



October 1, 2020

Ms. Maureen Corcoran
Director, Ohio Department of Medicaid
50 West Town Street, 4th Floor
Columbus, OH 43215

Electronically sent to: maureen.corcoran@medicaid.ohio.gov

RE: Proposed Rule 5160-1-18 – Telehealth

Dear Director Corcoran,

On behalf of the nearly 1,550 people with cystic fibrosis in Ohio, we write to thank the Ohio Department of Medicaid (ODM) for your efforts to expand the availability of telehealth services for Medicaid members and to comment on Proposed Rule 5160-1-18 – “Telehealth.” We believe the changes offered in the revised telehealth rule will help facilitate better access to care for people living with CF during and beyond the COVID-19 pandemic.

Cystic fibrosis is a life-threatening genetic disease that affects more than 30,000 people in the United States. CF causes the body to produce thick, sticky mucus that clogs the lungs and digestive system, which can lead to life-threatening infections. Cystic fibrosis is both serious and progressive; lung damage caused by infection is irreversible and can have a lasting impact on length and quality of life. As a complex, multi-system condition, CF requires specialized treatment and medications and people with CF need to get care through accredited CF care centers, where clinicians use evidence-based guidelines to deliver multi-disciplinary care. Medicaid is a crucial source of coverage for people living with CF with over half of children and a third of adults living with CF in Ohio relying on the program for some or all of their health care coverage.

We commend the Ohio Department of Medicaid (ODM) for recognizing the long-term value of telehealth for its members. Telehealth has long been an important care delivery method for improving access in underserved communities, particularly rural areas, areas with physician shortages, and areas with limited access to primary care services. Telehealth also helps reduce gaps in access to services and care when in-person visits are not a safe or feasible option, which has been critical during the COVID-19 pandemic.

The CF Foundation appreciates the opportunity to provide feedback on ODM’s proposed telehealth rule and offers the following comments.

Coverage of Audio-Only Visits

The CF Foundation applauds ODM for revising the definition of telehealth to include asynchronous activities that do not have both audio and video components, including telephone visits. The option to

use telephone visits is particularly important for rural and low-income populations who are more likely to have limited or no access to the internet. For CF patients who do not have sufficient broadband to support video conferencing or do not have any internet access at all, telephone visits with their care team are their only option for access remote care. Providers and patients also encounter technical issues with the platform or broadband, and some patients do not have the technological expertise to navigate video platforms—all of which can lead to telephone visits. Anecdotally, one CF physician in Indiana estimates that 25 to 30 percent of her telehealth appointments are conducted over the phone either because of broadband or other technological issues.

While audio-only visits are not suitable for all health care services and are not a substitute for in-person care, there are a number of aspects of a regular CF visit that can be conducted through the phone. For instance, clinicians can easily review medical history, current medications, and symptoms, and make adjustments to a patient's care plan. CF patients and care teams can also review data from home spirometers to track trends in lung function. For CF providers, listening to a patient's cough can also provide actionable information about potential exacerbations. We commend ODM for revising the definition of telehealth in the proposed rule to include audio-only services.

Eligible Practitioners

We appreciate Ohio Medicaid's decision to expand the list of practitioners eligible to render and receive reimbursement for telehealth services to include physical therapists, dieticians, and behavioral health practitioners. Cystic fibrosis is a complex, multi-organ disease requiring multi-disciplinary care; the CF care team includes a pulmonologist, nurse, respiratory therapist, dietician, and social worker, and often includes additional staff such as a mental health coordinator or pharmacist - each of whom plays a unique role in managing CF care. We are glad ODM recognizes the value of providing telehealth services for these additional practitioners.

In addition, we request that ODM expand this offering to include coverage of virtual check-ins by respiratory therapists and pharmacists to ensure best possible health outcomes. Individuals with CF require a complex treatment regimen often involving daily use of oral and inhaled medications to fight infections, loosen and clear built-up mucus from their organs, and help absorb nutrients from their food. Brief virtual check-ins with respiratory therapists can help ensure that people with CF are performing at-home spirometry lung function tests correctly and address any issues patients may encounter when taking inhaled medications. Similarly, virtual check-ins conducted by pharmacists can help CF patients monitor the benefits and side effects of their prescribed medications and check dosages so they get the right amount of medication at the right time in order to be the most effective. Such enhanced access to all members of the care team will help patients better maintain and manage their care, leading to more consistent and better outcomes.

Relaxed Site Restrictions

We support ODM's proposal to remove originating site restrictions, which will help make care more accessible by ensuring that patients are able to receive needed care from their home and are not required to travel to specific locations to access telehealth services. This flexibility is especially critical for patients who face logistical or financial challenges visiting the clinic in-person, such as transportation costs. A CF clinician from Akron Children's Hospital said, "[telehealth] has allowed me to see patients who are unable to make a visit to the hospital due to a broken car or other sick children in the family." The CF Foundation commends the Department for expanding this important provision.

Expansion of Covered Services

We thank the Department for expanding the list of services that Medicaid will cover via telehealth. We are particularly appreciative of the additions of remote patient monitoring, online digital evaluation and management services, and medical nutrition services. As a complex, chronic disease, cystic fibrosis requires regular physiologic monitoring. CF clinicians monitor patient wellbeing through key health indicators, most notably lung function and weight. Studies show that home spirometry use, for example, can help detect pulmonary exacerbations in adults and may improve medication adherence in adolescents.^{1,2} While not a perfect substitute, home spirometry allows patients and their care teams to monitor lung function while outside of the clinic setting. These services are an important part of the comprehensive care that cystic fibrosis patients require and the ability to render these services via telehealth will help facilitate better access to this care moving forward.

The CF Foundation appreciates the opportunity to provide comment on proposed permanent telehealth rule. We are encouraged to see ODM identify telehealth as a way for patients to access necessary services and care. The CF provider community and the CF Foundation are conducting quality improvement programs, investigating patient and provider satisfaction, and refining best practices for telehealth delivery of cystic fibrosis care. We stand ready to serve as a resource to the Department as you consider additional changes to Ohio Medicaid's telehealth policies. Please contact Adam Kellermann at akellermann@cff.org or (240) 200-3713 if you would like to discuss this issue further.

Sincerely,

Mary B. Dwight

Senior Vice President of Policy and Advocacy
Cystic Fibrosis Foundation

Bruce Barnett, MD

Adult CF Care Center Co-Director
Northwest Ohio Cystic Fibrosis Center

Gregory Omlor, MD

Pediatric CF Care Center Director
Akron Children's Hospital

Titus Sheers, MD

Adult CF Care Center Director
Akron Children's Hospital

Kimberly McBennett, MD, PhD

Adult CF Care Center Director
Rainbow Babies and Children's Hospital

Karen McCoy, MD

Pediatric CF Care Center Director
Nationwide Children's Hospital

Cc: Senator Theresa Gavarone, Chair, Joint Committee on Agency Rule Review
Representative Jamie Callender, Vice-Chair, Joint Committee on Agency Rule Review

¹ Shakkottai A, Kaciroti N, Kasmikha L, Nasr SZ. Impact of home spirometry on medication adherence among adolescents with cystic fibrosis. *Pediatric Pulmonology*. 2018;53:431-436. <https://doi.org/10.1002/ppul.23950>

² Lechtzin, Noah et al. "Home Monitoring of Patients with Cystic Fibrosis to Identify and Treat Acute Pulmonary Exacerbations. eICE Study Results." *American journal of respiratory and critical care medicine* vol. 196,9 (2017): 1144-1151. doi:10.1164/rccm.201610-2172OC