ACT
The App Association

ALLIANCE for CONNECTED CARE

AMERICAN TELEMEDICINE ASSOCIATION

ABHW
Association for Behavioral Health and Wellness
Advancing benefits and services in mental health, substance use and behavior change.

Baxter

caresync

Cerner

CHRISTUS Health


Health Tech Strategies, LLC

HEALTHCARE LEADERSHIP COUNCIL

Hill-Rom
Enhancing Outcomes for Patients and Their Caregivers.™

HIMSS
transforming health through IT™

intel

LifeWIRE

NATIONAL ASSOCIATION OF Community Health Centers

Panasonic

Personal Connected Health Alliance

QUALCOMM

SAMSUNG

TIA
ADVANCING GLOBAL COMMUNICATIONS

third way
fresh thinking

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

January 26, 2016

The Honorable Orrin Hatch
Chairman, Committee on Finance
United States Senate
104 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member, Committee on Finance
United States Senate
107 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Johnny Isakson
United States Senate
131 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Mark Warner
United States Senate
475 Russell Senate Office Building
Washington, D.C. 20510

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson and Senator Warner:

The undersigned organizations commend you for your leadership in undertaking a bipartisan process to improve the lives of Medicare beneficiaries that have chronic diseases. Representing a broad consensus of stakeholders seeking to realize the benefits of information and communications technology (ICT) in the care Medicare beneficiaries receive, we believe that a 21st Century health care system must integrate the use of technology. The Policy Options document[1] you have developed is a crucial vehicle towards modernizing Medicare, and we commend you for including recommendations and proposals that acknowledge the important contributions that telehealth and remote patient monitoring (RPM) can make toward improving the care of chronically ill Medicare beneficiaries. We write to urge for your incorporation into the Chronic Care Working Group's effort a key bipartisan bill that addresses the need for the Medicare program to leverage telehealth and remote monitoring.

Our collective goals are aligned with yours: to support policies that improve disease management, streamline care coordination, improve quality, improve patient satisfaction and reduce costs. We believe, based on a well-established and growing body of evidence,[2] that telehealth and remote patient monitoring are important tools in achieving those objectives. In the past we have shared, and we append to this letter, data with the Senate Finance Chronic Care Working Group staff that demonstrates that the use of these tools can reduce admissions and re-admissions, improve care coordination, enhance access to care, better engage patients, improve efficiency and convenience, and facilitate appropriate substitution of high cost care settings for low cost settings.

As you know, Senators Schatz, Wicker, Cochran, Cardin, Thune, and Warner have been working with others to develop the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act, a consensus legislative approach to providing Medicare beneficiaries with access to telehealth and RPM. We and other key stakeholders that regularly convene through a coalition

[1] http://www.finance.senate.gov/release/hatch-wyden-isakson-warner-release-chronic-care-options-paper.

[2] *See* Hindricks, et al., The Lancet, Volume 384, Issue 9943, Pages 583 - 590, 16 August 2014, doi:10.1016/S0140-6736(14)61176-4. *See also* U.S. Agency for Healthcare Research and Quality ("AHRQ") Service Delivery Innovation Profile, Care Coordinators Remotely Monitor Chronically Ill Veterans via Messaging Device, Leading to Lower Inpatient Utilization and Costs (last updated Feb. 6, 2013), *available at* http://www.innovations.ahrq.gov/content.aspx?id=3006.

to discuss and develop thinking and consensus around telehealth and RPM issues have been working diligently to provide input to their drafting process. As a coalition, we believe that the CONNECT for Health Act represents a consensus approach to finally providing Medicare beneficiaries with access to these important technologies for better health.

