Center for Connected Health Policy
The National Telehealth Policy Resource Center

January 25, 2016

The Honorable John Isakson
The Honorable Mark Warner
US Senate Finance Committee
Bipartisan Chronic Care Working Group
219 Dirksen Senate Office Building
Washington, DC 20510-6200

RE: Bipartisan Chronic Care Working Group Policy Options Document

Dear Senators Isakson and Warner:

The Center for Connected Health Policy (CCHP) is the federally designated national telehealth policy resource center. We are an independent, nonpartisan, public interest organization operating under the Public Health Institute. Our activities are dedicated to promoting better systems of care that improve health outcomes and provide greater health equity of access to quality, affordable services. Through a grant with the Health Resources and Services Administration (HRSA), we provide technical assistance and analysis on telehealth policy issues on the federal and state level. We applaud the efforts made by the Senate Finance Committee and in particular, this Bipartisan Working Group (Working Group) to improve federal policies that impact the treatment and care of individuals with chronic conditions. We especially appreciate the thoughtful manner the Working Group and Finance Committee is utilizing to craft proposals.

In the December 2015 Policy Options Document, telehealth was mentioned as a potential option to address specific issues. We would like to provide comments on these sections but also believe several other areas mentioned in the report that did not contain any telehealth proposal would be appropriate places to consider utilizing the technology to address the issue.

Expanding Access to Home Hemodialysis Therapy

The policy under consideration would be to allow the monthly visit to take place via telehealth without geographic restrictions that currently exist in the Medicare program on telehealth delivered services. Additionally, the Working Group is asking for comments on any safeguards that need to be in place should there be expanded access to monthly visits via telehealth and whether the home should be considered an originating site for this limited purpose.

While CCHP agrees with the proposal offered by the Working Group to eliminate the Medicare geographic restriction, as well as making the home an eligible originating site, the waiver should be extended to other services in addition to the monthly clinical assessment visit for home hemodialysis. There are a multitude of other services that can be delivered via telehealth to treat Medicare beneficiaries with chronic conditions especially in the home. For example, simple follow-ups or check-ins with physicians that do not require any physical interactions. Medicare

beneficiaries should not be deprived the option of such a service simply because they are located in an area that does not meet a set of narrow geographic parameters.

Increasing Convenience for Medicare Advantage (MA) Enrollees through Telehealth

The Working Group is looking for feedback on whether telehealth services provided by a MA plan be limited to those allowed under the traditional Medicare program and what additional telehealth services should also be considered.

MA plans should be encouraged and unimpeded to provide services via telehealth if they believe the use of the technologies would promote greater efficiencies and/or better health outcomes. By limiting the proposal to only what is currently allowable under traditional Medicare does not provide needed financial incentive for MA plans to include telehealth. Many of the modalities and the services that show great promise of cost efficiencies and health outcomes such as remote patient monitoring (RPM) and store-and-forward are not currently reimbursed by the Medicare program and would be considered "supplemental benefits" if MA plans wish to reimburse for them. This categorization does not encourage the offering of such services or may discourage beneficiaries from utilizing them due to extra costs they would have to pay.

Providing Accountable Care Organizations (ACOs) the Ability to Expand Use of Telehealth

The Working Group is considering modifying the requirements for telehealth reimbursement provided by ACOs in the Medicare Shared Savings Program (MSSP) that would include a process which an ACO participating in an MSSP two-sided risk model may receive a waiver of the geographic restriction of the originating site. The Working Group is also looking for feedback on the idea of lifting the originating site requirement entirely, or specifying additional originating sites such as the home.

As noted earlier, CCHP believes a more comprehensive approach is needed that removes geographic limitations and facility specific restrictions on the originating site. ACOs need to have the same flexibility.

Maintaining ACO Flexibility to Provide Supplemental Services

The Working Group is considering clarifying that ACOs participating in MSSP may furnish a remote patient monitoring service for which payment is not made under fee-for-service Medicare.

Studies have shown RPM has potentially the same or better health outcomes as in-person care and achieve cost savings when used to treat certain chronic conditions. In a two year, randomized controlled trial conducted in New York of Medicare beneficiaries with heart failure, researchers found that patients receiving RPM in conjunction with a robust management protocol did not have significantly different outcomes from those who received live nursing visits. Additionally, the RPM group had shorter hospitalization times and lower associated costs.[i] With

such promising research, ACOs should be allowed to explore this option when providing services.

Expanding Use of Telehealth for Individuals with Stroke

The Working Group is considering eliminating the originating site geographical restriction for the purpose of promptly identifying and diagnosing stroke.

CCHP agrees with this proposal and reiterates comments made earlier that the elimination of the originating site geographical restrictions should not be made for one type of condition, and that this should be encompassing of all services.

Additionally, CCHP has noted several other sections where telehealth could be utilized though no specific proposal was offered in the Policy Options document.

Expanding the Independence at Home Model (IAH) of Care

The use of telehealth services for appropriate remote monitoring is one of the recommendations by the National Association for Home Care & Hospice in expanding the program.[ii] While the use of connected health technologies was not prohibited in the IAH models, a potential proposal could be to provide some form of incentive to utilize technology or at least more explicit language to incorporate them into models.

Providing Medicare Advantage Enrollees with Hospice Benefits

When considering proposals in this section, CCHP encourages the Working Group to also look at how connected health technologies can be used to deliver services for hospice recipients and ease or eliminate barriers to MA plans who may wish to utilize them. In an article published in the *Journal of Clinical Oncology*, a telehealth system called ENABLE (Educate, Nurture, Advise Before Life Ends) was used to provide early concurrent palliative care to patients with advanced cancer in rural New Hampshire and Vermont. The intervention had a significantly beneficial effect for one year survival in a remote rural setting. Caregivers also benefited from this early intervention showing improved depression scores.[iii]

Improving Care Management Services for Individuals with Multiple Chronic Conditions

In regards to what types of providers should be eligible for reimbursement for any new high severity chronic care code, CCHP would like to encourage the Working Group to also keep in mind that non-clinical health care providers also offer comprehensive, ongoing care over a period of time. Such providers include occupational and physical therapists. CCHP requests that the Working Group consider these professionals during discussions of any expansion of billing ability for these conditions.

We appreciate the opportunity to provide comments and feedback to the Working Group. Once again, we applaud the efforts and thoughtful approach being taken. CCHP is available to provide any technical assistance or information that the Working Group or full Committee may require.

Respectfully Submitted By,

Mario Gutierrez
Executive Director

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[i] Pekmezaris, R., Mitzner, I., Pecinka, KR, Nouryan, CN, Lesser, ML, Siegl, M., Swiderski, JW, Moise, G., Yuonger, R., Smolich, K."The Impact of remote patient monitoring (telehealth) upon Medicare beneficiaries with heart failure." *Telemedicine and e-Health* 18(2):101-108, (2012).
[ii] National Association for Home Care & Hospice, "President Obama Signs Into Law Legislation Extending Home-Based Demonstration Model" (Aug. 3, 2015). http://www.nahc.org/NAHCReport/nr150803_2/ (Accessed Jan. 22, 2016).
[iii] Bakitas, MA, et al, "Early versus delayed initiation of concurrent palliative oncology care: Patient outcomes in the ENABLE III randomized controlled trial", *Journal of Clinical Oncology* (2015): DOI 10.1200/JCO.2014-58.636s.