American Academy of Physical Medicine and Rehabilitation

aaPM&R

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July 15, 2020

Marion Couch, MD PhD
Office of the Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted via electronic mail

Re: Examples of How Telemedicine Expansion Saved Physiatry Practices and Patients

Dear Dr. Couch,

I am writing with examples of how telemedicine expansion during the COVID-19 Public Health Emergency (PHE) has saved physiatry practices and provided invaluable care to rehabilitation patients. As you may recall, during our May 15 phone discussion, we discussed several CMS programs implemented during the PHE, including telemedicine waivers and expansion. You requested the American Academy of Physical Medicine and Rehabilitation (AAPM&R) share some written examples. I wanted to thank you again for that call, for this opportunity to share more examples of how telemedicine expansion has been a valuable resource to physiatry and rehabilitation patients, and for your offer to share this directly with Administrator Verma. We have collected several examples in addition to the ones shared over the phone on May 15. I hope these examples are insightful. AAPM&R would be happy to continue discussing this issue at CMS' convenience.

AAPM&R is the national medical specialty organization representing more than 9,000 physicians who are specialists in physical medicine and rehabilitation (PM&R). PM&R physicians, also known as physiatrists, treat a wide variety of medical conditions affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons. PM&R physicians evaluate and treat injuries, illnesses, and disability, and are experts in designing comprehensive, patient-centered treatment plans. Physiatrists utilize cutting-edge as well as time-tested treatments to maximize function and quality of life.

As you know, AAPM&R members work in inpatient and outpatient settings. Our members have reported that telehealth has been beneficial across all aspects of care and that their patients have positively reviewed the new experiences with telemedicine clinical services.

Telehealth Needs to Last Beyond the COVID-19 PHE: Many patients need to travel long distances to see their physicians or access a rehabilitation facility. If an elderly patient lives three hours away has a return of chronic low back pain which has responded well multiple times in the past with lumbar radiofrequency neurolysis. The patient had no new symptoms or neurologic complaints from the previous visit and requested repeat injections. The pre-procedure visit was done by telemedicine and the patient was scheduled for the procedure. A brief History and Physical was done the day of the procedure, as is included in the RVUs for the procedure. This saved the patient a six-hour round trip drive and did not compromise patient care. If the patient had complaints of any new symptoms, an in-person visit to include physical exam would have been required.

Another common scenario is reviewing MRI results or EMG results on a patient who was just seen in the office and lives far away or has difficulty going out in the community. Members have reported commonly do this for free prior to COVID as it was difficult for them to ask patients to drive all day to review results for 15 minutes. However, this is not a service physicians should be performing for free.

Telehealth is Patient-Centered: Our members' patients have raved about how much they love the convenience of telemedicine services, particularly older patients with poor mobility and those patients who need to travel long distances to see their physicians. Additionally, in major cities like New York, parking for several hours to visit a doctor's office can be a huge out of pocket expense for patients that can reach over $100 for 15-minutes with a physician (this includes a co-pay).

Telemedicine visits hold significant value for outpatient musculoskeletal physiatry appointments that involve imaging and other diagnostic testing review (can share the screen to review images and other data), uncomplicated post-procedure follow up visits (especially when things have gone well), follow up visits when the patient is making significant progress with their treatment plan and just needs to discuss next steps, and visits to review a patient's home

therapy program with critiques to their exercises. The latter is particularly helpful in order to help patients troubleshoot replication of their exercises from the therapists office in the home setting. Telemedicine is illuminating the disparity between the way patients execute their exercise routines at PT/OT visits versus in their homes. Getting certain patients to do their therapy exercises correctly at home can be critical to a successful outcome. Therapists who work with our members would love the ability to do this. Additionally, if patients need an ergonomic assessment at home or in the workplace, therapists can now make "onsite visits" virtually, which has been helpful to several of my patients.

Telehealth also allows for group visits to be coordinated. Group visits may include family members from across different regions who play a role in the patient's health care, or group visits may be co-visits with other health care professionals who cannot be present physically (e.g. think PT / OT / Rehab Psychology / PCP / Orthopedic surgeon / Cardiologist, etc.).

Telemedicine can also be used for patient and family educational sessions. Due to COVID-19, patients in inpatient rehabilitation facilities and skilled nursing facilities are experiencing profound isolation. Even if a physiatrist is able to visit patients in person, families are not. Members have reported that patient families are leaving iPad’s in rooms to watch their loved ones and talk to providers throughout the day to be present with patients. Not all families can do this, but physiatrists have reported that it changed the patient experience to see the faces of loved ones.

The potential to use telemedicine for true patient-centered value-based care is enormous, which AAPM&R knows is a top priority for CMS. For telemedicine services to be used effectively by clinicians, parity of telemedicine reimbursement with in-office visits is necessary. When done well, these remote visits can be high value visits and should be incentivized.

AAPM&R is grateful to CMS for ramping up telemedicine and accommodating reimbursement. Setting up offices to meet social distancing guidelines will be a new hurdle for our members and will continue to result in a restriction of patient volume for an as of now undefined amount of time. Continued reimbursement for services provided via telephone and audio/visual telehealth at least on par with in-person visits of similar complexity/coding, even after the PHE, will be helpful to accommodate these social distancing guidelines.

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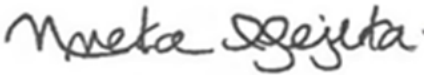
Thank you for your consideration of these examples. As always, AAPM&R hopes to be a resource to CMS during the PHE and after. Please feel free to reach out to Reva Singh, Director of Advocacy and Government Affairs, at 847.737.6030 or rsingh@aapmr.org with any questions or comments.

Sincerely,



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