The approaches put forward in the CONNECT for Health Act are consistent with a number of the proposals put forward in the Policy Options document, and they have found widespread support from patient and provider groups, as well as the healthcare and technology industries. We applaud your inclusion of recommendations adding telehealth to the annual bid amount for MA plans, allowing ACOs taking two-sided risk to be reimbursed for telehealth, permitting ACOs flexibility in providing remote monitoring, addressing chronic care management, and supporting telestroke and remote home dialysis. However, these proposals alone fall short of the full set of changes that need to be made to truly integrate telehealth and remote monitoring into the Medicare program.

As a united coalition, we urge you to incorporate all titles of the CONNECT for Health Act sponsored by Senators Schatz, Wicker, Cochran, Cardin, Thune, and Warner into the Chronic Care Working Group's effort moving forward, including payment for remote monitoring of chronically ill patients and payment for healthcare providers in fee-for-service who are transitioning to value-based care.

Thank you for the opportunity to provide input. We look forward to continuing to work with you.

Respectfully submitted,

ACT | The App Association
Alliance for Connected Care
American Telemedicine Association
Association for Behavioral Health and Wellness
Baxter Corporation
Caresync
Cerner
CHRISTUS Health
Health Tech Strategies
Healthcare Leadership Council
Hill-Rom
HIMSS
Intel
LifeWIRE
National Association Of Community Health Centers
Panasonic Corporation of North America
Personal Connected Health Alliance
Qualcomm
Samsung Electronics America
Telecommunications Industry Association
Third Way
The University of Mississippi Medical Center (UMMC) – Center for Telehealth

APPENDIX A: Existing Clinical Studies Demonstrating the Benefits of Remote Access Technologies

CHRONIC CONDITION MANAGEMENT

Adam Darkins: Telehealth and the VA FY2013 Report

In FY2013, **608,900 (11%)** of veterans received some element of their health care via telehealth. This amounted to **1,793,496** telehealth episodes of care. **45%** of these patients lived in rural areas.

Home Telehealth Services: Helps patients with chronic conditions

- Provided care for 144,520 veterans
- 59% reduction in bed days of care
- 35% reduction in hospital readmissions
- Saves $1,999 per annum per patient
- 84% patient satisfaction

Store-and-Forward Telehealth: Remote scanning, then send to specialist

- Served 311,396 veterans
- 95% patient satisfaction
- Saves $38.41 per consultation

Clinical Video Telehealth: Real-time video consultation that covers over 44 specialties

- 94% patient satisfaction
- Saves $34.45 per consultation

TeleMental Health

- Over 278,000 encounters to 91,000 patients
- 1.1 million patient encounters since FY2003
- Reduced bed days of care by 38%
- Nearly 7,500 patients with chronic mental health conditions are now living independently thanks to TeleMental Health

The number of veterans receiving care through telehealth is climbing by **22%** each year.

http://ehrintelligence.com/2014/06/23/va-reduces-admissions-by-35-due-to-telemedicine-services/
http://c.ymcdn.com/sites/www.hisa.org.au/resource/resmgr/telehealth2014/Adam-Darkins.pdf
http://www.va.gov/health/NewsFeatures/2014/June/Connecting-Veterans-with-Telehealth.asp

Veterans Administration: Study Size: Over 17,000 patients.
"Routine analysis of data obtained for quality and performance purposes from a cohort of 17,025 CCHT patients shows the benefits of a 25% reduction in numbers of bed days of care, 19% reduction in numbers of hospital admissions, and mean satisfaction score rating of 86% after enrolment into the program. The cost of CCHT is $1,600 per patient per annum, substantially less than other NIC programs and nursing home care. VHA's experience is that an enterprise-wide home telehealth implementation is an appropriate and cost-effective way of managing chronic care patients in both urban and rural settings." "Care Coordination/Home Telehealth: the systematic implementation of health informatics, home telehealth, and disease management to support the care of veteran patients with chronic condition" [Darkins A, Ryan P, Kobb R, Foster L, Edmonson E, Wakefield B, Lancaster AEs, Telemed J E Health. 2008 Dec;14(10):1118-26. doi: 10.1089/tmj.2008.0021.]
http://online.liebertpub.com/doi/pdf/10.1089/tmj.2008.0021

