

June 22, 2015

The Honorable Orrin Hatch Chairman Senate Finance Committee 219 Dirksen Building Washington, D.C. 20510	The Honorable Ron Wyden Ranking Member Senate Finance Committee 219 Dirksen Building Washington, D.C. 20510
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The Honorable Johnny Isakson 131 Russell Building Washington, D.C. 20510	The Honorable Mark Warner 475 Russell Building Washington, D.C. 20510
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Dear Chairman Hatch, Ranking Member Wyden, and Senators Isakson and Warner,

On behalf of Collaborative Care Diagnostics, LLC (CCD), I am writing in response to your request of May 22, 2015 for recommendations on legislative options for improving patient care for Medicare beneficiaries with chronic conditions. We appreciate your interest in addressing this important issue through your new Chronic Care Reform Working Group.

Dedicated to the advancement of disease management technology, CCD initiated operations with the acquisition of the award winning PADnet medical device assets as well as patented collaborative care communication platform from BioMedix Vascular Solutions, Inc.

The founders of CCD are comprised of leaders from healthcare, including pioneer Dr. Tom Fogarty, finance, industry and service businesses. Our client base includes primary care clinics, vascular specialists, hospitals and health systems. With nearly one million studies performed by thousands of care providers on our PADnet network operating in rural, urban, and suburban settings across the country, CCD is now focused on expanding our technology platform to healthcare providers seeking to reduce costs while improving quality outcomes through earlier chronic disease detection and community-based collaboration.

We humbly offer the following comments and recommendations on the priorities identified in your letter:

**Background on Peripheral Artery Disease (PAD):**

- At least 8 million Americans have PAD or 12%-20% of people over the age of 60<sup>[i]</sup>
- 65% of patients with PAD are asymptomatic
- Patients with PAD are 6 times more likely to die from cardiovascular disease than those without PAD<sup>[ii]</sup>
- Without proper treatment, 30% of those with PAD are likely to die within 5 years of PAD-related heart attack or stroke<sup>[iii]</sup>
- The American College of Cardiology, American Heart Association, and American Diabetes Association agree that patients over the age of 65 with a history of smoking or diabetes should be evaluated for vascular disease
- In a coordination program conducted by Sutter Health, patients with multiple chronic conditions receiving care coordination services, compared to those who did not receive coordinated care services had:
  - o 24% fewer visits to specialists
  - o 16% fewer ED visits
  - o 39% fewer acute hospitalizations<sup>[iv]</sup>
- The following thought leaders from across the country have been long standing supporters of community-based healthcare provider collaboration and are advocates of the initiatives being pursued by the Senate work group:

- Dr. Alan Hirsch ([http://www.cardiology.umn.edu/faculty/faculty\\_profiles/hirsch-alan/](http://www.cardiology.umn.edu/faculty/faculty_profiles/hirsch-alan/))
- Dr. Jeb Hallett (<http://www.ropervascularcare.com/ourteam.aspx>)
- Dr. John Martin ([http://www.heartcapc.com/handler.cfm?event=practice\\_template&cpid=7515](http://www.heartcapc.com/handler.cfm?event=practice_template&cpid=7515))

**Recommendation:**

It is our recommendation that the Chronic Care Reform Working Group consider piloting a chronic disease management initiative that incentivizes earlier disease detection and care coordination by paying participating healthcare providers \$15 per Medicare patient screened and electronically reported to CMS over a 6 month period using the PADnet Disease Management platform. CCD will aggregate all results in a HIPAA compliant, cloud-based application so your working group can have 24/7 access to the de-identified results. The pilot could be scaled to include the reporting of subsequent diagnostic and therapeutic procedures that occur over the same reporting period with an option to extend the reporting period for an additional 6 months with comparable financial incentives for each subsequent diagnostic and interventional procedure reported during this pilot period by the participating care providers.

It is our belief that this straight forward pilot will demonstrate the profound improvements enabled through earlier chronic disease detection and community-based physician collaboration.

We would welcome the opportunity to provide additional detail around this proposal or answer any questions the Chronic Care Reform Working Group may have at any time.

Sincerely,  
John Romans

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<sup>[i]</sup> [http://www.cdc.gov/DHDSP/data\\_statistics/fact\\_sheets/fs\\_PAD.htm](http://www.cdc.gov/DHDSP/data_statistics/fact_sheets/fs_PAD.htm)

<sup>[ii]</sup> R Flather M., et al. (2004). Coronary heart disease in patients with intermittent claudication. *Heart, Suppl*, A81

<sup>[iii]</sup> Criqui, M., et al. (1992). Mortality over a period of 10 years in patients with peripheral arterial disease. *New England Journal of Medicine*, 326, 381-6

<sup>[iv]</sup> [www.innovations.ahrq.gov/content.aspx?id=1696](http://www.innovations.ahrq.gov/content.aspx?id=1696)