

April 1, 2020

Honorable Tom Wolf, Governor
Commonwealth of Pennsylvania

Honorable Rachel Levine, MD, FAAP
Secretary of Health

Governor Wolf and Secretary Levine:

Many Pennsylvanians, particularly in rural areas, still get their care from small and medium-sized independent medical practices. With the COVID-19 crisis, these small group and independent practices providing primary care are expected to be the front line for diagnosis and treatment of the disease, and for maintaining ongoing care of their patients within their medical home. These primary care physicians are being expected to carry both that and a larger load with ongoing care of patients, preventing the need for hospital stays and coordinating post-acute care.

As patients recover, primary care physicians will be responsible for much of the post-acute care and ongoing monitoring of these patients within the medical home. At the same time, many of our physicians are already facing economic and staffing difficulties, and also finding themselves without access to adequate PPE or coronavirus testing kits.

A growing number of physician practices are finding it difficult to serve their patients, and have to consider laying off staff, jeopardize their health, or even close their doors. That could mean an even bigger problem now, with more patients ending up in hospitals, at a time when beds are needed. Just last week, in a Primary Care Collaborative nationwide survey, only 46% of respondents reported at least 60% of their office visits/contacts are currently reimbursable.

Primary care physicians are being leaned on to “keep their patients out of hospitals.” Taking care of people with conditions such as heart disease and diabetes is essential to protecting hospitals’ capacity to treat Covid-19 patients. and these physicians are seeing steep drop-offs in visits as patients stay away, fearful of getting ill. While they see a big uptick in telehealth visits, the reimbursements for these services are lower.

If primary care practices start to close and patients are forced to seek attention in the emergency room, that’s a formula for fanning the flames of this outbreak. Our organizations are quite concerned there may not be sufficient or timely enough support for these physician practices to sustain them during this emergency.

The Pennsylvania Chapter of the American College of Physicians (PA-ACP) and the Pennsylvania Chapter of the American Academy of Pediatrics, with 10,000 plus members caring for Pennsylvanians from birth to old age, thank you for your leadership in this extremely trying time. We support your efforts to mitigate the community spread of COVID-19 and appreciate the joint efforts that led to the passage and signing of the state’s emergency response

legislation and \$50 million for support of health care services. We hope that as these funds are designated according to “need,” the Commonwealth will make available a portion of those funds, PPE and testing kits for those independent practices as well as large hospitals, EMS operations and skilled nursing facilities.

We write to ask that the following issues be considered and resolved to ensure that small and independent primary care physician practices can continue to play their critical role not only during the emergency, but on an ongoing basis.

1. PA-ACP and PA-AAP continue to stress that all possible means are used to **make sufficient PPE available to every physician, nurse, and health worker on the front lines of caring for patients** without delay, including those working hard to minimize their patients’ needs for ER visits and hospitalization.
2. We are also concerned that the administrative burden required to access these funds could be a barrier to physician practices, especially small and medium-size practices. These small and medium-size practices will be competing with large health systems and hospitals, perhaps putting them at a disadvantage for receiving these funds. **Waiving prior authorization for ongoing care and treatment of existing patients** during the emergency could save as much as 15 hours of administrative time each week for these physicians, freeing time for more patient care. Similarly, **waiving prior authorization for prescription of all generic drugs** would save time and help enable our limited provider resources to be best utilized – on direct patient care.
3. We ask that the Commonwealth do everything possible to ensure that state programs are administered in a way that ensures rapid disbursement of funds to financially distressed practices, preferably prospectively or concurrently, in a way that makes it feasible for small practices to apply and receive funding. We recommend that the administration **set aside a portion of state and federal funds** directed to the COVID-19 response to be expressly used to support physician practices that are experiencing substantial revenue losses so that physician practices aren’t competing with hospitals for funding.
4. Programs at the state and federal level to provide tax relief and access to low-interest loans for small businesses may help. However, these programs do not in themselves provide the necessary PPE or the resources independent and small practices need to maintain their patient services within the existing medical homes, let alone deal with diagnosis and treatment of patients exhibiting signs of COVID-19 infection. Due to the severity of the increased costs and reduced revenue being experienced by physicians on the frontlines of patient care as they shift from in-person visits to virtual consultations—which often aren’t covered by payers, or are paid at substantially lower rates than in-person visits—many practices are under severe economic stress. **Independent private and small physician practices should be eligible for all state/federally funded grants and forgivable loans for small businesses.**

