To all my Pacific Family & Healthcare Colleagues

May the New Year bring you and yours good health ...a prerequisite to being productive.

New Year Eve...2021...as many in America are retreating to their family bubble, with 465,000 new covid cases reported yesterday and cooling (as in freezing) temperatures outside, while most of us in the tropical pacific can at least weave through the bush or road or paths and enjoy a warm soak in our lagoons and have a toast to life and the navigators on our lanai or a nearby clearing...So extending a wishful and optimistic new year eve Buenas- HafaAloha, Ungil Tutau, Mogethin, Raninim, Kaselahlia, Tu Wo, Yokwe, Guday mate, Kiora, Bula, Bonjour & Ohayo gozaimas, etc. to all of you and yours...trying to stay positive here...yes the CV numbers are soaring across the world again but, for those that are able to get vaccinated or for those living in the hundreds of our remote islands away from travel hubs, the deaths rates are not increasing...

Our hospitals are getting very busy again just from the sheer number of folks with the ‘omicron flu’ coupled with their chronic ‘co-morbidity’ plus the hospitals /clinics ‘normal’ flow of patients so please continue to be kind to all our healthcare workers. The number one job vacancy calls from communities across the world is for nurses...

Anyway back to the numbers and situation reports and news briefs...and thanks again for the folks that still send in notes from their islands...who would have thought this little Covid-19 (numbered cause started in ’19) mini spikey bug-pandemic would direct our everyday life for now going on a third year... persevere ...we can do this ...H (stands for Healthy and hopeful and Happy) NY...LLTN’s

The vaccines are keeping the death rate down with the Omicron surge...even though cases numbers are rising. This week a study by South Africa’s National Institute for Communicable Diseases (NICD) suggested that those that are vaccinated & get infected with Omicron were much less likely to end up in hospital than those with the Delta strain.
Veteran News/Notes this week from local Pacific sources

Last week’s adoption by the US House of Representatives of HR3730 is a step in the right direction for Micronesia. The House legislation amends legislation of the Veterans Administration, establishing the VA Advisory Committee on the US Outlying Areas and Freely Associated States. They are starting to meet across the USAPI.

This week: The Department of Veterans Affairs announced today its updated plan to move forward with its systemwide Electronic Health Record Modernization program. The plan will mitigate challenges documented in the Comprehensive Lessons Learned report submitted to Congress after this year’s strategic review of the EHRM program. “We will do everything we can to get electronic health records right for Veterans and our health care staff, with patient safety being the key driver and nonnegotiable,” said VA Deputy Secretary Donald M. Remy. “I have incorporated the lessons learned I received during my recent meetings with our team at Mann-Grandstaff VA Medical Center in Spokane, Washington, into this new way forward. Under my direction, VA is refining EHR governance and management structures to establish additional rigor and oversight. VA, in coordination with our partners, the Department of Defense and EHR vendor Cerner, will continue to update and refine the EHR implementation process to ensure it delivers the excellence Veterans expect and deserve from VA.”

VA has developed a revised schedule for how it will roll out the EHR system across the department to early fiscal year 2024.

TELEHEALTH NEWS BRIEFS: Telehealth alliance groups and news streams.

TH Alliance, along with 15 Other Organizations, Launches New Campaign to Permanently Protect Access to Telehealth – The Alliance has joined the Telehealth Access for America (TAFA), a public education campaign, to advise actions and strategies to protect access to critical telehealth services. TAFA will encourage Congress to meet the moment and act now to permanently protect access to telehealth services for every person in America.

Representative Steel: What They’re Saying: Healthcare Community Applauds Telehealth Expansion Act (11/30) – Reps. Steel (R-CA) and Lee (D-NV) recently introduced the Telehealth Expansion Act (H.R. 5981), which would make permanent a CARES Act provision that allowed pre-deductible coverage of telehealth services for individuals with HDHP-HSAs. This provision is set to expire on December 31, 2021 if Congress does not take action. Several groups were quoted in support of this legislation, including Alliance for Connected Care Executive Director Krista Drobac: “During the COVID-19 pandemic, Congress enabled employers to offer pre-
deductible coverage for telehealth services, expanding access to care and reducing out-of-pocket costs for millions of Americans. The bipartisan Telehealth Expansion Act of 2021 will ensure individuals with HDHP-HSAs continue to have ready access to virtual-care services while remaining eligible to make and receive contributions to an HSA.”

