



AMERICAN SOCIETY OF HEMATOLOGY

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Scott Serota
President and CEO
Blue Cross Blue Shield Association
225 North Michigan Ave.
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Dear Mr. Serota,

I am writing on behalf of the American Society of Hematology (ASH) regarding the use of telehealth services among the Society's members and the patients they serve. As you know, during the COVID-19 public health emergency (PHE), the Centers for Medicare and Medicaid Services (CMS) relaxed many of the regulations on telehealth services, allowing for increased access to and use of these services. ASH has been and continues to be very supportive of these new flexibilities and continues to advocate for them to remain in place beyond the COVID-19 PHE. This letter outlines which telehealth services ASH members find to be the most valuable for the patients they serve and to them as physicians. The Society would like to see these options available to patients and physicians for both public and private insurance and urges the Blue Cross Blue Shield Association to consider permanently extending coverage and payment for these services beyond the COVID-19 PHE.

ASH represents more than 18,000 clinicians and scientists worldwide who are committed to the study and treatment of blood and blood-related diseases. These disorders encompass malignant hematologic disorders such as leukemia, lymphoma, and multiple myeloma, as well as non-malignant conditions such as sickle cell anemia, thalassemia, bone marrow failure, venous thromboembolism, and hemophilia. In addition, hematologists are pioneers in demonstrating the potential of treating various hematologic diseases and continue to be innovators in the field of stem cell biology, regenerative medicine, transfusion medicine, and gene therapy.

The COVID-19 PHE has highlighted the need for and importance of telehealth in enabling physicians to care for their patients. It has decreased the risk for both parties in contracting COVID-19 and has increased access to care, especially, specialty care, such as hematology. If coverage and adequate reimbursement for these services continue, the use of telehealth will provide benefits beyond the PHE for individuals living with hematologic diseases and disorders but also for many others.

Specifically, ASH requests that the following policies be made permanent, beyond the COVID-19 PHE:

1. Allowing patients to access telehealth from their homes.
2. Providing reimbursement at a rate equivalent to in person visits.
3. Continuing to cover and reimburse audio-only services at a rate equivalent to in-person visits.

Allow Patients to Access Telehealth from their Homes

There is currently a shortage of hematologists, especially those treating non-malignant conditions, such as sickle cell disease, thalassemia, venous thromboembolism, and

hemophilia. Additionally, many hematologic diseases are rare and complex to manage. Patients may not have access to medical experts in their communities, and telehealth can and has helped them receive appropriate care regardless of where they live.

The expanded telehealth services have allowed patients living in rural areas to access hematologists; they have allowed for access to specialty centers for patients with rare diseases and disorders; and, they have provided an opportunity for physicians to reach underserved areas and provide expert opinion in hospitals and others locations where there is no hematologist. ASH requests that patients continue to be able to access telehealth services from their home beyond the COVID-19 PHE.

Provide Reimbursement at a Rate Equivalent to In-Person Visits

While there will always be situations that require a patient to be seen in-person by a physician, when it is appropriate for care to be provided via telehealth, physicians provide the same level of service as they would for an in-person visit. In hematology, specifically, telehealth works well for non-malignant hematology where history and labs are most relevant; for transplant survivors and post chemotherapy nadir/toxicity checks; for survivorship clinics when patients are travelling long distances for an annual wellness visits; for chemotherapy teaching, cancer genetics, palliative care, and quaternary care visits.

Physicians provide the same level of care via telehealth, whether there is a PHE or not, as they would during an in-person visit and therefore, should receive the same level of reimbursement for telehealth services as they do for the comparable level of an in-person office or outpatient visit. Furthermore, for telehealth to continue to be successful, many physicians will require this payment parity; therefore, ASH requests that payment parity is maintained beyond the PHE between telehealth and in-person visits.

Audio-only Services

Coverage and equitable reimbursement for audio-only services has been beneficial to both patients and physicians. Video is not always an option for many patients – technology fails, bandwidth is not strong enough, elderly patients do not know how to access/utilize it. Additionally, many times, the oral conversation between a physician and a patient is the key component (rather than visually seeing the patient), especially for patients with blood diseases. Continued coverage and equitable reimbursement for audio-only services can help keep patients and physicians safe by allowing access to medical care from remote locations without the stress and additional burden of enabling video. ASH requests that coverage and equitable payment for audio-only telehealth services be maintained beyond the PHE.

ASH appreciates your review of these comments and we welcome the opportunity to discuss them with you and your team. Please reach out if ASH can ever serve as a resource on the topics outlined above or on any matter related to hematology. For questions or to schedule a meeting, please reach out to Leslie Brady, ASH's Policy and Practice Manager, at lbrady@hematology.org.

Sincerely,



Martin S. Tallman, MD
President