December 23, 2020

CAPI Meena Vythilingam  
Director, Center for Health Innovation  
Office of the Assistant Secretary for Health  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W., Room 715-G  
Washington, D.C. 20201  
Submitted electronically to http://www.regulations.gov/

RE: HHS-OS-2020-0017, Effective and Innovative Approaches/Best Practices in Health Care in Response to the COVID-19 Pandemic; Request for Information (RFI)

Dear Capt. Vythilingam,

The Children’s Hospital Association appreciates the opportunity to provide feedback to the Department of Health and Human Services (HHS) request for information seeking feedback on innovative approaches to health care in response to the COVID-19 pandemic. The pandemic has had a devastating impact on our nation’s children’s hospitals and children’s overall health and wellbeing. The traumatic stress and uncertainty surrounding the pandemic will have long-term implications for children’s mental, emotional and behavioral (MEB) health and it is critical that access to children’s health care services is preserved. We commend HHS for its efforts to identify best practices developed by health care providers during the pandemic and welcome the opportunity to discuss how children’s hospitals have pivoted to meet the needs of children during the COVID-19 pandemic, particularly in the areas of MEB health and telehealth, but serious challenges remain.

Children’s hospitals are a vital safety net for all children, treating children across the country who are uninsured, underinsured and enrolled in Medicaid. Although they account for less than 5% of hospitals in the United States, children’s hospitals care for almost one half of children admitted to hospitals and serve the majority of children with serious illnesses and complex or chronic conditions. A majority of the patients treated at children’s hospitals are enrolled in the Medicaid program and many require highly specialized and complex care.

Medicaid is the backbone of coverage for children in the United States. Children represent nearly half of all enrollees in the Medicaid program, with approximately 36 million children receiving their health care coverage through Medicaid at some point during a year. The program provides affordable coverage with pediatric appropriate benefits for children in low-income families and is a lifeline for children with special health care needs and chronic or complex conditions. During the coronavirus pandemic, Medicaid has been a critical first responder to the needs of children and families resulting from dual public health and economic crises.

As HHS looks to innovative models or best practices implemented during the pandemic to inform or improve future HHS priorities and programs, we encourage the agency to consider the unique short-term and long-term health care needs of children. We offer two areas for HHS to explore in-depth—behavioral health and telehealth.

Champions for Children’s Health
Behavioral health

The effects of the coronavirus pandemic have exacerbated a severe MEB health crisis in the United States and have introduced additional and traumatic stress for children and families, including parental unemployment and social isolation. Prior to the start of the pandemic, children’s hospitals were innovating in response to the already growing need for MEB health care services, including access challenges due to a shortage of behavioral health providers. These access challenges are a barrier to early intervention services that minimize or prevent the need for crisis care interventions. Children’s hospitals are seeing children and adolescents arrive at their emergency departments in a mental health crisis, perhaps as a result of a self-inflicted injury or their families identified the emergency department as their only access point for care. The additional stress of the pandemic has also increased the need for additional supports for children with existing MEB health conditions. Children’s hospitals are continuing to innovate in response to the growing need to provide crisis care services and additional supports during these unprecedented times. In addition to supporting the flexible policies that have helped address this crisis, there is more that needs to be done now and post-pandemic to ensure children get the behavioral health care that they need.

Crisis care interventions

Children’s hospitals have reported an increase in the number of children and adolescents that are presenting in their emergency departments in a MEB health crisis in recent years. During the pandemic, children’s hospitals are seeing children with more severe conditions coming into their emergency rooms. This has exacerbated an existing challenge children’s hospitals are facing related to a shortage of beds. Hospitals have reported that they do not have enough beds to support children in crisis situations. There are also ongoing challenges with attempts to adapt existing beds that are not designated as psychiatric beds. As a result, a growing number of children are “boarded” in children’s hospital emergency departments because there are not alternative placement options. Hospitals have been able to stabilize children during a crisis situation; however, they have identified gaps in their ability to counsel patients, identify the best referral care option or follow up with families to make sure they found necessary, ongoing care.

A number of children’s hospitals have innovated in response to this growing need for access to mental health services by embedding a mental health team of professionals in their emergency departments through various mechanisms, such as time-limited grant funding. Teams may consist of a pediatric psychiatrist, social workers and a navigator to assist patients and their families identify next steps in their care. Studies have shown that such teams have shortened patient stays in an emergency room and cut costs per visit.¹ Most children and youth who come to the emergency department in a mental health crisis situation do not need an inpatient level of care. A designated mental health team is instead able to help them plan for necessary therapy or supportive care following a crisis situation. However, there are currently no dedicated streams of funding to sustain these activities. Children’s hospitals hope the demonstrated success of this model will encourage the exploration of a sustainable federal investment to embed mental health teams at crisis care intervention points, including emergency departments.

Promoting continuity of care and additional supports

The impacts of isolation, financial stress and disrupted routines of the pandemic have placed a tremendous amount of stress on children and their families. As a growing number of children will need access to critical MEB health supports and services, it is crucial that existing care access points are preserved and modified when necessary to support this need. We have seen significant innovation in the use of telehealth to promote continuity of care for MEB health services. Behavioral health visits account for a large number of overall telemedicine visits—up to half of telehealth visits for some hospitals. Children’s hospitals have innovated to modify their care delivery tactics and the services they provide to respond to pandemic-related needs. For example, one hospital developed a new intervention based on cognitive-behavioral therapy delivered via telehealth for patients with autism spectrum disorder, as patients and their families have been especially impacted by the pandemic.