NPR: Voice-only telehealth may go away with pandemic rules expiring (11/23) – As lawmakers and insurers debate whether to continue allowing this sort of audio-only care to continue, the crux of the debate is whether this low-tech way of reaching more people is also safe and effective. "Prior to the pandemic, I thought of audio-only as a quality issue; now I think of it as an equity issue," says Drobac, executive director of the advocacy group Alliance for Connected Care. "It really does expand access for patients to providers that they would otherwise not be able to see."

Advisory Board: ‘Left behind to get worse’: Amid telehealth rollbacks, some patients feel abandoned (11/23) – According to the Alliance for Connected Care, all 50 states and DC implemented emergency declarations to waive certain licensing requirements for out-of-state providers conducting telehealth appointments. However, many of these flexibilities are being rolled back, leaving patients who relied on care from their providers in another state via telemedicine throughout the pandemic to make difficult decisions about their care. In this article, Advisory Board offers four key considerations for health care leaders looking to advocate for patients’ continued access to telehealth services.

Wall Street Journal: Telehealth Rollbacks Leave Patients Stranded, Some Doctors Say (11/22) – States are curbing access to certain telehealth services that were expanded during the pandemic to ensure patients could continue to access care. Hospitals, doctors, telehealth providers and advocacy groups, including the Alliance for Connected Care and its members, have been advocating to make various flexibilities permanent, including many of the licensure flexibilities that were put in place. This article highlights patients who sought providers out-of-state for their rare medical conditions or other health care needs and are now being told their visits would no longer be covered unless they take place in person. This has the potential to impact patient access, including due to foregone or cancelled telehealth appointments.

New Federal Telehealth Data

HHS released new CMS data and an Assistant Secretary for Planning and Evaluation (ASPE) report of Medicare telehealth utilization in 2020 and early 2021. Overall, nearly 53 million virtual visits occurred in traditional Medicare in 2020, compared to about 840,000 in 2019. Of those, nearly all (92%) of visits occurred in patients’ homes, which was not permissible prior to the pandemic.
Furthermore, 44% of Medicare visits were in rural areas and 55% were in urban areas, demonstrating beneficiaries, regardless of location, utilized telemedicine for access to health care services during the pandemic. HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE): Medicare Beneficiaries’ Use of Telehealth in 2020: Trends by Beneficiary Characteristics and Location (12/3) – HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) released a report of Medicare Part B visits and use of telehealth in 2020 during the COVID-19 PHE, including by beneficiary characteristics, provider specialty and location. The analysis found that the share of Medicare visits conducted through telehealth in 2020 increased 63-fold, from approximately 840,000 in 2019 to 52.7 million. The report also found insightful trends on the kinds of services Medicare beneficiaries sought through telehealth. In 2020, telehealth visits comprised a third of total visits to behavioral health specialists, compared to 8 percent of visits to primary care providers and 3 percent of visits to other specialists.

**CMS: Medicare Telemedicine Data Snapshot Overview (12/3)**

CMS released a new data snapshot of Medicare fee-for-service and Medicare Advantage telehealth utilization from March 1, 2020 through February 28, 2021. Overall, more than 28 million beneficiaries used telemedicine – representing a more than 3,000% increase over the previous pre-pandemic period. In addition, 44 percent of rural beneficiaries and 55 percent of urban beneficiaries used telemedicine. Below are additional key findings and discussions from the agency.

Since most of the news feeds and congressional and state govt newsletters are taking a short break this week, I will give you folks a short break on TH briefs this week...Next year with be here soon!
The Covid pandemic has taken a tremendous toll on the mental health status of Pacific Healthcare workers ... and the families of those that couldn’t be bedside with their dying loved ones in the hospitals (over 833,000 covid deaths in the US thus far and over 5.4 million deaths globally).

**AND...** New study release this month: the most wonderful time of the year can also be the most stressful. One in five parents admitted their stress likely negatively impacts their children's enjoyment of the holidays, according to a C.S. Mott Children's Hospital National Poll on Children's Health at University of Michigan Health.

While studies have shown that Covid-19 affects individuals physically, it has also taken a toll on a person's mental health, including among the younger age groups. Traditional gender roles likely come into play here, with mothers taking on many of the chores and shopping tasks of the season.

