Association of
American Medical Colleges
655 K Street, N.W., Suite 100, Washington, D.C. 20001-2399
T 202 828 0400 F 202 828 1125
www.aamc.org

Via electronic submission (www.regulations.gov)

December 24, 2020

Eric Hargan
Deputy Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Effective and Innovative Approaches/Best Practices in Health Care in Response to the COVID-19 Pandemic; Request for Information (RFI)

Dear Deputy Secretary Hargan:

The AAMC welcomes the opportunity to respond to Effective and Innovative Approaches/Best Practices in Health Care in Response to the COVID-19 Pandemic; Request for Information (RFI), 85 *Fed Reg* 75021 (November 24, 2020).

The AAMC is a not-for-profit association dedicated to transforming health through medical education, patient care, medical research, and community collaborations. Its members are all 155 accredited U.S. and 17 accredited Canadian medical schools; more than 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and their more than 179,000 full-time faculty members, 92,000 medical students, 140,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

While the COVID-19 pandemic has posed enormous challenges and has placed tremendous stress on our entire health care system, teaching hospitals, medical schools, teaching physicians, and researchers have mobilized on all fronts to treat and mitigate COVID-19 and to freely share the knowledge that they gain with others. We appreciate the opportunity to share this information with HHS.

Coronavirus Clinical Guidance Repository

The onset of the COVID-19 pandemic created an immediate need for healthcare institutions across the country to develop protocols that could guide healthcare workers on how to treat COVID-19 at every stage of interface with the health care system, as well as how to keep healthcare workers safe while treating the disease. The challenges in creating these protocols included the immediate demand for implementation of a coordinated response, the lack of current research or data on COVID-19, and the constantly evolving knowledge of COVID-19 as more data became available. While some larger academic institutions across the country were

able to develop guidance for their own institutions, there was concern that not every hospital or health care system would have the time, resources, and expertise to do so as well as a willingness to share newly gained knowledge. This led to a need for collaboration to avoid duplication of efforts during this critical time and dedicated resources to keep the information updated and current. Clinical leaders at academic medical centers (AMCs) identified a need to rapidly collate, centralize, and circulate accurate and informative guidance from AMCs and other organizations and requested that the AAMC take the lead to address this need.

The AAMC launched the Coronavirus (COVID-19) Clinical Guidance Repository on AAMC's website on April 2, 2020.[1] This online repository is an open access resource for all clinicians and hospitals across the United States. The content is collected from academic medical centers (AMCs), specialty societies, and federal partners. The goal is to identify, summarize, and highlight areas of alignment in clinical practice during the pandemic. The repository also shared evolving information as new knowledge was gained in the fight against COVID-19. The Repository contains information on:

- Basic and Advanced Life Support
- Crisis Standards of Care
- Infection Control
- Emergency Department
- General Inpatient
- Subspecialty Inpatient
- Ambulatory
- Serious Illness Communication/Conversation
- Mental Health
- Special Populations (includes Pediatrics)

In addition, there are Alignment Summaries that display how clinical guidance from different organizations is aligned in a topic area. Current topic areas include: Infectious Disease Treatment, Isolation Precautions, Critical Care Management, Discharge Guidance, In-Person and Remote Ambulatory Care Guidance, Veno-venous Extracorporeal Membrane Oxygenation

The repository has more than 110 documents, toolkits, and resources from more than 25 organizations. Between April 3 and December 17, 2020, the repository has had more than 23,000 pageviews and more than 15,000 users with several hundred first-time visitors each week.

AAMC has also collaborated with the HHS/ASPR in being a sponsor and regular participant for the HHS/ASPR COVID-19 Clinical Rounds. Links to the recorded sessions of these Clinical Rounds are posted on the Clinical Guidance Repository and AAMC senior staff are regular panelists on these Clinical Rounds.

[1] The repository is available at https://www.aamc.org/coronavirus-covid-19-clinical-guidance-repository

Telehealth

In response to the COVID-19 public health emergency (PHE), Congress and CMS established many waivers and regulatory changes to address the crisis by facilitating the widespread use of telehealth and other communication technology-based services. Teaching hospitals, faculty physicians, and other providers have responded to the PHE by rapidly implementing telehealth in their practices in order to provide continued access to medical care for their patients. Physicians have been able to monitor non-critically ill COVID-19 positive patients, manage patients with acute needs and continue care for those with chronic disease who can be cared for without risking a visit to the hospital or clinic, and provide care for many Medicare beneficiaries without imposing the burden of travel. Flexibilities also allowed medical residents to provide care for patients remotely while receiving appropriate supervision from teaching physicians via interactive audio-visual technology. At the onset of the COVID-19 pandemic, we heard from faculty practices that on average they were providing approximately 50% of their ambulatory visits via telehealth, a dramatic increase from the use of telehealth prior to the pandemic. The development of telehealth capabilities has required investing significant resources in the requisite technology, training, and infrastructure.

