

“Make Your Voice Heard” Request for Information [RFI] – Insights and Key Findings

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Introduction to CMS Office of Burden Reduction and Health Informatics (OBRHI)

OBRHI was established in 2020 to identify and create efficiencies across the healthcare enterprise by integrating technology, policy, regulation, and stakeholder engagement to improve healthcare quality and population health.

OBRHI's work is guided by a strategic plan, which establishes four key goals and objectives governing the planning and implementation of operational activities.



Infuse Customer Perspectives



Apply Innovative Solutions



Advance Standards and Interoperability



Advance Health Equity





AGENDA

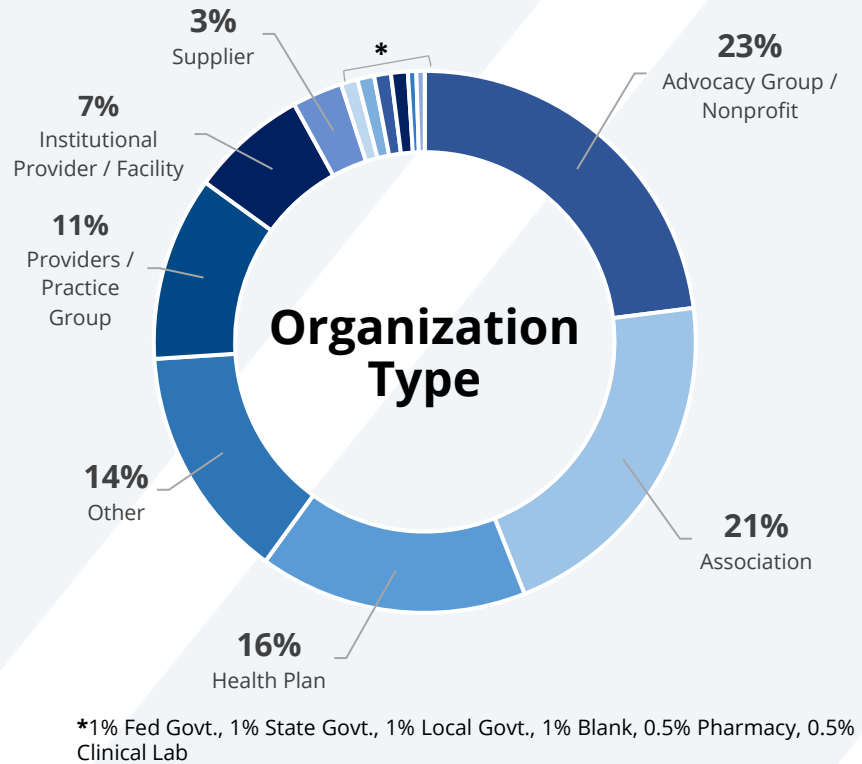
- *Make Your Voice Heard* RFI Background
- Variety of Stakeholders
- Key Topics from the RFI:
 - Advancing Health Equity
 - Mental & Behavioral Health Challenges
 - Understanding Workforce & Provider Experiences
 - Telehealth Impact during the PHE
- Takeaways

