



January 25, 2016

The Honorable Orrin G. Hatch
Chairman Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

Sent to: chronic_care@finance.senate.gov

Re: Telemedicine applications to address access to care for chronic disease patients

Dear Chairman Hatch and Ranking Member Wyden:

We appreciate the opportunity to provide input to the **Bipartisan Chronic Care Working Group** as it considers ways to improve care for millions of Americans living with chronic disease. In particular, Virtua supports many of your recommendations related to expanding and growing telehealth services.

Virtua is one of New Jersey's largest healthcare systems and fulfills its mission to help people "Be Well, Get Well and Stay Well" through its strategy of population health management. Its services are delivered at more than 159 location facilities in Atlantic, Bergen, Burlington, Camden, Gloucester and Salem Counties. Virtua provides more than 800,000 patient encounters a year through its comprehensive continuum of care that begins with wellness and prevention services, primary and specialty physician practices, and proceeds through outpatient services, acute care, home care, rehab and nursing homes, fitness centers and much more.

Below are our major policy recommendations as related to telehealth services for your consideration:

- **Expanding Access to Home Hemodialysis Therapy**
 - Virtua supports legislation that ensures the safety of patients without mandated restrictions. For example, decisions regarding the need for a periodic in-person visit to supplement monthly telehealth visits should be left to the individual's provider on a case by case basis.
 - Virtua supports legislations that removes barriers to proven telehealth models including restrictions based on HPSA or MSA location. A patient's home should be considered an originating site for any appropriate telehealth encounter. Again the decision as to whether to provide a service through telemedicine should be left to the provider.
- **Increasing Convenience for Medicare Advantage Enrollees through Telehealth**
 - Telehealth services provided by the plan should not be limited to those allowed under the traditional Medicare program. The current Medicare plan is overly restrictive with regards to authorized distant and originating sites. In addition, restricting Medicare Advantage plans to what is permissible by the traditional Medicare program prevents new innovations and technologies from being implemented quickly.

- Telehealth services should not be considered a different type of care but rather a different method of providing existing care. Therefore any in-person service that is covered under a Medicare or Medicare Advantage plan should be covered in parity for Telehealth services.
- **Providing ACOs the Ability to Expand Use of Telehealth**
 - Virtua supports legislation that removes all existing originating site requirements. The site requirements under current law are dismissive of provider access issues outside of HSPA and within MSA geographical locations.
 - Adding requirements intended to safeguard the patient is principled in theory. However, every patient will have a unique situation with regards to their disease state. In practice, blanket requirements for originating sites will unnecessarily disqualify beneficiaries who may otherwise benefit from the service and prevent potential cost savings in a two-sided risk model.
 - With that said, any requirements for an originating site allowance should focus less on the actual site but on the ACO participant's ability to respond appropriately if needed. For example, a provider organization may have protocols in place to respond quickly if a telehealth service reveals that in-person treatment is need.
- **Maintaining ACO Flexibility to Provide Supplemental Service**
 - Virtua supports the proposal to allow ACO participants to "furnish a remote patient monitoring service". This type of service has proven to be effective in increasing quality and lowering overall healthcare costs as noted in the policy document.
 - Presently, these types of non-reimbursable programs are provided at a loss to provider organizations preventing said organizations from using those resources for other programs.
- **Expanded Use of Telehealth for Individuals with Stroke**
 - Virtua supports the proposal to eliminate the originating site geographic restrictions generally, but particularly with regard to Telestroke programs. These programs, as noted in the policy document, are proven to be effective in identifying stroke patients quickly leading to better outcomes for the patient.
 - While Medicare restricts reimbursement for Telestroke programs to narrow originating site requirements, healthcare providers across the country provide this service to patients at a loss to the organization simply because it provides quality care. Similar to remote patient monitoring programs, easing these outdated restrictions on reimbursement will allow these organizations to focus such resources to new innovations and more programs to the population.

Thank you again for this opportunity to share our views. We believe growing telehealth services to build better and stronger primary care services will yield better outcomes for our chronic disease patients. If you have any questions or if we can be of any further assistance, please contact Elliott Wilson, Manager for Telehealth and Mobility Programs at Exwilson@virtua.org.

Sincerely,



John Matsinger, DO
Executive Vice President and Chief Clinical Officer