



January 26, 2016

The Honorable Orrin Hatch  
Chairman, Committee on Finance  
United States Senate  
104 Hart Senate Office Building  
Washington, D.C. 20510

The Honorable Ron Wyden  
Ranking Member, Committee on Finance  
United States Senate  
107 Russell Senate Office Building  
Washington, D.C. 20510

The Honorable Johnny Isakson  
United States Senate  
131 Russell Senate Office Building  
Washington, D.C. 20510

The Honorable Mark Warner  
United States Senate  
475 Russell Senate Office Building  
Washington, D.C. 20510

**Re: Biocom's Comments in Response to the Senate Finance Committee Chronic Care Management Working Group's Policy Options Document**

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

Biocom represents the Southern California life science ecosystem, which includes biopharmaceutical, medical device, and diagnostic companies, universities and research institutions, as well as service providers and patient groups. With more than 750 members dedicated to developing life-enhancing and life-saving treatments and cures for patients in need, Biocom leads advocacy efforts to positively influence the region's life science community in the development and delivery of innovative products.

In our mission of providing feedback and communication between legislators and industry, we write in response to the Committee's Chronic Care Management Policy Options Document and applaud the Committee's efforts to modernize Medicare and improve care for millions of Americans living with chronic care conditions. **In particular, we commend you on including recommendations that acknowledge the importance of remote patient monitoring technologies but we believe that additional steps must be taken to truly integrate remote monitoring into the Medicare program. We thank you for the opportunity to provide comments.**

Remote patient monitoring (RPM) technologies, such as blood pressure, glucose, heart rate, respiration rate, sleep, and weight monitors, have undergone tremendous growth these past decades and hold promise for revolutionizing the delivery of care as we know it. They have proven to improve disease management, streamline care coordination, advance quality of care, increase patient satisfaction, and reduce costs. We have appended to this letter evidence that demonstrates the benefits of using RPM technologies, including reducing hospital admissions and re-admissions, enhancing access to and delivery of care, preventing the deterioration of conditions, ensuring the continuity of care, and better engaging patients, which lead to cost containment and improved patient outcomes across a wide spectrum of disease conditions.

However, Medicare reimbursement restrictions constitute one of the major barriers to patients' access to RPM technologies by deterring providers and patients from utilizing these technologies. Currently, support for RPM does not exist as a separate benefit or category. While there is a CPT code for RPM (99091, "physician/health care professional collection and interpretation of physiologic data stored/transmitted by patient/caregiver"), it is bundled into payment for other basic services (i.e an office visit provided at the same time or other services incident to the service provided). **Biocom highly recommends the establishment of a separate RPM benefit for beneficiaries with chronic conditions and requests that the Committee urges the Centers for Medicare and Medicaid Services (CMS) to unbundle CPT code 99091.** Such a practice would align with CMS' new approach of reimbursing chronic care management separately, as exemplified by the creation of a separate chronic care management CPT code (99490).

Remote patient monitoring technologies hold promise for revolutionizing our health care system through the expansion of preventive, personalized, and instant care, and the consequent containment of health care expenditures. Despite evident benefits, reimbursement hurdles have made it more difficult for these technologies to develop to their full potential. Patient outcomes could be easily and dramatically improved with government support. Biocom urges the Committee to prioritize the use and adoption of emerging RPM technologies and to ensure that Medicare appropriately supports the use of evidence-based RPM services.

We appreciate the opportunity to provide feedback on behalf of our members and thank you for your time and diligence in examining our comments. We look forward to continuing working with you on this very important matter.

Sincerely,



Joe Panetta  
President and CEO  
Biocom

**APPENDIX: Existing Clinical Studies Demonstrating the Benefits of Remote Access Technologies**

**CHRONIC CONDITION MANAGEMENT**

**Adam Darkins: Telehealth and the VA FY2013 Report**

In FY2013, **608,900 (11%)** of veterans received some element of their health care via telehealth. This amounted to **1,793,496** telehealth episodes of care. **45%** of these patients lived in rural areas.

