UMMC
Center for Telehealth

January 26, 2016

Chronic Care Working Group
United States Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510-6200

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson, and Senator Warner:

Thank you for your continued support of improved care for the nation's chronic disease patients. The University of Mississippi Medical Center (UMMC) – Center for Telehealth values the important recommendations outlined in the Chronic Care Working Group's Policy Options Document and the meaningful advances in healthcare that could take place as a result. Additionally, we appreciate the Working Group's attention to the benefits of telehealth as a mode of healthcare delivery. To ensure that care is reaching the patients who need it most, it is crucial that geographic and originating site restrictions, as well as coverage and reimbursement challenges, be addressed to encourage the best care for all Medicare chronic disease patients.

UMMC began the telemedicine program in 2003 by connecting rural emergency departments (ED) with the UMMC ED. The TelEmergency program demonstrated success, reducing rural hospital staffing costs, increasing patient admissions in the rural hospital, and proving patients outcomes that were on par with those of the academic medical center. Because of the results of the TelEmergency program, telehealth at UMMC has grown to include 35 medical specialties at 201 sites throughout the state. These sites of service include community hospitals and clinics, mental health facilities, Federally Qualified Health Centers (FQHCs), schools and colleges, a mobile health van, corporations, prisons, and patients' homes. Today, telehealth services are provided to more than rural sites around the state, as UMMC is now partnering with other large, urban health systems and payers to deliver comprehensive care to patients regardless of their location.

UMMC's program attests that telehealth transcends rural versus urban and location-specific boundaries. Patients in all settings need access to care; and provider shortages take place in urban, as well as rural, locations. Additionally, the types of services provided for chronic disease management (e.g., Remote Patient Monitoring, or RPM) often require patients to receive care in their homes.

To this end, we support the Working Group's proposals to remove geographic and originating site restrictions to telehealth reimbursement. We also hope that the Working Group would consider eliminating these restrictions for all Medicare beneficiaries—not just those within Accountable Care Organizations (ACOs). Currently, UMMC is not part of an ACO. Until we and other similarly positioned health systems utilize ACOs, this reimbursement would

not be available to patients where telehealth could be most beneficial. Therefore, by not limiting the authorized sites of service to a specific menu of locations but, instead, opening up reimbursement to any setting where the patient is located would increase access to care and improve patient outcomes for all Medicare beneficiaries.

The UMMC Center for Telehealth also supports the Working Group's proposal to eliminate geographic restrictions for stroke care. Currently, the Center for Telehealth is providing TeleStroke services for another large health system in Jackson, Mississippi, and is working to develop a statewide TeleStroke consortium to help meet the needs of stroke patients throughout Mississippi. Making Medicare reimbursement available for stroke patients in both urban and rural locations would encourage timely, effective care for patients who need it most.

Furthermore, the UMMC Center for Telehealth supports reevaluating coverage and reimbursement for telehealth services. RPM, most notably, has proven benefits for managing chronic diseases. Since August of 2014, the UMMC Center for Telehealth has piloted a groundbreaking RPM program for managing upwards of 200 uncontrolled diabetics in the Mississippi Delta through aggressive in-home monitoring, intervention, and patient education. Of the first 100 patients in the program, A1C levels have been reduced by an average 1.7 percent, a total of 9,454.11 miles have been saved in travel, and no patients have been hospitalized for their diabetes while participating in the program. Based on these initial results, the Mississippi Division of Medicaid has estimated that, if 20 percent of Mississippi's diabetic population were to join the RPM program, the state would save approximately $189 million each year from these patients' improved health outcomes.

The success of Mississippi's program could be replicated at a national level, and large-scale cost savings could be achieved through similar chronic disease management opportunities. Therefore, the UMMC Center for Telehealth supports covering RPM services for all Medicare beneficiaries. Medicare's current Chronic Care Management (CCM) program deters clinicians from pursuing these types of programs for their Medicare patients because of the minimal reimbursement available. Addressing the amount reimbursable for CPT code 99490 or opening CPT code 99091 for RPM services would encourage clinicians to use these types of programs for improved chronic disease management.

Through telehealth and RPM, the UMMC Center for Telehealth sees a tremendous opportunity to impact Medicare chronic disease patients by improving health outcomes and reducing healthcare costs. Thank you for your consideration of these comments. For more information, please contact me at 601-815-2053 or madcock@umc.edu.

Sincerely,

Michael Adcock

Michael Adcock
Administrator