*CNMI: Commonwealth Healthcare Corp. Chief Executive Officer Esther L. Muna said the Community Guidance Center-Systems of Care has seen a high number of cases, with several individuals seeking care. CNMI hospital is filling up with their current surge, hard on healthcare workers. Guam and CNMI healthcare systems waiting for the Omicron hammer to drop... and Palau now has 2 CV cases in isolation...

*Drug deaths during Covid: More than 100,000 people died of drug overdoses in the United States during the 12-month period ending April 2021, according to provisional data published Wednesday by the US CDC. That's a new record high, with overdose deaths jumping 28.5% from the same period a year earlier and nearly doubling over the past five years. Opioids continue to be the driving cause of drug overdose deaths. Synthetic opioids, primarily fentanyl, caused nearly two-thirds (64%) of all drug overdose deaths in the 12-month period ending April 2021, up 49% from the year before, the CDC's 's National Center for Health Statistics found.

& Suicide rates are up across the board (VA, Japan, America). Please be kind and understanding to all...
WEBINARS TELE-EDUCATIONAL OPTIONS FOR PACIFIC HEALTHCARE WORKERS

All the Anzgita /PBTRC /JABSOM webinars below are cost free to attend for Pacific Frontliners/Healthcare workers

**Pacific Webinar COVID-19 Vaccine Discussions RECORDINGS are Available A special thank you to all the presenters, chairs, and moderators for putting together this webinar series. Special thanks to Miguel at TASI/PBTRC for getting these recordings up. Please drop me an email if you need the link details

**Another Anzgita/PBTRC Program:
*Pacific Island surgeons and clinicians: The USAPI docs get together once a month for Echo style homegrown Pacific Island GASTROENTEROLOGY webinars/seminars that discuss pacific island cases: popular among FAS surgeons.

Also they ran the recent RIPE series: let us know if you need a link to their recordings
Oct 7 Topic: "COVID in remote locations"
Presenter: Dr Sam Heard
Medical Director | Central Australian Aboriginal Congress Aboriginal Corporation
Associate Professor | Flinders University, Medical Director, Central Australian Rural Training Hub
Recording should be coming out soon.

- Topic: "Sharing Fiji's COVID-19 Experience"

Hospital Perspective: Dr. Ravi Naidu
Public Health and National Perspective:
Dr. Anaseini Maisema This is a tremendous opportunity to learn from Fiji’s teams, a Pacific perspective of the COVID-19 outbreak, and management. RIPE Series - Responding in the Pacific Education SeriesCOVID-19 Vaccination seminar series: Pacific focused information and discussions series
Moderated By:
Dr. Meru Sheel, National Centre for Epidemiology and Population Health Australian Nation University, Canberra, Australia
Dr. Adam Jenney, Infectious Disease Physician, The Alfred Hospital, Melbourne
Dr. Mai Ling Perman, President Internal Medicine Pacific, Fiji
Dr Chris Hair, Gastroenterologist ANZGITA, Australia

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ANZGITA

> Video Teleconference Links
> Usually Use the same Link >
> https://uhtasi.zoom.us/j/774557212
> <https://pbtrc.us7.list-manage.com/track/click?u=fa49871ea620a53ca4ccej20ad&id=376d9bdf72&e=7bd62f3b37>

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Other AHEC/Hawaii based ongoing ECHO webinars for the Pacific Islands: Geriatric, Behavior, and Peds Health. These are interactive programs for Pacific providers: ECHO Hawai‘i is a partnership between Hawaii State Rural Health Association, Hawaii Department of Health State Office of Primary Care and Rural Health, Hawaii Area Health Education Center and the Pacific Basin Telehealth Resource Center. Info: echohawaii.org

**Partners: The Pacific Islands GWEP (Geriatrics Workforce Enhancement Program) at JABSOM is partnering with the Healthcare Association of Hawaii, and Mountain Pacific Quality Health, and using the Project ECHO® (Extension for Community Healthcare Outcomes) model to provide education from Quality Improvement, Leadership and Implementation experts and combine this with the opportunity for case presentation and discussion for everyone to share experiences and practical ideas from each other through a community of learning.