Home Telehealth Services: Helps patients with chronic conditions

- Provided care for 144,520 veterans
- 59% reduction in bed days of care
- 35% reduction in hospital readmissions
- Saves \$1,999 per annum per patient
- 84% patient satisfaction

Store-and-Forward Telehealth: Remote scanning, then send to specialist

- Served 311,396 veterans
- 95% patient satisfaction
- Saves \$38.41 per consultation

Clinical Video Telehealth: Real-time video consultation that covers over 44 specialties

- 94% patient satisfaction
- Saves \$34.45 per consultation

TeleMental Health

- Over 278,000 encounters to 91,000 patients
- 1.1 million patient encounters since FY2003
- Reduced bed days of care by 38%
- Nearly 7,500 patients with chronic mental health conditions are now living independently thanks to TeleMental Health

The number of veterans receiving care through telehealth is climbing by **22%** each year.

<http://ehrintelligence.com/2014/06/23/va-reduces-admissions-by-35-due-to-telemedicine-services/>

<http://c.ymcdn.com/sites/www.hisa.org.au/resource/resmgr/telehealth2014/Adam-Darkins.pdf>

<http://www.va.gov/health/NewsFeatures/2014/June/Connecting-Veterans-with-Telehealth.asp>

***Veterans Administration: Study Size: Over 17,000 patients.***

“Routine analysis of data obtained for quality and performance purposes from a cohort of 17,025 CCHT patients shows the benefits of a 25% reduction in numbers of bed days of care, 19% reduction in numbers of hospital admissions, and mean satisfaction score rating of 86% after enrolment into the program. The cost of CCHT is \$1,600 per patient per annum, substantially less than other NIC programs and nursing home care. VHA's experience is that an enterprise-wide home telehealth implementation is an appropriate and cost-effective way of managing chronic care patients in both urban and rural settings.” “Care Coordination/Home Telehealth: the systematic implementation of health informatics, home telehealth, and disease management to support the care of veteran patients with chronic condition” [Darkins A, Ryan P, Kobb R, Foster

L, Edmonson E, Wakefield B, Lancaster AEs, Telemed J E Health. 2008 Dec;14(10):1118-26. doi: 10.1089/tmj.2008.0021.] <http://online.liebertpub.com/doi/pdf/10.1089/tmj.2008.0021>

**Note:** this specific area has been supplemented with further data from Darkins, available at: <http://c.ymcdn.com/sites/www.hisa.org.au/resource/resmgr/telehealth2014/Adam-Darkins.pdf>

***Primary Care E-Visit v. Physician Office Visit: Study Size 8,000 Office and E-Visits***

From The Washington Post, 1/21/2013: “A new study suggests that “e-visits” to health-care providers for sinus infections and urinary tract infections (UTIs) may be cheaper than in-person office visits and similarly effective.” [Ateev Mehrotra, MD; Suzanne Paone, DHA; G. Daniel Martich, MD; Steven M. Albert, PhD; Grant J. Shevchik, MD, JAMA Intern Med.

2013;173(1):72-74. doi: 10.1001/2013.jamainternmed.305]

<http://archinte.jamanetwork.com/article.aspx?articleid=1392490>

***Randomized Control Trial of Telehealth and Telecare: Study Size 6,191 patients, 238 GP practices***

“The early indications show that if used correctly telehealth can deliver a 15% reduction in A&E visits, a 20% reduction in emergency admissions, a 14% reduction in elective admissions, a 14% reduction in bed days and an 8% reduction in tariff costs. More strikingly they also demonstrate a 45% reduction in mortality rates.” [Source: “Whole System Demonstrator Programme, Headline Findings – December 2011”, Department of Health, United Kingdom]

[http://www.telecare.org.uk/sites/default/files/file-directory/secure\\_annual\\_reports/Publications/Effect%20of%20Telehealth%20on%20use%20of%20secondary%20care%20and%20mortality%20findings%20from%20the%20WSD%20cluster%20randomised%20trial.pdf](http://www.telecare.org.uk/sites/default/files/file-directory/secure_annual_reports/Publications/Effect%20of%20Telehealth%20on%20use%20of%20secondary%20care%20and%20mortality%20findings%20from%20the%20WSD%20cluster%20randomised%20trial.pdf)

## HEART FAILURE MANAGAGEMENT

***Remote Monitoring for Heart Failure: Study Size 50 patients***

Flagstaff Medical Center found that through implementing a remote heart failure monitoring solution for the 6 months prior to versus following program enrollment, the average number of hospitalizations decreased 42%, from 3.3 to 1.9 admissions, the average number of days hospitalized decreased 64%, from 14.2 to 5.2 days, and the average total charges decreased 67%, from \$138,600 to \$44,673. Comparably significant reductions were found for the 30- and 90-day periods prior to versus following enrollment.

