

October 1, 2015

The Honorable Orrin G. Hatch
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden:

On behalf of the Medicare beneficiaries, providers and plans we represent, we are writing to express our support for a narrowly targeted but meaningful proposal that lifts Medicare's outdated restrictions on the use of telemedicine, and reimburses for remote patient monitoring technology for patients with chronic conditions. The proposal, known as the "bridge," enables wider use of connected care technologies during a limited transition period as the Medicare Access and CHIP Reauthorization Act (MACRA) is implemented and Accountable Care Organizations (ACOs) work to achieve risk-based models.

Achieving the goals of value-based care will require investment in new tools that improve patient engagement, increase care coordination, decrease inappropriate resource utilization and allow providers to monitor and communicate with patients for whom they will now be responsible for total cost and quality of care. Connected care technologies like telemedicine and remote patient monitoring are an investment that will help actualize the vision embedded in these transformative programs and deliver on the promise of value over volume in health care. Following are several ways these tools accomplish congressional objectives set out in MACRA and the ACO program:

- Many studies using commercial market, Veterans Affairs, Medicaid and even Medicare data show that telemedicine and remote monitoring reduce resource utilization by averting expensive hospital or urgent care visits, and hospital readmissions.
- "Clinical practice improvement activities," a component of the performance composite score in MACRA's Merit-based Incentives Payment System (MIPS) includes expanded practice access, care coordination, population health management and beneficiary engagement, all of which are accomplished by telemedicine and remote monitoring.
- Quality metrics include appropriate use of services and patient experience/engagement. Telehealth and remote monitoring promote appropriate use of services by offering options for non-emergent care and monitoring of biometric data to mitigate hospital use. With nearly half of consumers and 79% of physicians reporting that they believe the use of mobile devices can help clinicians better coordinate care, the evidence suggesting that connected care technologies can improve patient outcomes cannot be ignored.

Changing the health care system and provider practice is challenging, especially through large-scale, federally-driven mandates. The implementation of the Meaningful Use (MU) of electronic health records (EHRs) is one example. Expensive data infrastructure and confusing requirements created a burden and have resulted in frustration among providers. The scale and scope of MACRA is beyond that of MU and accordingly, successful implementation will hinge on adequate provider preparation and clinical resource

investment. Providers and patients will need to explore approaches and technologies that can successfully support practice change. The ultimate goal is greater access to telemedicine services regardless of site or geography and greater adoption of remote patient monitoring technology. We understand that full repeal of geographic restrictions for telemedicine is difficult and there are many important efforts that will bring us closer to the goal. However, there are ways to allow meaningful change in telemedicine and remote monitoring while also providing guardrails around the reimbursement that ensure the tools are being used to meet the goals of value-based care.

To that end, we ask that Congress create a transition mechanism by which the Secretary of Health and Human Services may lift originating site restrictions, and allow payment for remote monitoring of beneficiaries suffering from chronic diseases. We believe these reforms should remain in effect until at least the year 2021 as a bridge for providers who have committed to changing their practices to comply with MACRA or for ACOs working to achieve risk-based models. Such a transition period would facilitate preparation and serve as a glide path to a new era of value-based care.

Sincerely,



CC:

The Honorable John Thune
Chairman
Committee on Commerce, Science, and Transportation
United States Senate

The Honorable Thad Cochran
Chairman
Committee on Appropriations
United States Senate

The Honorable Roger Wicker
Chairman
Committee on Commerce, Science, and Transportation
Subcommittee on Communications, Technology, and the Internet
United States Senate

The Honorable Brian Schatz
Ranking Member
Committee on Commerce, Science, and Transportation
Subcommittee on Communications, Technology, and the Internet
United States Senate

The Honorable Ben Cardin
Member
Committee on Finance
United States Senate