audio/video communications technology.
- Permanent coverage of and adequate reimbursement for the telephone E/M codes 99441-99443. In the absence of coverage of these codes, adequate reimbursement for virtual check-in services should be prioritized.
- Continued assessment of available evidence concerning quality and safety and when appropriate, addition of certain Category 3 telehealth services to the Medicare telehealth list.

In the medium term, the White House should work with relevant agencies and the states to develop necessary infrastructure for high-speed broadband internet in rural and otherwise underserved communities so that patients have equitable access to telehealth services regardless of geography and other potential barriers. Addressing barriers associated with delivering telehealth services across state lines is also necessary. The AAN believes that licensing, prescribing, and related policies should also be simplified. We appreciate recent steps taken by the Centers for Medicare and Medicaid Services to recognize interstate medical licensure and note that the White House should further encourage states to implement policies that include blanket reciprocity and an expedited licensing process that would require one unrestricted state license, a new background check for each state in which telemedicine is practiced and reduced annual fees for limited practices.

Health Equity

The AAN believes that OSTP should be aware of the following considerations and their impacts on health equity when considering potential policy solutions. A substantial proportion of the neurology patient base does not have access to or cannot operate computers or mobile devices that have video and audio capability. There are also many patients who cannot afford broadband access or robust cellular data plans that would allow audio/video encounters to take place. Some neurology patients have barriers related to language and visual or hearing impairments. Resources to assist with translator services and appropriate, easily accessed adaptive technology must be available and reimbursed at equitable rates. Recent studies have also shown that Black and rural beneficiaries had lower use of telehealth compared with white and urban beneficiaries, respectively.[3] Age, race, ethnicity, educational level, and income are also correlated with preference for video visits versus in-person visits.[4]

The AAN appreciates the opportunity to respond to this RFI. Neurologists have historically been early adopters of telehealth and possess a depth of expertise and knowledge that is critical to ongoing policy discussions. Our members stand ready to provide you with our expertise and to provide any additional evidence you may need in support of policy changes to ensure that patients maintain access to telehealth services. If you have any questions regarding these comments or seek further input, please contact Matt Kerschner, Director, Regulatory Affairs at mkerschner@aan.com.

Sincerely,

Orly Avitzur, MD, MBA, FAAN
President, American Academy of Neurology

[3] Samson LW, Tarazi W, Turrini G, Sheingold S, for the Department of Health and Human Services Assistant Secretary for Planning and Evaluation Office of Health Policy. Medicare Beneficiaries' Use of Telehealth in 2020: Trends by Beneficiary Characteristics and Location.
[4] Predmore ZS, Roth E, Breslau J, Fischer SH, Uscher-Pines L. Assessment of Patient Preferences for Telehealth in Post-COVID-19 Pandemic Health Care. JAMA Network Open. 2021 Dec 1;4(12):e2136405. doi: 10.1001/jamanetworkopen.2021.36405. PMID: 34851400