The use of telehealth has been of great benefit for patients, especially during the public health emergency. It expands access to care for the frail or elderly, for whom travel to a provider or facility is risky or difficult even when there is no pandemic. Physicians can effectively use telehealth to monitor the care of patients with chronic conditions, such as diabetes and heart conditions, reducing their risk of hospital admissions. Telehealth enables access to services for patients with limited local healthcare resources, such as those in rural communities, and to those with limited transportation options. Telehealth also protects patients, providers and staff from avoidable exposure to infectious diseases, such as COVID-19 and the seasonal flu. The use of telehealth enables specialists, such as pediatric specialists and critical care physicians, to bring their skills to the bedside of a child or adult in need in hospitals in the community that do not have those specialists available onsite.

Analyses of surveys of more than 30,000 patients conducted by Press Ganey for services in March and April 2020 show that patients are overwhelmingly positive about their virtual interactions with health care providers.[2] Beyond aiding with the COVID-19 response, telehealth offers the long-term promise of expanding quality healthcare in the future, particularly to individuals with limited access to services, individuals with disabilities, and elderly patients who have difficulty traveling. Telehealth will remain one of the many ways healthcare is delivered in the future.

Resources highlighting the role of telehealth at AMCs, AAMC efforts to promote effective telehealth adoption in clinical care and training, and more can be found at *aamc.org/telehealth.*

[2] Press Ganey, T*he Rapid Transition to Telemedicine: Insights and Early Trends* (May 19, 2020). https://www.pressganey.com/resources/white-papers/the-rapid-transition-to-telemedicine-insights-and-early-trends?s=White_Paper-PR

Interprofessional Consults

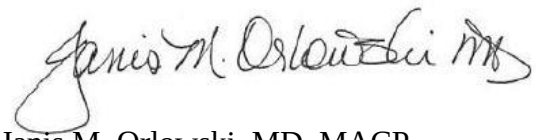
During the COVID-19 pandemic, there has been in increase in physician interprofessional telephone/internet consultations in inpatient and outpatient settings, which has enabled better access to quality care for patients while limiting exposure to COVID-19.

Over the past 6 years, the AAMC has collaborated with 35 academic medical centers and children's hospitals through Project CORE (Coordinating Optimal Referral Experiences) to implement interprofessional internet consultations, or eConsults. In the CORE model, eConsults are an asynchronous exchange in the EHR that are typically initiated by a primary care provider (PCP) to a specialist for a low acuity, condition-specific question that can be answered without an in-person visit. The model utilizes specialty and condition-specific templates to enable focused clinical exchanges between providers. A high quality eConsult includes a clear clinical question that can be answered with information available to the specialist in the EHR, and the response includes clear recommendations, a rationale and a contingency plan. There is an expectation that the specialist will respond within 72 hours; however, response times have averaged closer to 24 hours at most centers. The program has demonstrated improvements in timely access to specialty input, reductions in unnecessary specialty referrals, and increased comprehensiveness and continuity of care for patients with their PCP. Additionally, eConsults promote presenteeism in the workplace, as patients obtain the benefit of specialty input in their care, without having to take time off to make a visit to see the provider in person.

During the COVID-19 PHE, CORE AMCs have found the eConsult to be a highly valued service by both providers and patients as it minimizes the risk of exposure and provides support to PCPs in managing their patients virtually. In addition, the eConsult is an asynchronous, provider-to-provider communication that does not require any additional technology and can be completed at the providers' convenience, enabling easy access to the service (and its benefits) for both patients and providers. In our evaluation of CORE through the CMMI HCIA project, we found that eConsults enabled timelier access to specialty input, led to a decrease in utilization of specialty services and costs, and resulted in positive patient and provider experience. Additionally, 86% of eConsults were resolved without a need for a visit to that specialty in 90 days, saving patients direct out-of-pocket expenses and other indirect costs. Modifications that enable billing of this service will help to further scale and sustain this valuable provider-to-provider clinical service. More information about eConsults and Project CORE can be found at *aamc.org/econsults.*

The AAMC appreciates your consideration of the above comments. Should you have any questions, please contact Gayle Lee at galee@aamc.org or Ivy Baer at ibaer@aamc.org

Sincerely,



Janis M. Orlowski, MD, MACP
Chief Health Care Officer