



July 11, 2022

Ms. Karen Timberlake
Secretary, Department of Health Services
State of Wisconsin

RE: Wisconsin Medicaid Permanent Telehealth Policy Requirements

Dear Secretary Timberlake,

On behalf of the nearly 700 people living with cystic fibrosis (CF) in Wisconsin, we write to thank the Wisconsin Department of Health Services (DHS) for its efforts to expand the availability of telehealth services for Medicaid members and for continuing temporary flexibilities until the permanent policies take effect. We believe that the proposed changes will help facilitate better, more equitable access to care via telehealth for Medicaid members, including those living with cystic fibrosis.

About Cystic Fibrosis

Cystic fibrosis is a life-threatening genetic disease that causes the body to produce thick, sticky mucus that clogs the lungs and digestive system, which can lead to serious infections. As a complex, multi-system condition, CF requires specialized treatment and medications, and most people with CF receive care at accredited care centers that provide multidisciplinary, coordinated care. Medicaid is a critical source of coverage for people living with cystic fibrosis – 40 percent of children and nearly one in four adults with CF in Wisconsin rely on the program for some or all of their health care coverage.

Role of Telehealth in CF Care

Telehealth has long been a critical care delivery model for improving access in underserved communities, particularly rural areas, areas with physician shortages, and areas with limited access to primary care services. During the pandemic, telehealth initially helped reduce gaps in access to services and care while in-person visits were not a safe or feasible option, and now has become a routine part of care for many. The expanded access offered through telehealth has been especially important for Medicaid members who, according to a recent Department of Health and Human Services report, were the highest users of telehealth during 2021 compared to those with other forms of insurance.¹

Data shows that the CF community has had positive experiences with telehealth and wants to use it in the future. In a survey of patients and families, the majority reported that telehealth services were of equal or higher quality than in-person services and nearly half said they want telehealth to remain part of their care in the future.² CF care teams have similar feelings about care quality and reported several

¹ <https://aspe.hhs.gov/reports/hps-analysis-telehealth-use-2021>

² Solomon, G. M. et al. (2021). Patient and family experience of telehealth care delivery as part of the CF chronic care model early in the COVID-19 pandemic. *Journal of Cystic Fibrosis*, 20(3), 41-46.

advantages of telehealth for patients, including less time spent traveling and away from work, ability to stay connected with care teams during the pandemic, and earlier identification of health issues.³

More than two years into the pandemic, telehealth remains a core component of CF care as 15 percent of all CF care in the first quarter of 2022 was provided via telehealth, according to an April survey of care teams. The CF Foundation appreciates the opportunity to provide feedback on the permanent policy and offers the following comments for DHS's consideration.

Audio-Only Visits

The CF Foundation applauds DHS for covering audio-only telehealth visits as they can be an important supplement to in-person care. While audio-only visits are not suitable for all services, there are a number of aspects of regular CF visits that can be conducted over the phone. For instance, clinicians can easily review medical history, current medications, discuss symptoms, and adjust a patient's care plan. Patients and care teams can also review data from home spirometers to track trends in lung function, a key health indicator for people with CF. For CF providers, listening to a patient's cough can also provide actionable information about potential exacerbations.

The option to use the telephone is a particularly important equity issue for rural and low-income populations who are more likely to have limited access to the internet, a computer, or a smartphone. 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 accessing remote care. Providers and patients can 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 necessitate the use of telephone visits. A survey of over 400 CF patients and families conducted in fall of 2020 found that nearly one in ten respondents had participated in an audio-only visit. Of these, one in five opted for audio-only because of challenges with video technology or lack of reliable internet.⁴

Recent research also shows that racial and ethnic minorities are less likely to have access to broadband and video technology. According to the aforementioned HHS report, video telehealth rates were lowest among Latino (51 percent) and Black (54 percent) individuals, compared to 62 percent among White individuals. Furthermore, survey data collected by the Pew Research Center shows that 71 percent of Black and 65 percent of Hispanic adults report having a broadband connection at home, compared to eight in ten White adults.⁵ Permanent coverage of audio-only services will allow Wisconsin Medicaid to promote health equity by addressing racial and ethnic disparities in access to telehealth services.

Eligible Provider Types

We appreciate Wisconsin Medicaid's decision to expand which provider types can be reimbursed for telehealth services. Cystic fibrosis is a complex, multi-system disease that requires multidisciplinary care; the CF care team includes a pulmonologist, nurse, respiratory therapist, dietician, and social worker, and often includes additional staff such as mental health coordinators and pharmacists – each of whom plays a unique role in treating the disease. Access to all members of the care team is essential and helps patients better manage their health, leading to more consistent and better outcomes.

³ Van Critters, A.D., et al. (2021). Barriers and facilitators to implementing telehealth services during the COVID-19 pandemic: A qualitative analysis of interviews with cystic fibrosis care team members. *Journal of Cystic Fibrosis*, 20S23, S23-S28. [https://www.cysticfibrosisjournal.com/article/S1569-1993\(21\)01404-1/fulltext](https://www.cysticfibrosisjournal.com/article/S1569-1993(21)01404-1/fulltext)

⁴ Solomon, G. M. et al. (2021). Patient and family experience of telehealth care delivery as part of the CF chronic care model early in the COVID-19 pandemic. *Journal of Cystic Fibrosis*, 20(3), 41-46.

⁵ <https://www.pewresearch.org/internet/fact-sheet/internet-broadband/>

Relaxed Originating Site Restrictions

We also support DHS's proposal to remove originating site requirements, 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 rural and low-income patients who may face logistical or financial challenges visiting the clinic in-person, such as transportation costs.

Remote Monitoring

We thank the Department for expanding the list of telehealth services that Medicaid will cover and are particularly appreciative of the addition of remote physiologic monitoring. CF clinicians monitor patient well-being 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.^{6, 7} 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.

We thank Wisconsin DHS for permanently extending telehealth flexibilities as a way for Medicaid members to access necessary services and care. The CF Foundation and its accredited care centers are conducting quality improvement programs, investigating patient and provider satisfaction, and refining best practices for delivery of cystic fibrosis care via telehealth. We stand ready to serve as a resource as you consider additional changes to Wisconsin Medicaid's telehealth policies. Please contact Adam Kellermann at akellermann@cff.org or (240) 200-3712 if you would like to discuss this issue further.

Sincerely,

Mary B. Dwight

Chief Policy & Advocacy Officer
Senior Vice President of Policy and Advocacy
Cystic Fibrosis Foundation

Michael J. Rock, MD

Director, Pediatric CF Care Center
University of Wisconsin
Madison, WI

Nicholas J. Antos, MD

Director, Pediatric CF Care Center
Children's Hospital of Wisconsin
Milwaukee, WI

Paul M. Pritchard, MD, MBA

Director, Affiliate CF Care Center
Saint Vincent's Hospital
Green Bay, WI

Cc: Ms. Lisa Olson, Director, Wisconsin Medicaid

⁶ 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>

⁷ 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