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Dr. Alondra Nelson, Director
White House Office of Science and Technology Policy (OSTP)

RE: Connected Health RFI; published at Vol. 87, No. 3 Federal Register 492-3 on January 5, 2022
Submitted electronically via connectedhealth@ostp.eop.gov

Director Nelson,

UnityPoint Health (UPH) appreciates this opportunity to provide comments. As one of the nation's most integrated health care systems, our relationships span more than 480 provider clinics, 40 hospitals, and 14 home health agencies throughout our 9 regions in Iowa, central Illinois and southern Wisconsin. In addition, UPH is actively engaged in numerous initiatives which support population health and value-based care, including participation in Medicare accountable care organization initiatives since 2012. We respectfully offer the following comments:

SUCCESSFUL MODELS

Describe models enabling community health providers to successfully use digital health technology.
Comment: As an integrated health system, **UPH seeks to deliver local services across care settings and within the community as appropriate.** Digital formats permit a multi-faceted approach to care delivery recognizing that patients are individuals and communities are unique. Below are select examples of digital health technology case uses.

Telehealth Delivers Community Access. Like most integrated health systems, UPH heavily increased adoption of telehealth during the COVID-19 pandemic to safely provide care to vulnerable populations and communities.

- Geographic outreach. The federal PHE telehealth waiver of originating site requirements has been transformational in providing access via telehealth services in patient homes and in urban/Metropolitan Statistical Areas. **By simply waiving originating site restrictions through the same billable services, outreach to a more geographically disperse population resulted** – from patients residing in 41% of all rural Iowa zip codes in 2019 to patients residing in 90% of all rural Iowa zip codes in 2020 and 2021.
- Acute care sustainability. Telehealth buttresses an acute care presence within communities. To leverage these services, UPH has **deployed telehealth to:**
  - Reduce the cost of **low acuity urgent care** by approximately $284 per visit, while maintaining a patient satisfaction score of 4.85 out of 5 stars.
  - Create financial and provider staffing sustainability for rural and urban hospitals through **tele-hospitalist programs**, reducing provider coverage expense by more than 60% and resulting in approximately $1,500,000 in savings annually.
  - Addressed **workforce shortages** through virtual patient sitters ($1,916,964 annual savings) and virtual nursing (approximately $890,222 annual savings).
- Specialty care. During the pandemic, the need for behavioral health services has increased over

time and behavioral health providers are in short supply. **Telehealth is used to manage behavioral health needs in both Emergency Departments (ED)** (to reduce boarding times and admissions) **and outpatient settings**. For outpatient visits, telehealth correlated to an increase in appointments kept – 75% when telehealth is available, compared to 58% for in-person visits.

Remote Monitoring Enables Patients to Safely Reside in their Homes. Remote monitoring enhances delivery of population health by taking care of patients where they are located versus waiting for them to come to providers. This approach has been incorporated into several programs:

