ConnectedHealth

July 25, 2018

The Honorable Michael Burgess, MD
Chairman
Committee on Energy and Commerce
Subcommittee on Health
U.S. House of Representatives
Washington, District of Columbia 20515

The Honorable Gene Green
Ranking Member
Committee on Energy and Commerce
Subcommittee on Health
U.S. House of Representatives
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Dear Chairman Burgess and Ranking Member Green,

We applaud this Subcommittee for reviewing the progress of the Center for Medicare and Medicaid Services (CMS) as it works to implement the Medicare Access and CHIP Reauthorization Act (MACRA). We share Congress' overarching goal to move the Medicare system from a largely fee-for-service model to one that rewards the value and cost-effectiveness of healthcare. We note that MACRA is driving these changes, including through the implementation of telehealth and remote monitoring technologies.[1]

The Connected Health Initiative (CHI) represents a broad consensus of stakeholders in the connected health sector. As part of ACT | The App Association, CHI represents a large community of small app developers and connected device companies that create the innovations that improve the lives and health of patients across America. We offer several observations and recommendations as the Subcommittee considers the next step for value-based care and the role of technology-driven tools in advancing this goal.

CHI urges this Subcommittee to recognize the strong evidence base that demonstrates the efficacy and cost savings associated with the use of cutting-edge remote monitoring tools. Several studies have shown that providing remote care results in fewer hospitalizations, cost savings, and improved health outcomes. For example, a randomized control trial of telehealth and telecare services concluded that, “if used correctly telehealth can deliver a 15 percent reduction in A&E visits, a 20 percent reduction in emergency

[1] *E.g.*, 42 U.S.C. 1395w-4(q)(2)(B)(iii)(III) (requiring CMS, for care coordination, to ensure the use of remote monitoring or telehealth).

admissions, a 14 percent reduction in elective admissions, a 14 percent reduction in bed days and an 8 percent reduction in tariff costs. More strikingly they also demonstrate a 45 percent reduction in mortality rates."[2] One of the most promising applications for remote monitoring is for patients with chronic conditions. A University of Ottawa Heart Institute study supports this proposition, finding that "telehome monitoring" cut hospital readmission for heart failure by 54 percent, and secured savings up to $20,000.[3]

Nowhere are the potential benefits of connected care more pronounced than in rural America. In a pioneering diabetes self-management study, CHI steering committee member University of Mississippi Medical Center (UMMC) found that the program's first 100 patients saved an impressive $339,184 in healthcare costs by using remote monitoring and telehealth tools. Cost analyses predict that if 20 percent of Mississippi's diabetic population was enrolled in the program, it would bring $189 million in Medicaid savings to Mississippi each year.[4]

Under this Subcommittee's guidance, CMS has already taken important steps to incorporate connected health tools that save lives and reduce costs. Specifically, the Physician Fee Schedule (PFS) rulemaking introduced unbundled current procedural terminology (CPT) code 99091 to support the use of remote monitoring tech. As the Medicare system makes strides to move past its legacy of fee-for-service payment, CMS has also been shaping its Quality Payment Program (QPP), pursuant to MACRA provisions. As part of the QPP's merit-based incentive payment system (MIPS) rules rolled out last year, CMS adopted an Improvement Activity (IA) proposed by CHI—IA_BE_14 : Engage Patients and Families to Guide Improvement in the System of Care—which incents providers to leverage digital tools for patient care and assessment outside the four walls of the doctor's office. The IA urges providers to ensure that any devices they use to collect patient-generated health data (PGHD) do so as part of an active feedback loop. CHI is especially encouraged that CMS assigned high weight and linkage to an Advancing Care Information (ACI) bonus to this IA, which signals to healthcare providers that CMS acknowledges the important role connected health tools can play in improving health outcomes and controlling costs. We commend CMS for taking these and steps in support of connected health solutions that will improve the care of every Medicare beneficiary while reducing program costs. We urge this Subcommittee to ensure CMS continues in this direction.

While good progress has been made, it is important that this Subcommittee recognize that much work remains to be done to realize MACRA's vision of a value-based Medicare system. With CMS currently contemplating its next steps as far as needed changes to

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[2] "Whole System Demonstrator Programme, Headline Findings – December 2011," Department of Health, United Kingdom, *available at* https://www.gov.uk/government/publications/whole-system-demonstrator-programme-headline-findings-december-2011.

[3] University of Ottawa Heart Institute, Feb. 24, 2011, Press Release, *available at* https://www.heartandlung.org/article/S0147-9563%2807%2900084-2/fulltext.

[4] http://www.connectwithcare.org/wp-content/uploads/2017/06/2016_Outcomes_Clinical-1.pdf.

both the PFS and QPP, this Subcommittee's hearing is taking place at a crucial time. There are several encouraging proposals in the draft calendar year (CY) 2019 PFS/QPP that this Subcommittee should ensure CMS adopts, such as CMS' proposal to activate three additional remote monitoring codes. CHI contributed to the development of these codes, which if adopted, will support the use of remote monitoring innovations in the Medicare program. Further, CMS is considering additional changes to the MIPS program to give due credit for using connected health technology innovations in care delivery when calculating a MIPS score. Such proposals should move forward, incorporating the thoughtful feedback of the connected health stakeholder community. Other areas, like Alternative Payment Models (APMs) under the QPP, merit greater attention from by CMS so that a clear message is sent to all stakeholders that remote monitoring tools should serve a key role in the success of future innovative APMs. CHI continues to examine CMS' proposed rule to identify additional opportunities to realize Congress' vision of a value-based Medicare system. We commit to continue to assist this Subcommittee in this respect.

We appreciate the Subcommittee's continued focus to ensure that CMS carries out its statutory mandate under MACRA. With your oversight, we believe CMS can stay on track to bring Medicare into the 21st century to ensure health providers have the tools they need to succeed and better serve patients.

Sincerely,

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