



CITY OF HOUSTON

Houston Health Department

Sylvester Turner

Mayor

Stephen L. Williams, M.Ed., MPA
Director
Houston Health Department
8000 N. Stadium Drive
Houston, Texas 77054-1823

T. 832-393-5169
F. 832-393-5259
www.houstontx.gov
www.houstonhealth.org

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Submitted by electronic mail

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1734-P
P.O. Box 8010
Woodlawn, Maryland 21244

Re: Comments to the Centers for Medicare and Medicaid Services on CY2021 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; etc. (CMS-1734-P)

Dear Administrator, Verma:

On behalf of the city of Houston, we are pleased to submit our comments on the *CY 2021 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies*¹. As a city that has implemented an innovative emergency ambulance response telehealth program to ensure the best care possible for our citizens, we respectfully ask that the Centers for Medicare and Medicaid Services (CMS) implement permanently the expansion of billing rules that would allow Medicare beneficiaries to receive telehealth emergency physician treatments from ambulances by using synchronous telehealth equipment.

The onset of the COVID-19 pandemic has demonstrated increased opportunity and capability of telehealth and remote physician diagnoses. In March, CMS released a variety of temporary regulatory waivers and new regulations to equip the American health care system with opportunities to adequately respond to the COVID-19 pandemic. The waivers, made possible by the Public Health Emergency (PHE), allows non-hospital buildings to be used for patient care and hospitals to bill for services performed outside their walls. Additionally, qualified health professionals can use interactive virtual services and have increased the use remote patient monitoring assessments.

The City of Houston has taken an innovative approach to implementing telehealth through its Emergency TeleHealth and Navigation (ETHAN) Program. Before the introduction of ETHAN

¹ 85 Fed. Reg. 50174 August 17, 2020

in 2014, the city of Houston's emergency response system was faced with an increase in Emergency Medical Service (EMS) calls and a growing population. Houston receives over 300,000 annual EMS calls for service, but 40-60% of these calls constitute low acuity patients, based on several studies. High volume of calls puts strain on available ambulance and physician resources. In addition, segments of patients in Houston are uninsured and lack access to transportation in a system that formerly perpetuated high cost and low quality care.

The City of Houston Fire /EMS is the third busiest system in the United States and has successfully delivered ETHAN services to almost 26,000 clients. The program works when EMS responds to a 9-1-1 call from an individual and a preliminary field assessment is performed by emergency medical technicians (EMTs). Depending on the emergency, a video call is done with a board certified emergency room physician and a decision is made whether the individual should be transported to an emergency room by ambulance, by taxi to a different site of service, like an urgent care center or remain at home with specifications for care. In approximately 93% of cases, ambulance transportation is avoided, freeing up emergency room resources and improving health outcomes. ETHAN also increases efficiency of EMS calls. For example, a typical patient EMS call time averages 83 minutes, while ETHAN's call time averages 39 minutes, saving an average of 44 minutes. Since ETHAN's implementation, the program has successfully managed individuals away from often overwhelmed emergency departments and allows patients to avoid costly and unexpected ambulance bills.

The City of Houston is a leader in improving ambulance services and would be pleased to engage with the agency to relay ETHAN's capabilities and how it can be expanded to other regions. Our proven success with the ETHAN program demonstrates the success and effectiveness of telehealth provisions that can enhance quality of care through decreasing time to definitive care and informing destination decisions. Through using telehealth physician access, we believe CMS can reduce the number of unnecessary ambulance transports in order to leave availability for high acuity patients and improve ambulance availability and dispatch times. The City of Houston asks that CMS make permanent the expansion of the temporary rules and waivers that allow telehealth physician treatment for EMS and in ambulances and we would be pleased to meet with you to provide details of this program.

Thank you for your consideration.

DocuSigned by:
Sincerely,
David Persse, MD
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David Persse, MD