Background

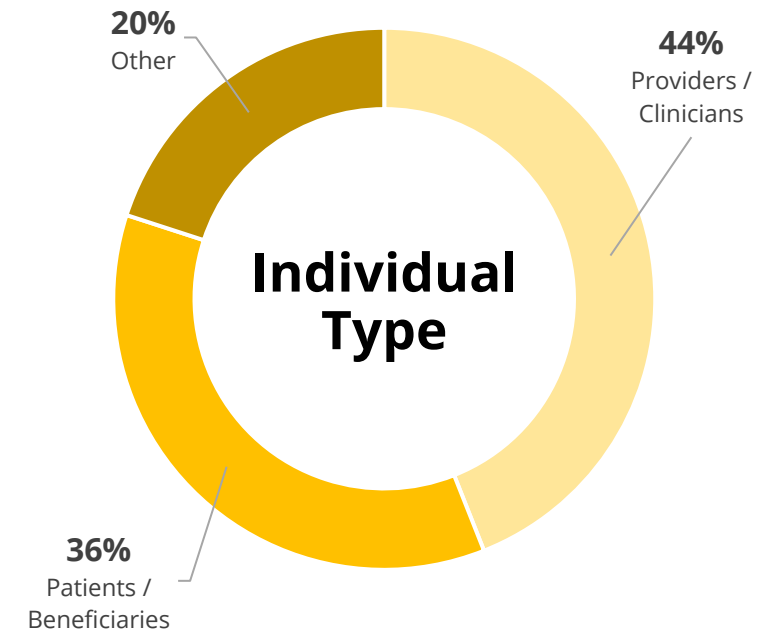
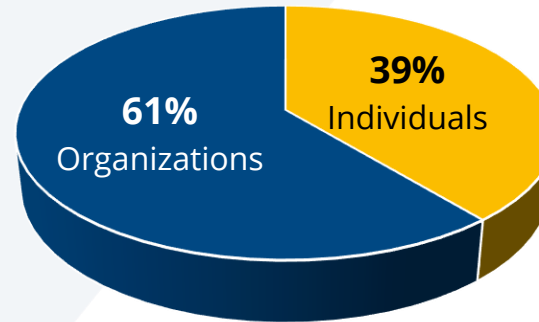
- OBRHI released the *Make Your Voice Heard* RFI on September 6, 2022 (comment period closed on November 4, 2022)
- The 2022 RFI asked stakeholders to provide feedback on four sections:
 - Accessing Healthcare and Related Challenges
 - Understanding Provider Experiences
 - Advancing Health Equity
 - Impact of the COVID-19 PHE Waivers and Flexibilities
- We used a webform format to support a broad range of stakeholders
- OBRHI aimed to reach a myriad of stakeholders via this data collection modality to identify opportunities for future and continued efforts
- Data set revealed key topics of interest and stakeholders concerns



We Heard from a Variety of Stakeholders



904 Commenters
4,361 comments



Health Equity



Commenters Emphasized the Importance of Health Equity in All Aspects of Care

- Several trends emerged where commenters' shared concerns regarding:
 - Inequitable health system design
 - Bias and inequity experienced in healthcare settings
 - Limited reimbursement for providers serving minority/underserved populations
 - Historical breaches of patient trust



Health Equity Related Commenter Insights

Key Takeaways

- Lack of access to quality care; disparities across geographic regions, network deficiencies, provider scope of practice limitations, and limited care delivery infrastructure have impacted the quality, availability, and accessibility of care in rural, Tribal, and/or underserved healthcare settings
- Disparate impacts of biased health system design in minority and underserved communities, including but not limited to program policies and participation requirements, research, workforce education and training

Comment Example

Rural Access to Care and Care Delivery Challenges



*“We live in a very rural setting [...] **One of the greatest challenges that we have is accessibility.** It is not uncommon for people in our community to **travel 4-6 hours to get care from ANY type of specialist.** We **have access to fewer and fewer PCPs over the last 10 years.** For example, it is now common to wait 6 months for CT scans that used to be scheduled and completed within 30 days. **Lack of mental health services and drug treatment programs** are only compounding existing issues and making them worse [...] **Lack of childcare services and affordable housing** limits the number of people who are willing to move to the area. We either have non-employed people, living well below the poverty level in homes that should probably be condemned or retiree-age people who are well-off who don't need childcare and can afford to build a house. [...] **There are limited childcare services** which means less people in the workforce and less working age people moving to this area. This impact is easy to see in the LTC industry where, [...] it is ‘easier to not work, than it is to try to piecemeal childcare together.’ **This is not a place that I plan on aging solely for the lack of healthcare services and impact that those have on the community.**”*

– Health Organization/Plan



Health Equity Related Commenter Insights (Continued)

Key Takeaways

- Need for guidance and standards on the integration, use, and application of data related to Social Determinants of Health (SDOH), Health-Related Social Needs (HRSN), and disaggregated demographic characteristics in workforce training, data collection algorithm design, coverage, care delivery, quality measurements, and reimbursement procedures
- Expanding coverage to include equity related expenses that advance quality of care (HRSN screening, associated wraparound services, patient assistance/caregivers, and language access) and decrease out-of-pocket costs originating from information asymmetry, misaligned coverage, and other barriers to patient-empowered decision making

Comment Examples

Health Equity Data Collection



“A major challenge to equity efforts is that health plans, hospitals, and clinicians are following various federal and state data collection requirements on demographics and social needs. Similarly, data collection requirements are being proposed for Medicare, Medicaid, Qualified Health Plans, and more. Data collection standards that vary hinder efforts to aggregate, analyze, and enable apples-to-apples comparisons across markets and across health care entities”

– Organization, Association

Racial and Ethnic Bias in Technology



“Recent studies indicate clinical guidance and existing algorithms for clinical decision making may be based on biased studies and exacerbate inequities. One study found an algorithm used in hospitals systematically discriminated against Black patients.[...] To improve trust in and equitability of AI/ML solutions, discriminatory outcomes must be addressed before successfully integrated AI/ML into clinical care.”

