



October 11, 2019

Administrator Seema Verma
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, District of Columbia 20201

RE: *Request for Information for the Development of a CMS Action Plan to Prevent Opioid Addiction and Enhance Access to Medication-Assisted Treatment (MAT)*

Dear Administrator Verma:

The Connected Health Initiative (CHI) appreciates the opportunity to respond to the Centers for Medicare and Medicaid Services (CMS) on its Request for Information (RFI) for the development of a CMS Action Plan to prevent opioid addiction and enhance access to medication-assisted treatment (MAT).¹ CHI offers its views on connected health technology's role in addressing the nation's opioid crisis, its support of the telehealth services list, and the importance tools such as remote communications technologies should have in curbing this nationwide epidemic.

CHI is the leading multistakeholder policy and legal advocacy effort driven by a consensus of stakeholders from across the connected health ecosystem. CHI aims to realize an environment in which Americans can see improvement in their health through policies that allow for the potential of connected health technologies to improve health outcomes and reduce costs. CHI members are developers and users of connected health technologies across a wide range of use cases. We are active advocates before Congress, numerous U.S. federal agencies, and state legislatures and agencies, where we seek to advance responsible pro-digital health policies and laws in areas including reimbursement/payment, privacy/security, effectiveness/quality assurance, FDA regulation of digital health, health data interoperability, and the rising role of artificial/augmented intelligence (AI) in care delivery. For more information, see www.connectedhi.com.

In addition, CHI engages with a broad and diverse cross-section of industry stakeholders focused on advancing clinically validated digital medicine solutions. For example, CHI is an appointed member of the American Medical Association's (AMA)

¹ <https://www.cms.gov/About-CMS/Story-Page/Opioid-SUPPORT-Act-RFI.pdf>.

[Digital Medicine Payment Advisory Group](#) (DMPAG), an initiative bringing together 15 nationally recognized experts who identify barriers to digital medicine adoption and propose comprehensive solutions revolving around coding, payment, coverage, and more.² CHI is also a board member of Xcertia, a collaborative effort to develop and disseminate mHealth app guidelines that can drive the value mHealth products bring to the market and the confidence that physicians and consumers can have in these apps and their ability to help people achieve their health and wellness goals.³

The National Health Institute reports that more than 130 people are dying each day from opioid abuse.⁴ As noted above CHI has played an active role in supporting CMS' efforts to advance the use of connected technologies like remote monitoring. Connected health technologies can play a key role in curbing the national opioid epidemic and managing chronic conditions that cause Americans to experience acute and chronic pain. CHI supports CMS' development of its Action Plan and is committed to offering meaningful contributions to ending the opioid crisis.

Data and clinical evidence from a variety of use cases continue to demonstrate how the connected health technologies available today improve patient care, prevent hospitalizations, reduce complications, and improve patient engagement, including for those requiring MAT as well as treatment of acute and chronic pain. Connected health tools, including wireless health products, mobile medical device data systems, telemonitoring-converged medical devices, and cloud-based patient portals, are able to fundamentally improve and transform American healthcare. By securely enabling the exchange of health information and incorporating patient-generated health data (PGHD) into the continuum of care, these tools can render meaningful and actionable outcomes. We urge CMS' review of CHI's aggregation of numerous studies that demonstrate the improved outcomes and reduced costs associated with greater use of connected health innovations.⁵ Key use cases, such as software-driven medication adherence systems (among many others), offer the opportunity to effectively minimize the risk of opioid misuse and opioid use disorders (OUD) at low cost and in a convenient way for patients (e.g., using smartphones many already have). CHI calls for the Action Plan to specifically support the role of connected health innovations in minimizing the risk of opioid misuse and OUD and encourage the use of connected health technologies part of the clinical pathway before or during MAT.

