

October 26, 2017

The Honorable Eric Hargan
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, District of Columbia 20201

Dear Secretary Hargan,

In response to the Federal Register notice issued on September 27, 2017,¹ ACT | The App Association's Connected Health Initiative hereby submits comments to the United States Department of Health and Human Services (HHS), providing input on the Draft Department Strategic Plan for FY 2018-2022.

The Connected Health Initiative (CHI) represents a broad consensus of stakeholders across the healthcare and technology sectors. We seek HHS' partnership in realizing the benefits of an information and communications technology-enabled healthcare system. We support HHS in the development of its Strategic Plan and have long worked with Congress, HHS, and other policymakers to advance the adoption and use of digital health tools.

We believe that the ability to successfully accomplish each of HHS' goals depends on the willingness to fully leverage connected health innovations. Connected health technology, which includes both telehealth and store-and-forward/remote monitoring, has demonstrated benefits, including the ability to improve healthcare outcomes and produce significant cost savings.^{2,3} We append to this letter an appendix of studies and data showing the benefits of connected health technologies across key chronic conditions. Despite the broad evidence base supporting the value of connected health technology, Medicare's reimbursement for telemedicine in CY 2014 totaled a meager

¹ Department of Health and Human Services, *Request for Comments on the Draft Department Strategic Plan for FY 2018-2022*, 82 FR 45032 (September 27, 2017), available at <https://www.federalregister.gov/documents/2017/09/27/2017-20613/request-for-comments-on-the-draft-department-strategic-plan-for-fy-2018-2022>

² <http://www.thirdway.org/report/make-telehealth-an-easy-way-for-patients-to-get-care>

³ <http://cchpca.org/research-catalogues>

\$13.9 million.⁴ The failure of Medicare, a bellwether for the American healthcare system, to leverage connected health technology does a disservice to the American public.

CHI believes that the Administration and HHS can do a tremendous amount to embrace medical innovation within existing statutory authority, and without the need for legislative action. At the request of HHS, CHI has undertaken an effort to identify opportunities for the agency to reduce barriers to connected health innovations without congressional action—we shared these opportunities with HHS leadership earlier in 2017.⁵ We strongly urge HHS to consider this stakeholder consensus recommendation document and align our recommendations within the new Strategic Plan.

We fully support HHS' commitment to "enhance the health and well-being of Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services"⁶ through its Strategic Plan and its five goals: (1) the initiative to reform, strengthen, and modernize the nation's healthcare system; (2) protection of the health of Americans where they live, work, and play; (3) strengthening the economic and social well-being of Americans across their lifespan; (4) foster sound, sustained advances in sciences; and (5) promote effective and efficient management and stewardship. Recognizing connected health technology as a cornerstone of HHS' Strategic Plan would be consistent with initial steps to improve the fee-for-service reimbursement system via Physician Fee Schedule reforms, as well as in the future value-based system driven by the new Merit-based Incentive Payment System (MIPS) and innovative Alternative Payment Models (APMs).

In addition to incorporating connected health technologies into the fabric of the Strategic Plan, we strongly urge the introduction of a Secretary-level initiative to promote connected health innovations within Medicare and Medicaid programs, similar to the Department of Veterans Affairs' efforts to prioritize telehealth.⁷ We believe efforts should be tied to the implementation of the 21st Century Cures Act and would help shift CMS culture to embrace the use of connected health technologies across the American healthcare system. Further, with the ongoing implementation of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA),⁸ which replaced the sustainable growth rate with the MIPS and the broad use of APMs, these steps are essential.

⁴ <http://ctel.org/2015/05/cms-medicare-reimburses-nearly-14-million-for-telemedicine-in-2014/>

⁵ Connected Health Initiative, "Connected Health Initiative Letter to Health and Human Services Secretary Tom Price on Agency Recommendations", *available at* <https://static1.squarespace.com/static/57ed48b4f5e23125aa094623/t/5923475ed1758e81719bedaa/1495484254890/05082017-CHI-Input-HHS-Sec-Price-HHS-Recommendations.pdf>

⁶ <https://www.hhs.gov/about/draft-strategic-plan/introduction/index.html>

⁷ See, e.g., https://www.va.gov/geriatrics/guide/longtermcare/telehealth_care.asp.

⁸ Public Law No. 114-10, 129 Stat. 87 (2015).

CHI believes connected health technologies are the most efficient way to help HHS reach its goals of improving healthcare and population health, while decreasing costs. We appreciate your attention to these recommendations, and we look forward to working with HHS at your earliest convenience.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Scarpelli". The signature is fluid and cursive, with a large initial "B" and "S".

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