



Bruce M. Gans, MD · Chair, AMRPA Board of Directors  
Executive Vice President and Chief Medical Officer, Kessler Institute for Rehabilitation  
National Medical Director for Rehabilitation, Select Medical Corporation

January 26, 2015

The Honorable Orrin Hatch  
Chair, Committee on Finance  
United States Senate  
Washington, D.C. 20510

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

The Honorable Johnny Isakson  
Co-Chair, Working Group  
United States Senate  
Washington, D.C. 20510

The Honorable Mark Warner  
Co-Chair, Working Group  
United States Senate  
Washington, DC 20510

Dear Chairman Hatch, Ranking Member Wyden, Co-Chairs Isakson and Warner, and distinguished members of the Working Group:

The American Medical Rehabilitation Providers Association (AMRPA) appreciates the opportunity to provide comments on the Chronic Care Working Group's (CCWG's) Policy Options Document. Although this document is an incremental step in the process, we are encouraged by the thoughtfulness of the content and the progress toward implementing meaningful reforms.

#### Functional Status

As AMRPA noted in our prior comment letter, functional status is a key indicator of an individual's ability to proactively manage ongoing health care needs. Accordingly, measures of function should be a mainstay of Medicare policies targeting chronic care.

We are pleased the CCWG responded to this suggestion. The Working Group relies on a definition of chronic care management that includes the impact of functional decline. However, AMRPA believes the definition should be revised and broadened to more affirmatively account for patients' functional status. Care to prevent a decline in function is as important as care to restore function,<sup>1</sup> all of which transcends the notion of functional decline as a marker of a chronic condition.

The document also features numerous policy options that consider an individual's mobility, cognition and function. AMRPA supports the CCWG's proposal to study whether the

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<sup>1</sup> See CMS, Jimmo v. Sebelius Settlement Agreement Fact Sheet (2013).

use of functional status measures would improve the accuracy of risk-adjustment payments for payers, such as Medicare Advantage (MA) plans, and in alternative payment models, such as accountable care organizations (ACOs). If payers are compensated for covering patients with low functional status, however, they should also have incentive to help patients achieve gains in function. Functional gains are particularly critical for individuals with multiple chronic conditions, and thus Medicare policies should be designed to encourage such gains wherever possible.

### Remote Patient Monitoring

In our prior comments, AMRPA touted some of the benefits of telehealth, remote patient monitoring and other technological innovations. Some patients with severe chronic conditions require routine monitoring by health care professionals; others may be empowered through self-directed monitoring technologies. We are optimistic about the CCWG's efforts to facilitate the utilization of remote patient monitoring in new contexts, including MA, ACOs, and even under a new physician payment system. Despite the fiscal challenges associated with expanding beneficiary access to life-changing remote technologies, AMRPA knows that the savings are there. Because of the significant spending devoted to individuals with low levels of function and activity, tracking physical activity is an especially efficient and cost-effective method to assess recovery, rehabilitation and overall health.

Beyond monitoring technologies, we encourage the Working Group to take a more expansive view of the potential for improved access and quality through telehealth and telemedicine.

### Innovation Center Transparency

In our original letter to the CCWG, AMRPA advocated for testing several of our ideas through the Center for Medicare and Medicaid Innovation (CMMI). We noted with interest the CCWG's proposal to enhance transparency for CMMI demonstrations and, as an example, require notice-and-comment rulemaking to implement certain demonstrations. AMRPA encourages the CCWG to revisit the distinctions already included in statute between phase one and phase two processes,<sup>2</sup> and what Congress likely intended. The statutory framework could certainly be clarified to ensure models that are mandatory, widely implemented, or otherwise "testing" in name only are governed by the stricter procedures that apply to "phase two" model expansions. More generally, we wholeheartedly endorse the Working Group's effort to instill greater transparency and procedural safeguards to a division of the agency with great promise but little accountability.

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AMRPA appreciates the transparent and deliberative process by which the CCWG, and the Finance Committee, are seeking to legislate needed changes to chronic care policies. We believe there are many good ideas among these initial policy options and we believe there are many other good ideas contained in our initial comment letter, both specific to rehabilitation and more broadly applicable. We have additional ideas and we hope to have the opportunity to work

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<sup>2</sup> Social Security Act section 1115A(b)-(c) (*codified at* 42 U.S.C. § 1315a).

with you in the coming months. AMRPA encourages the Working Group to focus on care delivery reforms to the same extent as payment reforms. In our prior letter, for example, we discussed the Continuing Care Hospital (CCH) model,<sup>3</sup> which would integrate care for patients across broader episodes of care with the potential to improve rehabilitation and recovery and facilitate better chronic health management.

Our members appreciate your work to date and hope to serve as a resource to the CCWG going forward. If you have any questions, please do not hesitate to contact Carolyn Zollar (czollar@amrpa.org, 202-223-1920) or Martha Kendrick (mkendrick@akingump.com, 202-887-4215).

Sincerely,

A handwritten signature in black ink that reads "Bruce M. Gans, M.D." The signature is written in a cursive style.

Bruce M. Gans, M.D.

Chair, AMRPA Board

Executive Vice President and Chief Medical Officer, Kessler Institute for Rehabilitation  
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<sup>3</sup> CMMI was mandated to test the CCH under section 1886D(g) of the Social Security Act (*codified at 42 U.S.C. § 1395cc-4*).