Their mailing address is:
JABSOM Geriatrics Department
347 N Kuakini St # HPM-9
Honolulu, HI 96817-2336
The UH Department of GERIATRIC Medicine holds (ECHO interactive ) Grand Rounds presentations on the***Second MONDAY (HST) of each month ****from 12:30-1:30 pm. Same day for AM Samoa
NOTE : TUESDAYs in Micronesia (after second Monday HST)
CMEs and Certificate of Attendance will be provided to individuals who complete an evaluation. If you have questions or comments, please contact Miquela Ibrao, mibrao@hawaii.edu

TIMES : These programs (for CME credits) will be on TUESDAY for MICRONESIA (830 AM for Chuuk /Guam/CNMI/Yap , and 730 for Palau and 930 for Pohnpei -Kosrae and 1030 am for Majuro)
Since its inception, the University of Hawaii/ JABSOM Department of Geriatrics has developed strong educational, clinical and research programs and has frequently been ranked among the top 20 Geriatric Medicine programs nationwide.

**Also: a much needed and popular ECHO pacific program across the FAS, especially during the pandemic, is the BEHAVIOR HEALTH ECHO Resources program, for more info please contact: bhechohawaii@gmail.com

The Behavior Health Schedule calendar notes the interactive webinars are Tuesdays in Hawaii (noon) SO EVERY WEDNESDAY IN MICRONESIA : 8 AM for Guam/CNMI/Chuuk/Yap , 9 am Pohnpei/Kosrae and 10 am for Majuro, 7 am in Palau. Check them out if involved with patients not doing well with the tremendous stress during these lockdowns. THIS next and EVERY WEDNESDAY. This webinar is a Kosrae favorite at brother Nena’s CHC Telehealth Center in Toful
**PBTRC.org** continues to work hard with the PIHOA & UH-JABSOM & Shriners Hospital to keep the TH momentum going forward across the USAPI health systems and to support, among others, the ongoing, and very important to the children of the Pacific, Shriners Hospital for Children in Honolulu (great Commercials on CNN news from Shriners) Telehealth/VTC conferencing is used by the Shriner Teams operation in the FAS for going on 30 years.

The Shriner Orthopedic team helps treat the FAS children with Orthopedic concerns (www.shrinershospitalforchildren.org). Contact Telehealth coordinator Susan Yamamoto (SYamamoto@shrinenet.org) for the upcoming neighboring island & western pacific schedule...

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Telehealth is here to stay and can greatly improve healthcare across the FAS. Our website has QUICK START guides, and BEST PRACTICE videos, etc. Also our other Telehealth Resource Centers (TRCs) have much information.

NOW translation services available for some Pacific Languages

** Again: Use the UH PBTRC Helpline if any Telehealth questions Available Weekdays 9:00AM to 5:00PM HST 808.956.2897

*If you have or know of New TELEHEALTH Initiatives or success stories? Let us know. komol tata all.

To a healthy Pacific. If in an infested area outside your FAS/USAPI bubble, show respect with your mask... wash hands often... protect the Nene/Keiki/kids... Get vaccinated, believe in science, live smart & safe... we will get through this, Omicron and all... together, the Pacific Way. LLTNs
Globally:... Tracking World Totals (as per more conservative reports by Worldmeter and JHU): We note that with mail order and home test kits available (antigen type quick test), we now have thousands of positive cases that are not symptomatic and are just home isolation cases and not reported.

The new reported daily case numbers (due to Delta, now Omicron) in this new winter wave (for the Northern Hemisphere), are higher than any other surge since the pandemic started 24 months ago: 1,600,000 new cases yesterday! That is double last week's numbers...

Weekly average (to Dec 29) up above a million a day! GOOD news: the weekly reported Average DEATH rate/day remained at just over 7,000 day...so it still looks like Omicron is very contagious but not more deadly than the 'Delta' dude (which is still around) ...plus the world's vaccination rates are slowly rising which helps keep the death rate down...

The WHO advises: In much of the world, it might be time to rethink their New Year Eve festive plans... “an event canceled is better than a life canceled.”

*US: The US average weekly new case numbers doubled this week to more than 304,000 new Covid-19 cases a day this last week... Daily case numbers up (over 665,000/day yesterday).

Deaths across the US dropped a bit last week, with the weekly average of 1150/day.

The Omicron variant was estimated to be 58.6% of the coronavirus variants circulating in the US for the week ending Dec. 25, according to data from the U.S. CDC...

