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Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1701-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

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CEO and Medical Director

Dear Administrator Verma:

The American Psychiatric Association, the national medical society representing more than 37,800 psychiatric physicians, appreciates the opportunity to provide comments on CMS's proposed rule, "Medicare Program; Medicare Shared Savings Program; Accountable Care Organizations—Pathways to Success." Specifically, the APA would like to provide CMS with information regarding telepsychiatry research and clinical practice in response to the elements of the proposed rule regarding the expansion of reimbursement for telehealth services within Medicare ACOs.

Overall, the APA is supportive of CMS's proposal to expand telehealth reimbursement by waiving certain geographic and originating site restrictions, allowing patients to be seen in their homes by psychiatrists practicing at a distance, regardless of whether they reside in a health professional shortage area (HPSA). These two restrictions have historically been barriers to access to quality psychiatric care for Medicare beneficiaries, resulting in the limited use of much-needed mental health services. Telepsychiatry has seen a significant uptick in use among clinicians over the past decade and an ever-growing evidence base suggests that treatment via telepsychiatry demonstrates similar outcomes to in-person care and, in some cases, better outcomes—especially with certain populations, cultural groups, or clinical diagnoses.^{1,2}

Telepsychiatry can also help to mitigate the stigma around seeking treatment for mental health conditions (in rural and urban locations alike) and can also be used to address the geographic and numeric maldistribution of psychiatrists across the United States. Eliminating the originating site and geographic requirements not only benefits patients with limited access to a psychiatrist in rural communities, but also for those who reside in urban areas whose physical or psychiatric diagnoses make it difficult to leave their homes to visit the doctor.

¹ Yellowlees P, Marks S, Hilty D, Shore JH: Using e-health to enable culturally appropriate mental healthcare in rural areas. *Telemed J E Health* 2008; 14:486–492

² Hilty DM, Yellowlees PM, Parish MB, et al. Telepsychiatry: Effective, evidence-based and at a tipping point in healthcare delivery. *Psych Clin N Amer* 2015;38(3):559-592.

While the cost associated with expanding telehealth reimbursement in Medicare has been a concern of CMS's for some time, the APA would like to highlight that the cost of untreated mental illnesses, including substance abuse, should also be factored into the bigger picture of providing better access to mental healthcare to beneficiaries. The current disease burden of mental illnesses and substance use disorders in the United States is very high, with 44.7 million adults experiencing a mental illness at any given time, 20.1 million with a substance use disorder, and 3.4 million with comorbid mental illness/substance use disorder diagnoses. The economic impact of these illnesses left untreated is also very high, with about \$38.5 billion in emergency room care,³ \$132.6 - \$351 billion in those who have medical comorbidities with mental illness,⁴ and \$193.2 billion in lost productivity.⁵ Improving access to mental health services through telepsychiatry, which is proven to be as effective as in-person care, has the potential to alleviate the cost of untreated mental illness.

The APA appreciates the opportunity to provide these comments to CMS. For more information about APA's work around telepsychiatry, please visit <http://www.psychiatry.org/teletoolkit>. If you should have any questions or would like further information, please feel free to contact Nathan Tatro, APA Health Information Technology Specialist, at ntatro@psych.org, or (703) 907-8608.

Sincerely,



Saul Levin, M.D., M.P.A.
CEO and Medical Director

³ E.R. Costs for Mentally Ill Soar, and Hospitals Seek Better Way", last modified December 25, 2013, <http://www.nytimes.com/>

⁴ Melek, S and Norris, D, Chronic conditions and comorbid psychological disorders, Milliman Research Report, July 2008

⁵ Kessler, RC, Heeringa S, Lakoma MD, Petukhova M, Rupp AE, Schoenbaum M, Wang PS, Zaslavsky AM. The individual-level and societal-level effects of mental disorders on earnings in the United States: Results from the National Comorbidity Survey Replication. *American Journal of Psychiatry*, 2008 May.