AMERICAN ASSOCIATION FOR RESPIRATORY CARE
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November 17, 2015

Mr. Andrew Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: Request for Information Regarding Implementation of the Merit-based Incentive Payment System, Promotion of Alternative Payment Models, and Incentive Payments for Participation in Eligible Alternative Payment Models (CMS-3321-NC)

Dear Mr. Slavitt:

As President of the American Association for Respiratory Care, I am writing in response to the request for comments on the subject notice regarding implementation of Medicare's Merit-based Incentive Payment System (MIPS), including incentive payments for those who participate in eligible Alternative Payment Models (APMs).

The AARC is the leading national and international professional association with a membership of 50,000 respiratory therapists who treat patients with chronic lung disease and whose organizational activities impact approximately 175,000 practicing respiratory therapists nationwide. The AARC encourages and promotes professional excellence, advances the science and practice of respiratory care, and serves as an advocate for patients, their families, the public, the profession and respiratory therapists.

The AARC is one of numerous stakeholders who comprise a multi-stakeholder group of healthcare and technology communities that promote the expansion of telehealth and remote patient monitoring (RPM). As you will note from the group's joint comments on the subject notice, there is a well-established and ever-growing body of clinical evidence that demonstrate

the value of telehealth and RPM and the substantial cost savings these technologies can generate with their use.

As a co-signer of the joint comments, AARC strongly supports allowing APMs flexibility from the Medicare telehealth restrictions in section 1834(m) of the Social Security Act. To reiterate, we support a waiver for APMs from the following specific and otherwise artificial Medicare restrictions up to any overall Medicare coverage limitations.

- Section 1834(m)(4)(C)(I)(II) to permit an APM to provide health services by video conferencing for Medicare beneficiaries who live in metropolitan counties.
- The last sentence of section 1834(m)(1) to permit an APM to provide and bill for health services provided by store-and-forward means (such as transmission of medical images) to beneficiaries who live outside of an Alaska or Hawaii demonstration site as of December 31, 2000.
- Section 1834(m)(4)(F)(i) to permit an APM to provide additional CPT and HCPCS codes for Medicare covered services provided via telehealth.
- Section 1834(m)(4)(C)(ii) to permit an APM to provide for telehealth services originating from a beneficiary's home, a hospice and anywhere else from which a beneficiary seeks service (without regard to an originating site fee).
- Section 1834(m)(4)(E) to permit a beneficiary in an APM to get otherwise covered Medicare services when furnished by physical therapists, respiratory therapists, occupational therapists, speech-language pathologists, audiologists and other health professionals.

With respect to lifting the restrictions on the type of practitioners who can furnish telehealth services, including RPM, the AARC strongly supports expansion to include respiratory therapists (RTs), among others.

Overall, respiratory therapists have the expertise to assist physicians to determine the clinical needs of patients with chronic lung disease and to educate patients on disease management. When these patients are properly treated, health care quality is enhanced and unnecessary services or hospitalizations can be avoided. With Chronic Obstructive Pulmonary Disease (COPD) added to the list of conditions subject to the Hospital Readmissions Reduction Program, it is important now more than ever that patients with crippling lung diseases get the help they need from respiratory therapists who are educated, trained, and competency tested in all aspects of pulmonary medicine.

Healthcare costs continue to soar for patients with multiple chronic conditions and patients with chronic pulmonary disease account for an exceptionally large proportion of hospital readmissions. We know that for those beneficiaries with chronic lung disease, a key to reducing costly emergency department (ED) visits and/or hospital admissions or readmissions is to educate and train them to recognize the symptoms and triggers of their disease to reduce or prevent the onset of acute exacerbations. With the growing COPD population and the fact that the Centers for Disease Prevention and Control (CDC) lists COPD as the third leading cause of death, respiratory therapists are increasingly working as part of a multidisciplinary team to provide pulmonary disease management services.

In the past, little emphasis has been placed on the skills of respiratory therapists and the value they can bring to the numerous innovative payment models CMS has been testing since passage of the Affordable Care Act. Therefore, with the incentives offered to those who participate in APMs under the new payment system, it is important to waive current restrictions to permit enhanced use of telehealth and RPM and to include respiratory therapists as telehealth professionals.

Not only can self-management education and training by RTs via telehealth help Medicare beneficiaries reduce acute exacerbations, the RTs' skills can also assist in improving medication adherence and oxygen utilization for those Medicare beneficiaries who require oxygen. Medicare beneficiaries with chronic lung disease often rely on complex devices to keep them alive and often misuse or do not adhere to their treatment regimen through lack of understanding. Many patients do not get proper education and training currently on how to take care of their respiratory condition when they visit their physician's office. This lack of education often leads to noncompliance with their physicians' orders or improper use of their metered dose inhalers, nebulizers or respiratory assist devices. Proper education and training by qualified respiratory therapists via telehealth can improve medication adherence, improve outcomes through proper use of respiratory devices, and lower the costs of care.