<http://www.ncbi.nlm.nih.gov/pubmed/25025239>

***Remote Patient Monitoring of Heart Failure Patients, Meta analysis: Study Size 4,264 patients***

“Remote monitoring programmes reduced rates of admission to hospital for chronic heart failure by 21% (95% confidence interval 11% to 31%) and all cause mortality by 20% (8% to 31%); of the six trials evaluating health related quality of life three reported significant benefits with remote monitoring.” [Telemonitoring or structured telephone support programmes for patients with chronic heart failure: systematic review and meta-analysis, Robyn Clark, Sally Inglis, Finlay McAlister, John Cleland, Simon Stewart, MJ (British Medical Journal),

doi:10.1136/bmj.39156.536968.55 (published 10 April 2007)]

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1865411/>

***Remote Patient Monitoring of Heart Failure Patients, Meta analysis: Study Size 6,258/ 2,354 Patients***

“RPM confers a significant protective clinical effect in patients with chronic HF compared with usual care.” [J Am Coll Cardio: 2009; 54:1683-94]

<http://content.onlinejacc.org/article.aspx?articleid=1140154>

***Telehome Monitoring Program: 1,000 Patients Enrolled***

“Research at the Heart Institute has shown telehome monitoring at the Heart Institute has cut hospital readmission for heart failure by 54 percent with savings up to \$20,000 for each patient safety diverted from an emergency department visit, readmission and hospital stay.” [University of Ottawa Heart Institute, February 24, 2011, Press Release]

[http://www.heartandlung.org/article/S0147-9563\(07\)00084-2/fulltext](http://www.heartandlung.org/article/S0147-9563(07)00084-2/fulltext)

***Remote Patient Monitoring at St. Vincent’s Hospital:***

“Impact: In less than two years, preliminary results show that the care management program implemented by St. Vincent Health and facilitated by the Guide platform reduced hospital readmissions to 5 percent for patients participating in the program – a 75 percent reduction compared to the control group (20 percent), and to the national average (20 percent).” [St. Vincent’s Hospital Reduces Readmissions by 75 percent with a Remote Patient Monitoring-Enabled Program, Case Study by Care Innovations, an Intel GE Company]

[http://www.careinnovations.com/data/sites/1/downloads/Guide\\_product/guide\\_stvincent\\_profile.pdf](http://www.careinnovations.com/data/sites/1/downloads/Guide_product/guide_stvincent_profile.pdf)

**DIABETES MANAGEMENT:**

***Mobile Phone Personalized Behavior Coaching for Diabetes: Study Size 163 patients over 26 Practices***

“Conclusions – The combination of behavioral mobile coaching with blood glucose data, lifestyle behaviors, and patient self-management individually analyzed and presented with evidence-based guidelines to providers substantially reduced glycated hemoglobin level over 1 year.” [Cluster-Randomized Trial of a Mobile Phone Personalized Behavioral Intervention for Blood Glucose Control, Charlene Quinn, Michelle Shardell, Michael Terrin, Eric Barr, Soshana Ballew, Ann Gruber-Baldini, Diabetes Care. Published Online July 25, 2011]

<http://care.diabetesjournals.org/content/34/9/1934.long>

***Mobile Phone Diabetes Management: Study Size 30 patients from 3 group practices***

“Conclusions: Adults with type 2 diabetes using WellDoc’s software achieved statistically significant improvements in A1c. HCP and patient satisfaction with the system was clinically and statistically significant.” [WellDoc™ Mobile Diabetes Management Randomized Controlled Trial: Change in Clinical and Behavioral Outcomes and Patient and Physician Satisfaction, Charlene Quinn, Suzanne Sysko Clough, James Minor, Dan Lender, Maria Okafor, Ann Gruber-Baldini, Diabetes Technology & Therapeutics, Vol 10, Number 3, 2008, pps 160-168]

<http://online.liebertpub.com/doi/pdf/10.1089/dia.2008.0283>

MEDICATION ADHERENCE FOR CHRONIC CONDITIONS: 50 patients

“There was a trend toward increased prescription refill rates with the use of the Pill Phone application and a decrease after the application was discontinued” [Case study titled: “Medication Adherence and mHealth: The George Washington University and Wireless Reach Pill Phone Study”, Study designed, conducted and analyzed by George Washington University Medical Center; Qualcomm Wireless Reach Initiative was the primary funder of this study] <http://www.qualcomm.com/media/documents/files/wireless-reach-case-study-united-states-pill-phone-english-.pdf>