



September 12, 2022

Laura Kilfoyle  
MDHHS/BPHASA  
PO Box 30479  
Lansing, Michigan 48909-7979

Re: Telehealth Policy Post-COVID-19 Public Health Emergency

Dear Ms. Kilfoyle,

On behalf of the nearly 1,200 people living with cystic fibrosis (CF) in Michigan, we write to support the recently proposed Medicaid policy, which would expand the availability of telehealth services for Medicaid members. Specifically, covering audio-only visits and remote monitoring, eliminating originating site requirements, and prohibiting additional prior authorizations will help facilitate better, more equitable access to care via telehealth for Medicaid members, including those with CF.

### **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 – over half of children and one in four adults with CF in Michigan rely on the program for some or all of their health care coverage.

### **Telehealth in CF Care**

Telehealth has long been a critical care delivery model for improving access in underserved communities, particularly rural areas and areas with physician shortages when 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 telehealth users during 2021 compared to those with other forms of insurance.<sup>1</sup>

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.<sup>2</sup> CF care teams have similar feelings about care quality and reported several advantages of telehealth for patients, including less time spent traveling and away from work, staying connected with care teams during the pandemic, and earlier identification of health issues.<sup>3</sup>

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

<sup>2</sup> 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.

<sup>3</sup> 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)

Telehealth remains a core component of CF care over two years into the pandemic, 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 the state for covering audio-only telehealth visits when it is the only option for patients, as they can be an important supplement to in-person care. While audio-only visits are not suitable for all services, a number of aspects of regular CF visits can be conducted over the phone. For instance, clinicians can easily review medical history and 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 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, 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 technical expertise to navigate video platforms – all of which necessitate phone visits. A survey of over 400 CF patients and families conducted in the 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.<sup>4</sup>

Recent research also shows that communities of color access 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.<sup>5</sup> Permanent coverage of audio-only services will allow Michigan Medicaid to promote health equity by addressing racial and ethnic disparities in access to telehealth services.

### **Originating Site Requirements**

We also support Michigan's proposal to expand originating site requirements, which will help make care more accessible by ensuring that patients can receive needed care from their homes 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.

### **Remote Monitoring**

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<sup>4</sup> 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.

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

We appreciate expanding the list of remote monitoring devices covered by Medicaid, which help CF patients take full advantage of telehealth by monitoring key health indicators like lung function and weight from home. For instance, studies show that home spirometry use can help detect pulmonary exacerbations in adults and may improve medication adherence in adolescents.<sup>6,7</sup> While not a perfect substitute, home spirometry allows patients and their care teams to monitor lung function outside the clinic. Infant scales also help families monitor weight gain in babies with CF in between clinic visits and promote earlier identification of problems. 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.

### **Prior Authorization**

Lastly, we appreciate the elimination of prior authorizations (PAs) for telehealth services unless the equivalent in-person service requires one. Prior authorizations can be an obstacle to accessing care and present a particular challenge for people with CF and other chronic diseases who adhere to intensive, ongoing treatment plans. The elimination of additional PAs for telehealth services will support maintaining equal access to care and prevent delays in treatments.

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We thank Michigan for permanently expanding telehealth flexibilities so Medicaid members can access remote care. The CF Foundation and its accredited care centers are conducting quality improvement programs, investigating patient and provider satisfaction, and refining best practices for delivering cystic fibrosis care via telehealth. We stand ready to serve as a resource as you consider additional changes to Michigan Medicaid's telehealth policies. Please contact Sage Rosenthal, State Policy Specialist, at [srosenthal@cff.org](mailto:srosenthal@cff.org) 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

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<sup>6</sup> 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>

<sup>7</sup> 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