

ONE HUNDRED THIRTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115
Majority (202) 225-2927
Minority (202) 225-3641

May 22, 2014

Dr. Rashid Bashshur
Senior Advisor for eHealth
University of Michigan Health System
300 North Ingalls, SPC 5402
Ann Arbor, MI 48109

Dear Dr. Bashshur:

Thank you for appearing before the Subcommittee on Health on Thursday, May 1, 2014, to testify at the hearing entitled "Telehealth to Digital Medicine: How 21st Century Technology Can Benefit Patients."

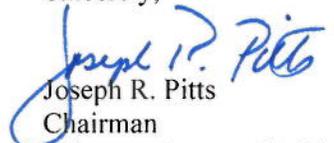
Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

Also attached are Member requests made during the hearing. The format of your responses to these requests should follow the same format as your responses to the additional questions for the record.

To facilitate the printing of the hearing record, please respond to these questions and requests with a transmittal letter by the close of business on Thursday, June 5, 2014. Your responses should be mailed to Sydne Harwick, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed in Word format to Sydne.Harwick@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,


Joseph R. Pitts
Chairman
Subcommittee on Health

cc: The Honorable Frank Pallone, Jr., Ranking Member, Subcommittee on Health

Attachments

Attachment 1—Additional Questions for the Record

The Honorable Joseph R. Pitts

1. What role can telemedicine play to facilitate new payment models?
2. What payment models are likely to best encourage the development of telemedicine or benefit from the use of telemedicine and how?
3. How has the advancement of telemedicine in recent years benefited the discovery, development or delivery of healthcare?
4. As the capacity for telemedicine continues to grow, what regulatory bottlenecks are most likely to get in the way of its further development?
5. Can telemedicine raise the quality of service provided to patients? If so, how?
6. Can telemedicine lead to more patients receiving care without costly, unnecessary, and time-consuming trips to their doctors?
7. Can expanded use of telemedicine help lower costs for Medicare and the health care system? If so, how?
8. Medicare is a federally paid program. Can we leverage this nationwide program to use telemedicine to treat more patients at lower costs? If so, how?
9. How do you believe disadvantaged patients, with need of specialty care, in rural and urban areas, benefit from telemedicine?
10. Do you believe telemedicine has the potential to reduce overall health care costs for Medicare and other payers? Please explain.
11. Can the use of technology help treat patients who have chronic conditions, by home health monitoring and “home” telemedicine? Please explain.
12. In healthcare, we have frequently seen new technologies promise to save money, but in reality creating a new way for providers to bill the Medicare program. How can we ensure that telemedicine actually does deliver the savings that it promises?
13. Our federal health care programs, and our commitments to fund them into the future, are being solely tested by the increasing cost of care in this country. How might telemedicine and 21st century technologies implemented on a national level help reduce those costs? Will you give me some examples?
14. Some fear that if a cure for Alzheimer’s is not found in the near term, the costs and workforce necessary to care for those with the disease will put severe strains on our federal health care programs—strains we will be hard pressed to bear. For patients with Alzheimer’s, often the children are the caregivers for their parents. Such care requires constant supervision and can make it hard to hold down a job. Can telemedicine – virtual visits, patient remote monitoring, etc.– make caring for Alzheimer’s patients more efficient and less burdensome on caregivers? If so, please explain?

The Honorable Bill Cassidy

1. You mention the challenges with providing telemedicine services in a fee-for-service payment system. Do telemedicine services have the ability to reduce costs and increase quality for health care on a large scale in the world of fee-for-service payment? Please explain.
2. In your opinion, under what health care payment system is telemedicine most suited?
3. Will you explain the difference in how the incentives affect telemedicine services in a fee-for-service payment system versus some sort of capitated or global payment system?

The Honorable Renee Ellmers

1. I would like to continue the discussion on care giving. As a nurse for over 20 years, it is a topic I am very familiar with. I would like to share some statistics:
 - American caregivers are predominantly female (66%) and are an average of 48 years old.
 - Most care for a relative (86%), most often a parent (36%).
 - Family caregivers provide an average of 20 hours of care per week.
 - One in seven caregivers provides care, over and above regular parenting, to a child with special needs (14%).
 - Care giving lasts an average of 4.6 years.

Making it easier to get care to those who may have trouble traveling long distances to see a provider will improve outcomes and lives. Patients who have chronic conditions live longer and healthier lives when they have coordinated care and adhere to treatment programs. Today, children, often the daughter, are the caregivers for their parents. They are the vital component of coordinated care. Millions of women, who are caregivers, want to be there for their loved ones, but also need to be home to take care of their children or do their job.

With the billions of dollars invested in using broadband technologies national networks with high speeds and capacity, today's state by state licensing of doctors is a barrier that should be removed. Established in the 1800s, it is an antiquated relic and it is time for it to be changed as it is proving to be an impediment to providing quality care for seniors. This is why I am a proud cosponsor of Reps. Nunes and Pallone's H.R. 3077, the Tele-Med Act. This bill would allow Medicare doctors licensed in one state to see a Medicare beneficiary across state lines without a separate license

Can we not use technology to ensure family members and caregivers are included in discussions with the provider and the patient they are caring for? Would it not improve communications if the caregiver can speak with the patient's doctor directly, with the patient and for the patient, and be kept up-to-date with what the doctor is telling the patient, without having that caregiver fly across the country to attend a short appointment? What barriers are we facing to making this a reality?

Attachment 2—Member Requests for the Record

During the hearing, Members asked you to provide additional information for the record and you indicated that you would provide that information. For your convenience, descriptions of the requested information are provided below.

The Honorable Joe Barton

1. How secure are medical records when using this kind of technology?
2. There are some concerns that if the doctor, the patient and the health insurance are in different places Medicare and Medicaid sometimes do not know how to or are unwilling to calculate the charges that result from a telemedicine visit. Would you please speak to that issue?

The Honorable John D. Dingell

1. Given your expertise in this field, do you believe that investing in telemedicine technologies to improve chronic disease management will save money over the long run? Please explain.
2. Do you believe that the use of telemedicine can help improve access to care in medically underserved communities like the Upper Peninsula in Michigan? Please explain.
3. Is it correct that CMS has limited physician reimbursement for telemedicine to services provided in rural areas and do you believe that that is a good limit? Please explain.
4. How else has CMS restricted reimbursement for telemedicine in the United States today?
5. Alaska and Hawaii are exempt from CMS reimbursement restrictions. Is the use of telemedicine more prevalent in those States in comparison to the continental 48 States? Do you believe that telemedicine technology used in Alaska and Hawaii are a model for the rest of the country?