*General global: Almost 900,000 cases were detected on average each day worldwide between Dec. 22 and 28. A number of countries posted all-time highs during the previous 24 hours, including Argentina, Australia, Bolivia, the United States and many nations in Europe.

*French Health Minister Olivier Veran told lawmakers France was seeing a "dizzying" rise in cases, with 208,000 reported in the space of 24 hours - a national and European record. Britain, Italy, Spain, Portugal, Greece, Cyprus and Malta all registered record numbers of new cases on Tuesday.

* Britain reported 183,037 COVID-19 cases on Wednesday, a new record and over 50,000 more than the previous high registered just a day earlier, government statistics showed. Ireland, too, reported record cases on Wednesday, with more than 16,000 new infections. Omicron now accounts for roughly 90% of all community infections, according to health officials.

*China’s local symptomatic coronavirus cases rose for a fourth consecutive day on Monday, with Xian city reporting more infections in a flare up that has put 13 million residents under lockdown.
Researchers in South Africa found that a key part of the immune system's second-line defense - its T cells - are highly effective at recognizing and attacking the Omicron variant, preventing most infections from progressing to critical illness.

Pacific: Australia registered almost 18,300 new cases, eclipsing Tuesday's previous pandemic high of around 11,300.

* Hawaii number of daily cases fluctuates between 2400 and 1561 (today). Guam around 10 to 25 a day (no omicrom confirmed in the Marianas), CNMI still surging with 122 new cases a day.

*Japan braced for a feared rebound in coronavirus cases as the highways and airports filled with travelers at the start of New Year's holidays on Wednesday. Community transmission of Omicron has been found in eight prefectures so far, according to a Jiji news agency tally. The variant may comprise 90% of Covid-19 cases in Osaka by early next month, according to a projection released on Tuesday by Kyoto University professor Hiroshi Nishiura. Concerns that Omicron may be more infectious and evade vaccine protections have prompted Prime Minister Fumio Kishida to accelerate Japan's booster shot program and maintain some of the world's strictest border restrictions. New Covid-19 infections have ticked up in recent weeks, reaching 385 nationwide on Tuesday. Even so, serious cases and deaths have stayed low, aided by a vaccination push that has fully inoculated almost 80% of the population.

*notes from Simon in HONG KONG: (Dec 28) Hong Kong hopes to enter the New Year with its border security measures unbroken, but given how pervasive the Omicron variant has been elsewhere, it is now not only stiffening its defenses, it is making sure it has the healthcare capacity in place to deal with an outbreak should it occur. Meanwhile, official New Year celebrations are more extensive than last year and both sides of the harbour will be alive with music and light shows from West Kowloon and the Central waterfront. Hong Kong stats as of today: population 7.5 million: all time Covid cases 12,599: all time deaths 213: current cases in the community zero; population having received at least one dose of a Covid vaccine 72%. cheers SP/HK
OPENING up/closing down/restrictions:
*Many countries moving to put back restrictions with emerging Omicron spreading but others are trying to keep economies going and are accepting a world that includes a level of ‘omicron’ in the world but controlled by testing, boosters, shorter isolation periods and masking.

“nations are trying to strike a balance: How do we do good public health principles at the time we don't have to get to the point where you’re forced to essentially shut the country down,” Anthony Fauci, the U.S. government’s top infectious disease official, told MSNBC in explaining the CDC’s new guidance.

* CDC on Monday shortened the recommended times that people should isolate when they’ve tested positive for Covid-19 from 10 days to five days if they don't have symptoms -- and if they wear a mask around others for at least five more days. The CDC also shortened the recommended time for people to quarantine if they are exposed to the virus to a similar five days if they are vaccinated.

*Boosters greatly lower the risk that someone will get infected and pass the virus to someone else, the CDC said.

“Data from South Africa and the United Kingdom demonstrate that vaccine effectiveness against infection for two doses of an mRNA vaccine is approximately 35%. A COVID-19 vaccine booster dose restores vaccine effectiveness against infection to 75%,” it said.