- Chronic Disease Management (targeting COPD and Diabetes). For conditions prone to rapid escalation and complications, **UPH uses the chronic disease support module of the *CareSignals* platform to provide an automated text message assessment**. Message frequency is patient specific, and responses are risk stratified and collated in a dashboard. Alerts indicating a change in condition are monitored by our IntelliCenter support team and a patient outreach is completed. This technology allows UPH to systematically connect with more patients on a routine basis and target interventions by nurses when symptoms worsen. In 2021, alerts resulted in about 10 triage encounters per week, and trending signals resulted in about 55 patient outreaches per week.
- Low-risk ED Discharges. Based on the chronic disease pilot, **UPH will be launching the *CareSignals* post discharge support module in March 2022** for patients meeting criteria. Upon discharge, monitoring occurs at patient-specific intervals for 30 days.
- Utilization Alerts. Our ACO, UnityPoint Accountable Care, is responsible for health outcomes for its attributed population regardless of where services are delivered. To monitor utilization episodes agnostic of provider or location, **the ACO uses the *Patient Ping* tool to alert the care team when a patient has an episode of utilization throughout the US**. These alerts enable care team outreach to the patient to monitor care as appropriate. This technology has been effective for tracking in-state and out-of-state hospitalizations, particularly for snowbirds. We receive an average of 426 pings per day in real time during vulnerable transitions of care.
- Care at Home. This Integrated, interdisciplinary home-based model provides proactive, urgent and interventional response, for qualified patients, averting ED/hospital events. Our home health enterprise, UnityPoint at Home, leads participation efforts in the CMS Acute Hospital Care at Home waiver as well as operationalizing several Care at Home ambulatory episodic care bundles (primary care, palliative care, and skilled nursing care). **Underlying these initiatives is remote monitoring with a telehealth complement.** Digital technology monitors basic vitals and virtual visits complement in-person visits. Real time information enables timely action to mitigate health risks. Patient satisfaction rates exceed 90%.
- Remote Wound Care. To facilitate wound healing and management, avoidable hospitalizations, and top of licensure practice, **remote wound care has been provided to patients in their homes since 2008**. UnityPoint at Home utilizes asynchronous technology to store images along with data collected from clinical assessments and other remote monitoring. Software collects and analyzes wounds for progress, and Wound, Ostomy, Continence Nurse Specialists oversee records, perform virtual assessments, and provide clinical expertise. For higher risk patients, Tele-Wound Care video technology enables real-time and more frequent consultations. Outcomes include decrease in wound size, total number of wounds healed, decrease risk of infection, and avoidable costs.

Mobile Health Apps Facilitate Closed-Loop Referrals to Community Resources. To better address holistic care, **UPH launched *Together We Care*, a search and referral platform of social service programs integrated in our EMR to make and track referrals in a closed-loop process**. When patients present in the ambulatory, ED, inpatient, and care management environments, *Together We Care* enables an assessment and connection to community resources. Participating community organizations electronically receive and monitor incoming referrals, track outcomes and provided services, and communicate back to UPH. In addition to provider navigation, patients and family members can access the self-service search function of *Together We Care* via the UPH website and patient portal. Over the last 8 months, roughly 27,000 self-service sessions and 73,000 searches for community resources occurred. On the backend, *Together We Care* analytics reports identify needs and gaps in community resources. Housing and food have consistently ranked as top needs.

BARRIERS TO A LEVEL PLAYING FIELD

Describe barriers to the use of digital health technologies in community-based settings.

Comment: Foremost, UPH would emphasize the need to provide a level digital playing field. **Broadband access is still problematic** as technology platforms require heightened download speeds for functionality. In Iowa, 8.4% of households have access to download speeds less than 80 mbps. Lower speeds occur in predominantly rural areas. Even in areas with optimal broadband access, the **affordability of equipment and broadband is an issue**. Not all health care providers were eligible for Meaningful Use and other federal assistance. For instance, Home Health Agencies are not eligible providers under the FCC Rural Health Care Program. For individuals, the cost of smart technology and wireless access can be challenging particularly for those on fixed incomes.

PROPOSED GOVERNMENT ACTIONS

Describe opportunities to support the transformation of community health settings.

Comment: To enable a level-playing field for telemedicine access, UPH urges:

- **Permanent waiver of originating site requirements** to allow care in the home and urban areas to be a covered, billable service.
- **Reimbursement for inpatient encounters (CPT 99218 - 99223, 99231 – 99236, 99238 - 99239) via telehealth equal to in-person**. These codes should be reimbursed to reduce duplicative work, improve provider efficiency, and enhance patient experience. In the absence of a change to enable billing through a telehealth provider, patient history and physical must be performed twice by providers on the same team.
- **Reimbursement parity for telehealth services**. Parity still requires rate negotiations between commercial payers and providers/health systems; however rates must reflect equal reimbursement for a service regardless of modality.
- **Additional eligibility categories for the FCC Rural Health Care Program.** Home Health Agencies serving rural areas should be eligible to participate to promote maintaining rural residents in their homes when possible.

We are pleased to provide input. Given the page limit, our responses are topline, and we would welcome further participation. For more information or future discussions, please contact Cathy Simmons, Government & External Affairs at cathy.simmons@unitypoint.org or 319-361-2336.

Sincerely,
Laura Smith, Senior Vice President, UPH Chief Information Officer