– Organization, Association



Mental & Behavioral Health



Commenters share that Mental & Behavioral Health is Needed Now More Than Ever

Key Takeaways from Commenters

- A significant need for increased access, during the COVID-19 public health emergency, in the number of people living with behavioral and mental health conditions, including substance use disorder
- Patients with mental and behavioral health conditions are struggling to navigate the healthcare system
- Based on the chronic and fluctuating severity of conditions, patients covered by Medicaid struggle to keep track of applications, notices, due dates, required identification, and income verification



Mental & Behavioral Health Related Commenter Insights

Key Takeaways

- Benefit of audio-only visit coverage for mental health and substance use disorder care increased during the PHE
- Negative impact of low reimbursement and pay parity that can be modality dependent (e.g., email correspondence, telephone sessions) and limited providers with long waiting lists that accept Medicaid or Medicare
- Challenges with lack of integrated care, care coordination, and continuity across wraparound services, primary care providers, and mental health services to better address disparities between diverse beneficiaries, states, providers, and practices

Comment Examples Audio-Only Telehealth



*"Expansion of audio only for behavioral health. **For many members audio only is life saving. Audio only for mental health is not supported as it is for addiction medicine services.** Recommend keeping audio only with a modifier or other documentation that indicates it is medically necessary secondary to symptoms or member capacity (either access to video technology or capacity to use video technology)."*

– Individual, Provider

Pandemic Impact



*"**Pediatric emergency department visits related to mental health significantly increased during the pandemic** – a 24% increase for children 5-11 years of age, and 31% for children 12-17. These stressors affect children's development and ability to learn in both the immediate and long-term."*

– Organization, Association



Mental & Behavioral Health Related Commenter Insights (Continued)

Key Takeaways

- Need for greater investment in data collection relating to the experiences of minority/underserved populations used to inform programs, policies, and measures that address both Social Determinants of Health (SDOH) and Health-Related Social Needs (HRSN)
- Lack of access to quality care due to limited behavioral health providers with long waiting lists for new patients

Comment Example

Challenges Navigating Mental Healthcare Services



*“Challenges for mental health services for my clients includes the fact that I am a mental health counselor and cannot accept straight Medicaid or Medicare. This places an undue barrier in them receiving mental health services. I am bilingual, as is 90% of my team, and clients can't find providers in network that speak their language. This is devastating to their mental health. **Translation of sessions is a very poor last resort for clients, as it stops them from opening up fully.**”*

– Organization, Private Practice



Workforce & Provider Experiences



Commenters Highlight Downstream Impacts that May Result from Workforce & Provider Experiences

- Workforce provider issues have been steadily rising and have become a crisis directly impacting providers and staff resulting in a downstream effect on patient quality and relationships
- Ongoing concerns about the need for a healthy workforce was shared by commenters



Workforce & Provider Experiences Related Commenter Insights

Key Takeaways

- Declining provider well-being and mental health (i.e., due to workforce shortages, lack of systematic support, and workplace conditions). Increased burden on providers leads to compassion fatigue, depression, substance use and suicide
- Excessive administrative burdens detract from time spent treating patients; both quality reporting and signature requirements (e.g., physicians needing to review/sign for all PA/RN work particularly in CAHs and home health visits/orders) were noted as time consuming and difficult to implement given current system capacities
- Providers need additional training to properly support patients with any type of physical/intellectual disability (i.e., people with certain disabilities can't communicate their issues, requiring adjustments/tailored treatment plans), language/speech barrier, and refugee status

