

EDITORIAL

Changing the norms for how telehealth is provided



The pandemic brought huge usage changes to telehealth. Prior to the COVID-19 pandemic, around 15,000 Medicare beneficiaries took part in telehealth visits every week. The Centers for Medicare and Medicaid (CMS) rules previously stipulated that only certain populations were eligible for these visits to be reimbursed. The pandemic changed all that. By the end of April 2020, almost 1.3 million Medicare beneficiaries¹ received telehealth visits each week, and CMS agreed to cover 144 additional services at least through the public health emergency. Of the country's 63 million Medicare beneficiaries, about 24.5 million participated in telehealth between mid-March and mid-October 2020.

While telehealth clearly exploded during the pandemic, the extent it will continue to be reimbursed is uncertain, after the pandemic ends. "Telehealth has been held back by reimbursement issues," said Gauthier. Some of the allowances and reimbursement changes will be permanent, and others will be evaluated. Congressional approval will be needed for some changes.²

Especially during the pandemic's early days, transplant patients were understandably nervous to go to their doctor's offices or get routine blood draws completed. In response, Natera developed and funded the [ProReach Program](#), so treating nephrologists could order a mobile phlebotomist to collect blood samples from patients at their homes. This way, patients could avoid potential exposure at a medical or laboratory site.

This also allowed patients to be monitored remotely. "We want to make sure their treating physicians are not missing any rejection signs," which can be reassuring to both the doctor and patient, said Gauthier. Natera offers a complimentary mobile phlebotomy service, while insurance typically covers lab processing. "We realized how important this was during the pandemic, so we provided the service because it was the right thing to do."

Nephrologists like Wayne Kotzker, MD found that ProReach was helpful to his patients, as the phlebotomist could draw all serum

samples at once. "The patient is only stuck once, which is a benefit for patients who are going for frequent labs to be able to get the Prospera test and their complete transplant profile at the same time. That includes their drug levels, serum creatinine and even some of the other routine tests we get on the transplant patient on a regular basis," said Kotzker, a general clinical nephrologist at Florida Kidney Physicians.



"Having the Prospera test and its reliability makes me more confident that when I am taking care of the patient, I am caring for them and making better decisions"

WAYNE KOTZKER, MD

With the ProReach program, Natera's mobile phlebotomist can draw blood for 15 tests plus Prospera. That includes BK Virus, Hemoglobin A1c, CBC, Lipid Panel Magnesium, Comprehensive Metabolic Panel, Phosphate, COVID Antibody, Sirolimus Levels, Cyclosporin Levels, Tacrolimus Levels, Cytomegalovirus, Uric Acid, Epstein-Barr Virus, Urinalysis, Everolimus Levels, and Prospera. Doctors like Kotzker find it simple to place the Prospera order in the provider portal while requesting a mobile draw for the patient. The phlebotomist schedules the visit based on the patient's availability, and then coordinates shipping to Natera and its partner lab. Results are shared on Prospera's standard delivery channels and the routine lab channels.

While it took some effort to get ProReach set up during the pandemic, "we learned that patients and physicians placed a high value on remote services, and the ProReach program worked well," said Gauthier. "We always wondered if we could individualize the follow-ups, and we learned from ProReach that we can."

Natera plans to extend this service post-pandemic as it has been a value-added service to patients and physicians.

REFERENCES

1. CMS newsroom, press release, 12/1/20. Trump Administration Finalizes Permanent Expansion of Medicare Telehealth Services and Improved Payment for Time Doctors Spend with Patients. <https://www.cms.gov/newsroom/press-releases/trump-administration-finalizes-permanent-expansion-medicare-telehealth-services-and-improved-payment>
2. American Telemedicine Association newsroom, 12/2/20. The American Telemedicine Association Responds to CMS Physician Fee Schedule Final Rule That Permanently Expands Medicare Telehealth Services <https://www.americantelemed.org/press-releases/the-american-telemedicine-association-responds-to-cms-physician-fee-schedule-final-rule-that-permanently-expands-medicare-telehealth-services/>