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June 22, 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, D.C. 20510

Dear Chairman Hatch, Ranking Member Wyden, Co-Chairs Isakson and Warner, and other Members of the Chronic Care Working Group:

Welch Allyn, Inc. (“Welch Allyn”) is grateful for the opportunity to submit the following comments to the Senate Finance Committee Chronic Care Working Group. Welch Allyn is a manufacturer of medical devices, products and solutions used by caregivers in doctors’ offices, hospitals, and emergency response settings around the world. Headquartered in Skaneateles Falls, New York, Welch Allyn has approximately 2,500 employees working in 17 different countries. As a leading global manufacturer of medical diagnostic equipment whose products are utilized in over ninety percent of physician offices in the United States, we remain deeply committed to primary, frontline care, while also maintaining an active focus on the healthcare delivery methods of the future.

On June 17, 2015, Welch Allyn announced that it will combine with one of the world’s leading healthcare technology companies, Hill-Rom, to make possible the development of leading-edge solutions that will help transform patient care around the world. The two companies have nearly two centuries of medical device innovation between them and will combine their unique strengths to develop new technologies that make a difference in the lives of patients and their caregivers.

Welch Allyn will continue to deliver innovative, cost-effective technologies to help better manage clinical outcomes for Medicare beneficiaries and so we especially appreciate the Senate Committee on Finance Chronic Care Working Group’s commitment to developing and implementing policies that will reduce the cases of individuals who suffer from chronic diseases.

Furthermore we applaud the Committee for looking to telehealth and remote patient monitoring as one of the means to manage the overwhelming number of beneficiaries with chronic diseases.

I. The use of Remote Patient Monitoring to improve care for chronic diseases

The Working Group requested stakeholder ideas to effectively use or improve the use of telehealth and remote patient monitoring in treating and managing chronic illnesses. While Welch Allyn is supportive of the appropriate utilization of all technologies and encourages the Committee to support their use among Medicare beneficiaries, we wish to comment, specifically, on remote patient monitoring. Remote patient monitoring can be an especially valuable tool in monitoring the health status of certain beneficiaries especially those with certain chronic conditions. Consider the following hypothetical scenario: a beneficiary enrolled in a Medicare Shared Savings Program (MSSP) Accountable Care Organization (ACO) has poorly managed, chronic hypertension. Recognizing this, his primary care physician equips him with a remote patient monitoring system to monitor blood pressure and weight, among other parameters, at home. The beneficiary develops a better understanding of his blood pressure on a day-to-day basis, and may develop better self-management skills. His clinicians, in turn, can access, review, and make clinical decisions on the physiological data that is being collected remotely, potentially mitigating the risk of additional office or hospital visits associated with poor blood pressure management.

This care scenario is well supported by clinical research. A 2013 study¹ published in *The Journal of the American Medical Association (JAMA)* found that blood pressure control improved with home blood pressure telemonitoring with pharmacist management. That study found a significant improvement in blood pressure control (71.6% v. 45.2%) between individuals with uncontrolled hypertension who received at home telemonitoring verses those individuals with uncontrolled hypertension who did not receive at home telemonitoring. In addition, patients in both groups reported equal satisfaction with their medical care, and those in the telemonitoring group reported higher scores in self-efficacy in managing their hypertension. In addition, a 2009 study² published in the *Journal of the American College of Cardiology* found that remote patient monitoring was associated with “significant protective clinical effect” in individuals with chronic heart failure, and a 2007 study³ published in the *British Medical Journal* reported a positive impact associated with remote patient monitoring in community dwelling patients with chronic heart failure.

II. Coverage for Remote Patient Monitoring specifically Hypertension Disease Management

While the Centers for Medicare and Medicaid Services (CMS) currently provides reimbursement for Chronic Care Management codes, we ask that those services specifically include remote patient monitoring. We also urge the Committee to recognize the distinct value

¹ Margolis et al, Effect of Home Blood Pressure Telemonitoring and Pharmacist Management on Blood Pressure Control, A Cluster Randomized Clinical Trial, *Journal of the American Medical Association*, July 3, 2013, 310 (1).

² Klersy et al, A Meta-Analysis of Remote Monitoring of Heart Failure Patients, *Journal of the American College of Cardiology*, 2009; 54(18).

³ Clark et al, Telemonitoring or structured telephone support programmes for patients with chronic heart failure: systematic review and meta analysis, *BMJ*, May 5, 2007; 334.

in providing remote patient monitoring coverage for individuals with hypertension as a stand-alone service. CMS's current support for non-face-to-face services and historical decision to cover such services, coupled with the significant evidence associated with the positive patient outcomes associated with remote monitoring of hypertensive patients, indicates that a new stand-alone service for remote patient monitoring for individuals with hypertension is within the Agency's power and patients' best interests. As the evidence cited previously makes clear, these are substantial positive patient outcomes associated with continual monitoring of individuals with hypertension.

In closing, we applaud the Senate Finance Committee on launching a Working Group specifically dedicated to addressing chronic diseases. Furthermore, we support the Committee's efforts to modernize the treatment and management of chronic diseases by looking into alternative health care solutions such as remote patient monitoring. We hope that our expertise in providing innovative, value-added solutions to health providers' daily challenges will assist the Committee as it moves forward with developing policies to address chronic diseases. Please do not hesitate to contact us should you have any questions or need any additional information. You may contact Martie Kendrick at mkendrick@akingump.com or 202-887-4215.

Submitted by Welch Allyn