> ***Note:*** this specific area has been supplemented with further data from Darkins, available at:
> http://c.ymcdn.com/sites/www.hisa.org.au/resource/resmgr/telehealth2014/Adam-Darkins.pdf

Primary Care E-Visit v. Physician Office Visit: Study Size 8,000 Office and E-Visits
From The Washington Post, 1/21/2013: "A new study suggests that "e-visits" to health-care providers for sinus infections and urinary tract infections (UTIs) may be cheaper than in-person office visits and similarly effective." [Ateev Mehrotra, MD; Suzanne Paone, DHA; G. Daniel Martich, MD; Steven M. Albert, PhD; Grant J. Shevchik, MD, JAMA Intern Med. 2013;173(1):72-74. doi: 10.1001/2013. jamainternmed.305]
http://archinte.jamanetwork.com/article.aspx?articleid=1392490

Randomized Control Trial of Telehealth and Telecare: Study Size 6,191 patients, 238 GP practices
"The early indications show that if used correctly telehealth can deliver a 15% reduction in A&E visits, a 20% reduction in emergency admissions, a 14% reduction in elective admissions, a 14% reduction in bed days and an 8% reduction in tariff costs. More strikingly they also demonstrate a 45% reduction in mortality rates." [Source: "Whole System Demonstrator Programme, Headline Findings – December 2011", Department of Health, United Kingdom]
http://www.telecare.org.uk/sites/default/files/file-directory/secure_annual_reports/Publications/Effect%20of%20Telehealth%20on%20use%20of%20secondary%20care%20and%20mortality%20findings%20from%20the%20WSD%20cluster%20randomised%20trial.pdf

HEART FAILURE MANAGAGEMENT

Remote Monitoring for Heart Failure: Study Size 50 patients
Flagstaff Medical Center found that through implementing a remote heart failure monitoring solution for the 6 months prior to versus following program enrollment, the average number of hospitalizations decreased 42%, from 3.3 to 1.9 admissions, the average number of days hospitalized decreased 64%, from 14.2 to 5.2 days, and the average total charges decreased 67%, from $138,600 to $44,673. Comparably significant reductions were found for the 30- and 90-day periods prior to versus following enrollment.
http://www.ncbi.nlm.nih.gov/pubmed/25025239

Remote Patient Monitoring of Heart Failure Patients, Meta analysis: Study Size 4,264 patients
"Remote monitoring programmes reduced rates of admission to hospital for chronic heart failure by 21% (95% confidence interval 11% to 31%) and all cause mortality by 20% (8% to 31%); of the six trials evaluating health related quality of life three reported significant benefits with remote monitoring." [Telemonitoring or structured telephone support programmes for patients with chronic heart failure: systematic review and meta-analysis, Robyn Clark, Sally Inglis, Finlay McAlister, John Cleland, Simon Stewart, MJ (British Medical Journal), doi:10.1136/bmj.39156.536968.55 (published 10 April 2007)]
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1865411/

Remote Patient Monitoring of Heart Failure Patients, Meta analysis: Study Size 6,258/ 2,354 Patients
"RPM convers a significant protective clinical effect in patients with chronic HF compared with usual care." [J Am Coll Cardio: 2009; 54:1683-94]
http://content.onlinejacc.org/article.aspx?articleid=1140154

Telehome Monitoring Program: 1,000 Patients Enrolled
"Research at the Heart Institute has shown telehome monitoring at the Heart Institute has cut hospital readmission for heart failure by 54 percent with savings up to $20,000 for each patient safety diverted from an emergency department visit, readmission and hospital stay." [University of Ottawa Heart Institute, February 24, 2011, Press Release]
http://www.heartandlung.org/article/S0147-9563(07)00084-2/fulltext