¹ Health Resources and Services Administration, Maternal and Child Health Bureau: Critical Crossroads: Pediatric Mental Health Care in the Emergency Department – A Care Pathway Resource Toolkit, July 2019
thrown off their routines. The intervention focuses on addressing stress and adjustment to the COVID-19 pandemic for patients and families. The provision of this intervention via telehealth has allowed the care team to address the increased stress and meet the needs of these families quickly. Although all of the long-term implications of the pandemic remain to be seen, the impact on children’s behavioral health and wellbeing is anticipated to be severe. It is critical that investments in the provision of MEB health services continue to be made to support the ongoing behavioral health needs of children.

**Telehealth**

During the coronavirus pandemic, telehealth has emerged as a vital tool to increase patient access to needed health care services and transformational to health care delivery. Children’s hospitals were innovating in the telehealth space prior to the pandemic; however, with the widespread adoption of stay-at-home orders and suspension of elective procedures across the nation in an effort to limit the virus’ spread, children’s hospitals ramped up existing telehealth efforts, implemented additional telehealth services and saw significant increases in telehealth visit volume as in-person visit volume decreased. Going forward, children’s hospitals are interested in leveraging learnings from the experience during this crisis and sustaining changes made to telehealth policy during the public health emergency (PHE) to further support innovative telehealth programs and models.

At the outset of the pandemic, the federal government and state authorities acted quickly to implement waivers and flexibilities in Medicare and Medicaid programs to respond to the pressing need for health care services and providers. These included flexibilities that enabled the widespread expansion and adoption of telehealth such as reimbursement for telephonic or audio-only telehealth, expanding eligible originating sites to include the patient’s home and increasing payment rates for telehealth services. Preliminary data show that overall delivery of health care services to children with Medicaid or Children’s Health Insurance Program coverage via telehealth increased 2,500% from February to April 2020 over the previous year. Stakeholders as well as federal and state officials have expressed interest in retaining at least some of the telehealth policy changes adopted during the PHE. Whereas Medicare telehealth policies are national, there is greater variation in telehealth policies across state Medicaid programs. Although Medicaid programs already had more flexibility than Medicare to cover telehealth prior to the pandemic, additional guidance is needed by the federal government to states on policy changes that would support broader access to telehealth services, such as audio-only.

Innovations in telehealth delivery have helped children’s hospitals support families and communities throughout the pandemic by adapting to the changing circumstances and needs of their patients and continue to provide care within their communities and beyond. These service innovations range from texting families results of COVID-19 tests, conducing aspects of well-child visits, delivering rehabilitation services via telehealth and providing in-hospital consultive care via telehealth. Although telehealth services cannot address all aspects of care, like immunizations or more comprehensive services, it has promise to improve access to care and continuity of care. Other efforts, such as ECHO programs that create a virtual learning community with primary care providers and content experts with the goal of increasing access to needed services, also reflect telehealth innovations that can improve care for children. For example, developing an ECHO program to assist providers in subspecialty settings that treat children and youth with special health care needs implement influenza vaccine programs.

**Hybrid models of care delivery**

Many health care providers, including children’s hospitals, shifted from offering in-person visits to offering telehealth services out of necessity after stay-at-home or lockdown orders were implemented in the spring. The percentage of patients “seen” via telehealth modalities vary by specialty and telehealth may be more useful in some specialties or subspecialties than others. One children’s hospital reports that after any technical difficulties were addressed, visit volume for certain MEB services increased over pre-pandemic numbers, as the patient population being treated had been particularly impacted by the pandemic and needed additional support. Generally, as these orders were lifted, telehealth visit volume declined, but remained elevated over pre-pandemic levels. Telehealth visit volume continues to fluctuate depending on whether the provider or patient is located in

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2 Centers for Medicare and Medicaid Services: [Service use among Medicaid & CHIP beneficiaries age 18 and under during COVID-19](https://www.cms.gov) September 2020
an area experiencing a coronavirus surge. Some providers have indicated they intend on maintaining a hybrid model of care balancing in-person and telehealth visits even after the COVID-19 crisis stage is over. There are benefits to the hybrid model, particularly the ability to see children in their home environment in a way that enriches their care plan. This is discussed in additional detail below.

**Ability to observe patients in their home environment**

The ability to observe patients in their home or more familiar settings or situations has been a successful aspect of telehealth delivery, particularly for children with certain MEB health conditions. For children who are being treated for feeding or eating disorders, seeing children eat in their home environment can give their provider better information than what they would observe in the clinic. This approach has been so successful, one children’s hospital’s feeding and eating disorder clinic intends to continue this practice going forward and after the pandemic is over. Using telehealth and seeing the patient in their home can also be beneficial for children experiencing anxiety issues. One intervention for children with anxiety is exposure therapy, an evidence-based treatment that involves gradually experiencing the feared situation. For example, if a child experiences anxiety or fear associated with being bitten by a dog, using telehealth technology their provider can help to guide the child to practice playing with the family’s new puppy in the environment in which they would be interacting with the puppy the most.

**Family engagement**

Telehealth also allows families to become even more engaged with their child’s care through participation aided by the child’s provider. Providers have worked to recreate what would happen in the office while observing children in the home setting and to have the family, at the direction of the provider, interact with their child during the visit. Whether in terms of assessment or therapy, this is an innovative approach. In the example of a child with a feeding or eating disorder, providers can help to coach parents to use mealtime strategies and support their child through challenges while also directly observing how the child responds to those strategies. They can also help parents manage behavior by helping them structure their home to set up rewards systems or do time-out more effectively.

Thank you for the opportunity to highlight the innovative work of children’s hospitals in delivering high-quality care during challenging times. We look forward to partnering with you to support innovations and best practices that improve care delivery for children and their families. If you have questions on our response, please contact Hilary Daniel at hilary.daniel@childrenshospitals.org or Rachel Bonesteel at rachel.bonesteel@childrenshospitals.org.

Sincerely,

Aimee Ossman
Vice President, Policy Analysis