We believe remote patient monitoring services should focus on patients with chronic conditions, especially those with COPD, as one means of helping to prevent hospital readmissions. Respiratory therapists can also be valuable assets in assisting the primary care physician or specialist in the APM in managing and evaluating their patients with chronic lung disease via RPM. There are numerous studies related to respiratory care and training to teach patients how to manage their chronic lung disease via telehealth and RPM that show these types of services are beneficial in lowering costs and improving quality of life. A few of these are discussed below.

- Certain Medicare beneficiaries with COPD who were enrolled in a telehealth system combined with care management designed to enhance patient education, self-management, and timely access to care were associated with 23% lower quarterly all-cause hospital admissions and 40% lower quarterly respiratory-related hospital admissions.[1]

- A randomized clinical trial led by a respiratory therapist to determine whether integration of self-management education with proactive remote disease monitoring improved health-related outcomes for patients with severe/very severe COPD showed that proactive integrated care dramatically improved quality of life and reduced health care costs.[2]

- In an analysis of ten clinical trials, telehealth for COPD showed a significant reduction in the number of patients with one or more emergency department (ED) visits over 12 months. The analysis concluded that telehealth appears to have a positive impact on quality of life and the number of times patients are admitted to the ED or hospital.[3]

- Patients with moderate to severe COPD enrolled in a study to determine the effects of a homebased telemonitoring device on health consumption and health-related quality of life, showed a significant decrease in hospital admissions rates and in the total number of exacerbations.[4]

- Home telehealth for elderly, severe COPD patients with multiple comorbidities reduced emergency room visits, hospitalizations, length of stay, and need for non-invasive mechanical ventilation after 7 months of monitoring.[5]

- A study to evaluate the effects of home telemonitoring on healthcare utilization in patients with COPD involved Veterans Administration patients enrolled in their Care Coordination Home Telehealth (CCHT) program. Of the 369 patients who had at least one exacerbation per year in the year prior to enrollment, 71.5% had a reduction in number of ED visits and exacerbations requiring hospitalization after enrolling in the program and the average number of hospital admissions, ED visits and total exacerbations were all reduced.[6]

As stated earlier, since the inception of CMS' use of APMs, such as Accountable Care Organizations and Episode-based Payment Initiatives, as well as the Independence at Home and Medicare Coordinated Care Demonstrations that focus on the needs of Medicare beneficiaries with multiple and complex chronic conditions, little attention has been paid to utilizing respiratory therapists. With the increased incentives afforded those who participate in APMs under the new Medicare payment system, the time has

come to recognize the RTs' skills and the impact they can make on the health outcomes and lives of their patients.

We appreciate the opportunity to comment and recommend that CMS seriously consider the recommendation of the multi-stakeholder group with respect to improved access for Medicare beneficiaries to telehealth services and remote patient monitoring as the agency considers how to implement the provisions of the Medicare Access and CHIP Reauthorization Act of 2015.

Sincerely,

Frank R. Salvatore, RRT, MBA, FAARC
President

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1 Au DH, et al. Impact of a Telehealth and Care Management Program for Patients with Chronic Obstructive Pulmonary Disease. *Ann Annals ATS.* 2015 Mar;12(3):323-31. doi: 10.1513/AnnalsATS.201501-042OC.

2 Koff, PB. Jones RH, Cashman JM, Voelkel NF, and Vandivier RW. Proactive integrated care improves quality of life in patients with COPD. *Eu Respir J*. 2009 May;33(5):1031-8. Doi: 10.1183/09031936.00073108. Epub 2009 Jan 7.

3 McLean, et al. Telehealthcare for chronic obstructive pulmonary disease. *Cochrane Database Syst Rev*. 2011 Jul 6;(7):CD007718. doi:10.1002/14651858.CD997718.pub2

4 Trappenburg JC, et al. Effects of telemonitoring in patients with chronic obstructive pulmonary disease. *Telemed J E Health.* 2008 Mar;14(2): 138-46. Doi: 10.1089/tmj.2007.0037.

5 Segrelles Calvo, G, et al. A home telehealth program for patients with severe COPD: The PROMETE study. *Resp Med.* Volume 108, Issue 3, March 2014, Pages 453-462. doi:10.1016/j.rmed.2013.12.003.

6 Alrajab S, Smith RT, Owens J, Areno JP, and Caldito G. A home telemonitoring program reduced exacerbation and health care utilization rates in COPD patients with frequent exacerbations. *Telemed J E Health.* 2012 Dec;18(10):772-6. Doi: 10.1089/tmj.2012.0005. Epub 2012 Oct 19.