Comment Example

Systemic Collaboration Gap



*“As a provider, nurse practitioner for many years I have worked in care delivery and leadership roles. My position is that the system is broken with not enough providers and to many responsibilities. **APP (advance practice providers) do not make enough money** often making what RNs make in some areas of the US, spend to much time **documenting** for data that is not mined or used to support any measures, and do not work to top of license. They are often used as scribes, order entry, RNs, etc. **This causes increased turnover, decreased job satisfaction, and burnout.** Often due to increased volumes in some areas, there is no time or consideration for underserved or vulnerable populations. In my practice experience in rural NC there are also not enough community resources to fill the gap and no coverage for payment of much needed items. [...] I had a patient once that utilized the EMS to go to doctor's appointments and was billed 500 dollars each time. CRAZY! **We need more panels whereby we have stakeholders at the table to include patients, families, NPs, PAs , physicians and policy makers. We can solve this but must do it together.** Thank you for asking me to respond, happy to be part of further discussions...nurse 25 years, doctor in leadership and Nurse Practitioner”*

– Organization, Provider



Workforce & Provider Experiences Related Commenter Insights (Continued)

Key Takeaways

- Staffing shortages increase burdens on the health system (i.e., existing providers, staff, patients, etc.) reducing quality of care, increasing workforce burnout, and delays in treatment
- Low and unclear reimbursement rates causing providers to leave the field, shortages of providers in rural/tribal areas, and fewer providers accepting Medicare/Medicaid patients
- Costly digital health requirements related to coding, billing, reporting, and health records push additional financial and time costs onto providers

Comment Examples

Staffing Shortage & Burnout



"Where I live, we have a continued shortage of prescriptive providers. The ICU in the hospital is closed and I am asked to explain what their medical condition means in greater detail and provide more complicated transitions of care. With fewer and fewer primary care points of entry it is prudent to maximize early detection and preventative services when comprehensive emergency medical care is not available."

- Individual, Provider

Health IT Challenges



"CMS has placed too large of a burden on providers. We feel like data collectors for the government first, then providers of care second. It's awful and it's making good providers leave the field."

- Individual, Provider



Telehealth



Commenters Consider Telehealth a Silver Lining of the Pandemic

- Many commenters recommended continuing flexibilities for in-home care to improve access for beneficiaries and ease document requirements for providers
- Commenters suggested standardizing telehealth across all plans to include basic expectations of service, including coverage, cost and privacy and security



Telehealth Related Commenter Insights

Key Takeaway

- Continuation of waivers and flexibilities regarding in-home caregivers (e.g., paid parent caregiver program), verbal approvals from medical providers on treatment plans, audio-only telehealth services (e.g., creating an indefinite telehealth waiver to improve access to care for beneficiaries and ease requirements for providers), and workforce flexibilities to allow providers to meet the needs of their patients without being overworked or overburdened.

Comment Example

Telehealth Waiver



“Phone only telehealth saved people with technology barriers to access mental health [...] counseling flexibilities with signature requirements allowed for continuity of care and coordination to keep people engaged/enrolled.”

– Individual, Advocacy Group/Non-profit



Telehealth Related Commenter Insights (Continued)

Key Takeaways

- Impact of the PHE on mental health has been a growing population of patients suffering with behavioral and mental conditions and/or substance use disorders, and in turn an increased need for access to care
- Difficulty obtaining client/patient signatures upon every encounter during telehealth sessions and trouble keeping up with the technology requirements needed to utilize digital health platforms and telehealth

Comment Example

Telehealth Moving Forward



"Telehealth capabilities should be standardized and encouraged to increase access for underserved areas and communities.

Standardizing across all plans with basic expectations of service, including coverage, cost and privacy and security, would allow setting a baseline that everyone can understand, focusing on disadvantaged diverse communities to develop these standards."

– Organization, Institutional Provider/Facility

Tech Challenges & Telehealth



"The increasing use of digital health technology on provider well-being and attrition; these requirements are costly and we have not received rate increases to cover the new staff needed to do this let alone the equipment"

– Organization, Nonprofit/Advocacy Group



Insights



We Heard Your Voice...

- Advancement of health equity
 - Encouraging health equity-related thinking across the healthcare system
 - Increasing disaggregated demographic data collection
 - Advancing standardization of collection methodology and reporting
 - Continuously gain and incorporate insights from diverse stakeholders
- Expansion of quality mental and behavioral health services
 - Supporting systematic integration/coordination of services
 - Extending coverage and reimbursement
- Understanding the unique perspectives of providers serving underserved communities
 - Identifying challenges, supporting solutions, capturing stakeholder-driven recommendations
- Telehealth and audio-only telehealth
 - Prioritizing novel technologically rooted healthcare delivery modalities
 - Expanding stakeholder digital health literacy



Thank you

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