CHI notes its support for, and strongly encourages the Action Plan to reflect, CMS' appropriate decision to differentiate Medicare telehealth services from remote communications technologies. While Medicare telehealth services, due to onerous and backwards-facing statutory restrictions, effectively represent only certain live voice and/or video consults in underserved rural areas where the home cannot be an

² <https://www.ama-assn.org/delivering-care/digital-medicine-payment-advisory-group>

³ <http://www.xcertia.org/>

⁴ CDC/NCHS, *National Vital Statistics System*, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2018. <https://wonder.cdc.gov>.

⁵ This CHI resource is publicly accessible at <https://bit.ly/2MblRou>.

originating site of care, remote communications technologies represent a wide range of modalities and technology solutions that enable the periodic collection of PGHD for review by physicians, qualified healthcare professionals, and clinical staff who can update care plans accordingly and make timely interventions that save lives and lower costs for all parties involved. CMS has appropriately made the policy decision not to expose remote communications technologies to the restrictions in Section 1834(m) of the Social Security Act, and it is important that the Action Plan reflects CMS' policy by ensuring that Medicare telehealth services are not conflated with remote communications technologies.

Despite the proven benefits of connected health technology to the American healthcare system, statutory restrictions and CMS regulatory-level policy decisions (among other constraints) inhibit the use of these solutions. As a result, utilization of digital health innovations is disconcertingly low, despite their ability to drastically improve beneficiary outcomes as well as generate immense cost savings. For example, CMS coverage of remote monitoring was relatively anemic until CY2018 when CPT® Code 99091 was unbundled, and the following year (CY2019) when CMS activated and paid for three new remote physiologic monitoring (RPM) codes. CMS has also recently ensured that RPM utilization by home health agencies, as well in key alternative payment models such as the Medicare Shared Savings Program (MSSP) and Medicare Advantage. CHI strongly encourages CMS' Action Plan to recognize and build on these positive developments in reimbursement that are poised to improve the lives of countless Medicare beneficiaries experiencing acute and chronic pain.

CMS also took crucial steps in 2017 to promote flexible use of remote monitoring innovations in the Quality Payment Program (QPP). For example, as part of the QPP's merit-based incentive payment system (MIPS) rules, CMS adopted an Improvement Activity (IA) that CHI proposed—IA_BE_14 (Engage Patients and Families to Guide Improvement in the System of Care)—which incentivizes providers to leverage digital tools for patient care and assessment outside of the four walls of the doctor's office. The IA incentivizes providers to ensure that any devices they use to collect PGHD do so as part of an active feedback loop. CHI is encouraged that CMS assigned high weight and linkage to an Advancing Care Information bonus to this IA, signaling to providers that CMS acknowledges the important role connected health tools can play in improving health outcomes and controlling costs. While this progress represents important pro-digital health policy changes that are long overdue, the pace of uptake for digital health innovations in the Medicare system continues to lag when compared to the well-established benefits and efficiencies this cutting-edge technology offers. As a community, we continue to support CMS' efforts to utilize advanced technology to augment care for every patient. With the congressionally mandated shift from fee-for-service to value-based care in Medicare approaching, CMS' efforts in continuing to advance the range of connected health innovations that will help American healthcare improve outcomes and cost savings are essential. CMS' Action Plan should specifically address how value-based medicine, using connected health technologies, can minimize the risk of opioid misuse and OUD.

Furthermore, CHI notes its support for CMS' proposed expansion of the Medicare telehealth services list in the CY2020 Physician Fee Schedule to include the following codes, which the Action Plan should reflect and build upon:

- HCPCS code GYYY1 (Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month);
- HCPCS code GYYY2 (Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month); and
- HCPCS code GYYY3 (Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (List separately in addition to code for primary procedure).

CHI further notes its support for the SUPPORT Act, which has removed the geographic limitations for telehealth services furnished to individuals diagnosed with a substance use disorder (SUD) for the purpose of treating the SUD or a co-occurring mental health disorder. Again, we believe the Action Plan should reflect and build upon this policy change.

CHI again appreciates the opportunity to submit comments to CMS about its RFI concerning a prevention plan for opioid addiction and enhancing MAT. We look forward to the opportunity to further work with CMS and other stakeholders towards realizing the most successful Action Plan.

Sincerely,



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