*The US Food and Drug Administration last week authorized Merck's antiviral pill, molnupiravir, to treat Covid-19 “for the treatment of mild-to-moderate coronavirus disease (COVID-19) in adults with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death, and for whom alternative COVID-19 treatment options authorized by the FDA are not accessible or clinically appropriate.” This is the second Covid-19 antiviral pill authorized for ill people to take at home, before they get sick enough to be hospitalized. Previously, FDA authorized Pfizer’s antiviral pill, Paxlovid, to treat Covid-19, the first antiviral Covid-19 pill authorized in the US for ill people to take at home, before they get sick enough to be hospitalized. High-risk individuals age 12 and older who weigh at least 88 pounds and have a positive SARS-CoV-2 test are eligible for this treatment and will need to have it prescribed by a doctor.

KIDS: While some US teens have been vaccinated for so long that they’re now eligible for Covid-19 boosters, those under the age of 5 still haven't gotten their first shots.

The Pfizer vaccine has been authorized for children 5 and older since late October, and teens 16 and up have been eligible for boosters since December 9. As coronavirus cases in children surge again, vaccine approval for kids under 5 can't come soon enough for many parents. But it looks likely that the youngest children won't get protection from Covid-19 until well into 2022.

In another setback, Pfizer announced last week that it was amending the clinical trial of its vaccine in children 6 months to 5 years old.
In 2021, the Alliance for Connected Care and other TELHEALTH proponent groups were instrumental in the formation of numerous group efforts to influence federal and state policymakers, advocated directly to Congress, and continued to build evidence and information needed to support permanent telehealth.

While the continuing public health emergency (PHE) delayed action by Congress on telehealth, we believe we are well positioned to ensure there is action before the end of the PHE. As more and more data comes out on telehealth, policymakers are coming to see the value of virtual care and coming to understand that this access generally does not lead to inappropriate or unnecessary health care utilization.

**Commercial Insurance**

The TH Alliance groups helped shape thinking on Capitol Hill and convened stakeholders to advocate for the need to extend flexibilities around the telehealth safe harbor enacted in the CARES Act for individuals with high-deductible health plans coupled with a health savings account (HDHP-HSA) before the impending cliff on December 31, 2021. While this deadline has been missed, we came very close on this in 2021 and believe there is a good chance of success early in 2022.

- **Letter to Congress to Extend the HDHP-HSA Telehealth Flexibility** – The Alliance convened a sign-on letter urging Congress to extend the CARES Act flexibility that enabled employers and insurers to offer pre-deductible coverage of telehealth services for individuals with HDHP-HSAs. This letter was signed by over 70 organizations, which included patient groups, clinician organizations, and employer coalitions. Building on this work, the Alliance advocated for bipartisan legislation in the House and Senate – the Telehealth Expansion Act and the Primary and Virtual Care Affordability Act.
Medicare

The Alliance continues to push for Congress and CMS to make permanent the many telehealth flexibilities provided during the COVID-19 pandemic. The Alliance strongly advocates for Congress to advance permanent telehealth reform including, at a minimum, removing arbitrary restrictions on where a patient must be located in order to utilize telehealth services; ensuring federally qualified health centers, critical access hospitals, and rural health centers can furnish telehealth services; authorizing the Secretary to allow additional telehealth practitioners, services, and modalities; and removing restrictions on telemental health services.

- **430 Group Letter to Congress to Address ‘Telehealth Cliff’** – The Alliance for Connected Care was instrumental in the formation of a group letter to Congress signed by more than 430 national and regional organizations outlining the immediate actions necessary to ensure CMS has the authority to continue to make telehealth services available once the national COVID-19 public health emergency ends, and making clear that Medicare beneficiaries will lose access to virtual care options if Congress does not act, otherwise known as the ‘telehealth cliff.’

State Licensure Flexibilities

The Alliance has been active at the state-level on issues around cross-state licensure and the need to reform outdated licensure laws that impose barriers in access to care for patients.

- **Governor Letter on Maintaining Licensure Flexibilities** – The Alliance co-led a letter signed by more than 230 organizations and sent to all 50 governors stressing the urgency of expiring licensure waivers and the impact on patient access to care. The letter urges state governors to act immediately to ensure patients can access the care they need where they reside and when they need it, and outlines a set of principles to consider for licensure policies that should be in place right now to ensure patient access to care.

DEA Special Telemedicine Registration

The Alliance has continued to advocate for the DEA to issue the long overdue Special Registration for Telemedicine Prescribing of Controlled Substances.