Remote Patient Monitoring at St. Vincent's Hospital:
"Impact: In less than two years, preliminary results show that the care management program implemented by St. Vincent Health and facilitated by the Guide platform reduced hospital readmissions to 5 percent for patients participating in the program – a 75 percent reduction compared to the control group (20 percent), and to the national average (20 percent)."[St. Vincent's Hospital Reduces Readmissions by 75 percent with a Remote Patient Monitoring-Enabled Program, Case Study by Care Innovations, an Intel GE Company]
http://www.careinnovations.com/data/sites/1/downloads/Guide_product/guide_stvincent_profile.pdf

DIABETES MANAGEMENT:

Mobile Phone Personalized Behavior Coaching for Diabetes: Study Size 163 patients over 26 Practices

"Conclusions – The combination of behavioral mobile coaching with blood glucose data, lifestyle behaviors, and patient self-management individually analyzed and presented with evidence-based guidelines to providers substantially reduced glycated hemoglobin level over 1 year." [Cluster-Randomized Trial of a Mobile Phone Personalized Behavioral Intervention for Blood Glucose Control, Charlene Quinn, Michelle Shardelll, Michael Terrin, Eric Barr, Soshana Ballew, Ann Gruber-Baldini, Diabetes Care. Published Online July 25, 2011]
http://care.diabetesjournals.org/content/34/9/1934.long

Mobile Phone Diabetes Management: Study Size 30 patients from 3 group practices

"Conclusions: Adults with type 2 diabetes using WellDoc's software achieved statistically significant improvements in A1c. HCP and patient satisfaction with the system was clinically and statistically significant." [WellDoc™ Mobile Diabetes Management Randomized Controlled Trial: Change in Clinical and Behavioral Outcomes and Patient and Physician Satisfaction, Charlene Quinn, Suzanne Sysko Clough, James Minor, Dan Lender, Maria Okafor, Ann Gruber-Baldini, Diabetes Technology & Therapeutics, Vol 10, Number 3, 2008, pps 160-168]
http://online.liebertpub.com/doi/pdf/10.1089/dia.2008.0283

CHRONIC OBSTRUCTIVE PULMONARY DISEASE MANAGEMENT

Content-Driven Telehealth System Coupled with Care Management: Study Size Medicare patients enrolled in CMS' Health Buddy Program demonstration from 2006-2010

The Health Buddy Program is a content=driven telehealth system combined with care management designed to enhance patient education, self-management, and timely access to care. "The Health Buddy Program was associated with 23% lower quarterly all-cause hospital admissions and 40% lower quarterly respiratory-related hospital admissions compared to baseline for intervention beneficiaries vs. controls. In subgroup analyses, patients who engaged in the intervention during the study period (n=247) demonstrated significantly lower quarterly hospital admissions for chronic obstructive pulmonary disease exacerbations. The Health Buddy System was not associated with reductions in quarterly emergency department use." "CONCLUSIONS: A content-driven telehealth system combined with care management has the potential to improve health outcomes in Medicare beneficiaries with chronic obstructive pulmonary disease." [David Au, Dendy Macaulay, John Jarvis, Urvi Desai, Howard Birnbaum. Annals ATS. First published online 02 Feb 2015 as DOI: 20.1513/AnnalsATS.201501-04OC]
http://www.ncbi.nlm.nih.gov/pubmed/?term=Au+DH%2C+Macaulay+DS%2C+Jarvis+JL+et+al

MEDICATION ADHERENCE FOR CHRONIC CONDITIONS: 50 patients

"There was a trend toward increased prescription refill rates with the use of the Pill Phone application and a decrease after the application was discontinued" [Case study titled: "Medication Adherence and mHealth: The George Washington University and Wireless Reach Pill Phone Study", Study designed, conducted and analyzed by George Washington University Medical Center; Qualcomm Wireless Reach Initiative was the primary funder of this study]
http://www.qualcomm.com/media/documents/files/wireless-reach-case-study-united-states-pill-phone-english-.pdf