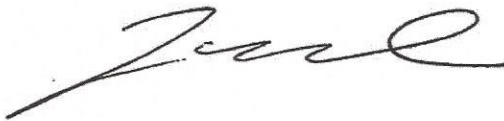


5. We request the following telehealth care policy changes as promoted by CMS for Medicaid patients, CHIP, Medicare and private health insurances, recognizing that telehealth care is critical to maintain and protect our patients' health during this time of social distancing:
- a. **Require all payers cover and pay for audio-only telephone consultations between physicians and their patients.** *While virtual telehealth visits may be covered in some cases by insurers, they typically are paid far less than in-person visits, and do not include traditional audio-only phone calls with patients, only video-enabled telehealth applications.* Many patients, especially seniors, have access to phones but not video-enabled telehealth apps. Requiring all payers to cover and reimburse physicians for audio-only will ensure that patients without advanced video-sharing capabilities are able to get care virtually, while helping to sustain physician practices.
 - b. **Ensure coverage of telehealth care by the patient centered medical home as well as medical subspecialists, and not default to existing telehealth care vendor contracts.** Policies should not disincentivize linkages between patients and the medical home or their specialists. We cannot replace in-person care with care provided through vendors, disrupting existing relationships and courses of treatment or risking medical errors due to vendors not having access to patient medical records.
 - c. **Waive cost sharing for families.** During this time of crisis, telehealth care should be delivered without the added burden of cost sharing. To the degree possible, this should be extended to employer-sponsored insurance plans as well. Medicaid and private insurance payments for telehealth care visits should be inclusive of what might otherwise be cost sharing amounts, so that waived cost sharing does not become a financial penalty for providers.
 - d. **Pay for telehealth care visits at parity with that of in-person visits.** All telehealth care requires medical judgment and is associated with practice expense and medical liability risk. Some insurers are paying as much as 30% less for telehealth services than for in-office visits. CMS has indicated in its recently released "Medicaid State Plan Fee-for-Service Payments for Services Delivered Via Telehealth" document that Medicaid programs that pay at parity can avoid submission of a state plan amendment (SPA) to establish this payment level for telehealth care. Doing so will have the added benefit of avoiding this administrative step and possible delays.
 - e. **Allow telehealth care for both new and established patients and allow all types of clinically appropriate services (not simply those related to COVID-19) to be provided via telehealth.** As the COVID-19 outbreak continues, we should provide maximum flexibility to ensure that all clinically appropriate services can be provided via telehealth to both new and established patients.

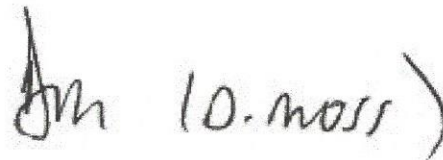
Again, thank you for your leadership, and for considering these recommendations during this time of unprecedented and rapid change. Facilitating these actions to protect our small and independent physician practices and health care now will ensure we can address the clinical needs of all Pennsylvanians as the COVID-19 crisis continues to unfold and into the future.

The internists, pediatricians, internal medicine and pediatric subspecialists of the Commonwealth have dedicated their careers to protecting the health and lives of all Pennsylvanians. PA-ACP and PA-AAP, on their behalf is committed to helping in any way possible to mitigate this pandemic. We look forward to continuing to work together with you. Please contact us, Annette Myarick or John Nikoloff at any time to discuss these recommendations or how the PA Chapter of the American College of Physicians and PA Chapter of the American Academy of Pediatrics can be of additional assistance to you.

Thank you again, for your ongoing efforts and your consideration of these requests,



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CCs: Hon. Teresa Miller, Secretary of Human Services
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