- **Letter to ONDCP Special Telemedicine Registration** – Building on 2020 efforts convening over 80 organizations in a letter to the Drug Enforcement Administration (DEA) calling on the DEA to finalize the special registration for telemedicine, the Alliance continued to push this issue in 2021. A letter to the White House Office of National Drug Control Policy (ONDCP) applauded their inclusion of the telemedicine special registration for the prescribing of controlled substances this year as part of the Biden Administration’s First-Year Drug Policy Priorities. The anticipated registration would enable a practitioner to deliver, distribute, dispense, or prescribe via telemedicine a controlled substance to a patient who has not been medically examined in-person by the prescribing practitioner.
Federal Telehealth Data State of Play

After nearly two years of expanded telehealth access, the federal government is beginning to release data demonstrating telehealth's impact on access to care, quality and outcomes.

HHS Inspector General

HHS OIG Work Plan Items
The Alliance keeps a tracker of HHS Office of Inspector General (OIG) telehealth-related work plan items.

2021 Report Highlights and Key Findings:
Medicare Experience
- Patients are seeing their own providers – Most beneficiaries received telehealth services from providers with whom they had an established relationship. Notably, 84 percent of beneficiaries received telehealth services only from providers with whom they had an established relationship. As demonstrated, beneficiaries and the community do not need arbitrary guardrails like established relationships and in-person requirements to ensure beneficiaries are getting the care they deserve. Patients are maintaining their own providers when possible and appropriate. We believe this will continue but as telehealth models evolve, patients should have the choice to see other providers with whom they do not have a previous relationship.

Medicaid Experience
- Increased access and positive effects – Among states who evaluated their telehealth programs, both found positive effects, and among those basing their judgements on experience, more than half reported telehealth increased access.
- Produced savings – In addition, one of the states that also analyzed its data on access found that, prior to the pandemic, telehealth produced savings of $8,600 in emergency room avoidance for one managed care plan, as well as $484,000 in reduced transportation costs for another managed care plan.
- Recommending licensure reciprocity – OIG recommended states examine the use of licensure reciprocity and compacts – and specifically used the nursing compact as an example of a successful compact.

HHS ASPE Telehealth Reports

Medicare Beneficiaries’ Use of Telehealth in 2020: Trends by Beneficiary Characteristics and Location – HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) released a report of Medicare Part B visits and use of telehealth in 2020 during the COVID-19 PHE, including by beneficiary characteristics, provider specialty and location. The analysis found that the share of Medicare visits conducted through telehealth in 2020 increased 63-fold, from approximately 840,000 in 2019 to 52.7 million.
- The report also found insightful trends on the kinds of services Medicare beneficiaries sought through telehealth. In 2020, telehealth visits comprised a third of total visits to behavioral health specialists, compared to 8 percent of visits to primary care providers and 3 percent of visits to other specialists.
- In addition, the report identified trends in telehealth use by race/ethnicity. Overall, Black people had slightly lower telehealth use than White people, while Asian people and Hispanic people had higher use. However, while White beneficiaries had more telehealth visits overall, the percentage of beneficiaries who had at least one telehealth visit was higher among Black beneficiaries.

State Medicaid Telehealth Policies Before and During the COVID-19 Public Health Emergency – HHS ASPE also issued a report of state Medicaid telehealth policies before and during the COVID-19 public health emergency, finding utilization of telehealth increased more than 20-fold, from roughly 6 telehealth services per 1,000 Medicaid and Children’s Health Insurance Program (CHIP) beneficiaries in February 2020 to over 150 per 1,000 in April 2020. Rates have declined after April but still remained far above the pre-pandemic levels.
CMS Telehealth Data Snapshot

Medicare Telemedicine Data Snapshot Overview – CMS released a new data snapshot of Medicare fee-for-service and Medicare Advantage telehealth utilization from March 1, 2020 through February 28, 2021. Overall, more than 28 million beneficiaries used telemedicine – representing a more than 3,000 percent increase over the previous pre-pandemic period. In addition, 44 percent of rural beneficiaries and 55 percent of urban beneficiaries used telemedicine.

Think globally, act locally...get vaccinated for yourself and help the Global village.

LLTN’s, have a productive holiday season
Take care of yourself and someone else if you can.../bb/PBTRC/ to a healthy pacific