

December 23, 2020

To: <https://rfi.grants.nih.gov/?s=5f89e1e8400f00001a0036f2>

**Re: RFI: Effective and Innovative Approaches/ Best Practices in Health Care in Response to the COVID-19 Pandemic**

On behalf of the Coalition to Transform Advanced Care (C-TAC), we appreciate the opportunity to respond to this RFI on behalf of those living with serious illness.

C-TAC is a national non-partisan, not-for-profit organization dedicated to ensuring that all those living with serious illness, especially the sickest and most vulnerable, receive comprehensive, high-quality, person- and family-centered care that is consistent with their goals and values and honors their dignity. C-TAC is composed of over 170 national and regional organizations including patient and consumer advocacy groups, practitioners, health plans, faith-based and community organizations, and others who share a common vision of improving care for serious illness in the U.S.

Early on in the pandemic, it became clear that people with serious illness were at higher risk for complications<sup>i</sup> and mortality due to the COVID-19 virus. Unfortunately, due to how widespread COVID-19 has been in the U.S, the population of those with serious illness will unfortunately increase as some who recover from COVID-19 will experience long-term or permanent complications. Others who deferred care for minor issues during the pandemic, like hypertension, may subsequently develop more serious conditions, such as heart failure. We therefore support the goal of this RFI to identify successful pandemic-related health care approaches for future application.

As a broad coalition, we are aware of a number of innovative efforts in response to the pandemic and have encouraged the members and partners implementing them to respond to this RFI directly. However, we would like to provide overall comments on a combination of two of the RFI topic areas: telehealth and population-level interventions. There have been numerous efforts that have leveraged the telehealth flexibilities and waivers implemented during the public health emergency on behalf of those living with serious illness. Examples include hospital-based palliative care programs that developed phone hotlines to reach out to patients for check-ins and to remotely address any symptoms, concerns, and discussions about their goals for care in the event that they developed COVID-19<sup>ii</sup>. We are aware of instances where providers were proactively contacting their at-risk seriously ill patients via telehealth and phone to both discuss their individual risk factors for complications from the virus and identify and record their treatment wishes should they become acutely ill. Hospices and other home health providers added telehealth visits as a way to safely check up on patients and reported that these were both welcomed and effective. We

also know of advance care planning organizations such as Respecting Choices who quickly put COVID-19-relevant advance care planning information on their public website<sup>iii</sup> and transitioned their previously in-person clinician trainings to online ones. Many C-TAC members working on advance care planning reported significant increases to their website traffic<sup>iv</sup> or requests for information from the public about designating surrogates and/or completing advance directives.

The rationale for all of these efforts was to use technology to remotely discuss goals, values, and priorities for medical care for those with serious illness. Many patients decided not to come to the hospital if they got sick, or not to be resuscitated or intubated there if they did. It is reasonable to assume that these advance care planning efforts helped reduce the number of patients on life support in acute care settings. Critically, the capacity-increasing impact of this boost in advance care planning can be attributed to providers respecting patients' and families' own choices, rather than institutional rationing protocols intended preserve resources during crisis situations.

We believe that with the appropriate telehealth policy changes such as allowing a patient's home to serve as an eligible originating site and to continue to allow providers to use the advance care billing codes (99497 and 99498) for audio-only telehealth, such innovations could be scaled broadly and permanently. Rather than hinder things in any way, the HHS and CMS policy changes that fostered these innovations should be expanded to allow them to continue going forward.

Thank you for the opportunity to comment on this RFI. If you have any questions, please contact Dr. Marian Grant, Senior Regulatory Advisor, C-TAC, at 443-742-8872 or [mgrant@thectac.org](mailto:mgrant@thectac.org).

Sincerely,

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<sup>i</sup> <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>

<sup>ii</sup> <https://www.capc.org/setting-palliative-care-hotline-your-hospital-or-system/>

<sup>iii</sup> <https://respectingchoices.org>

<sup>iv</sup> <https://ldi.upenn.edu/healthpolicysense/covid-19-has-increased-demand-advanced-care-planning>