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CMS-1461-P
Medicare Program: Medicare Shared Savings Program:
Accontable Care Organizations; Proposed Rule

The American Association for Respiratory Care (AARC) is pleased to submit comments on the proposed rule that addresses changes to Medicare's Shared Savings Program, including provisions relating to payments to Accountable Care Organziations (ACO) that participate in the program. Our comments focus on primary care services and care coordination that includes transitional care management services, chronic care management services, telehealth and remote patient monitoring. The AARC is a national professional organization representing 50,000 respiratory therapists who treat patients with chronic lung disease in all care settings.

Primary Care Services and Care Coordination

1. **Assignment to an ACO**

The assignment of a Medicare beneficiary to participate in an ACO is set forth in the Medicare statute and is based on the beneficiary's utilization of primary care services provided by a primary care physician or certain physician specialists identified by CMS. AARC supports CMS' proposal to continue the inclusion of pulmonary disease specialists as part of the two-part process CMS uses to determine beneficiary assignment and agrees that these specialists frequently provide primary care services to their patients. We also agree with CMS' proposal to include future revisions to the definition of primary care physicians in the annual update to the Physician Fee Schedule (PFS) regulations.

2. **Defining Primary Care Services – Adding Transitional Care Management and Chronic Care Management Services and the Need for Respiratory Therapists in ACOs**

In past rulemaking CMS has established a list of codes that constitute primary care services for purposes of participating in the Medicare Shared Savings Program. In its December 8, 2014, Notice of Proposed Rulemaking, CMS proposes to expand the codes and services considered to be "primary care" to include transitional care management services and chronic care management services. **The AARC strongly supports inclusion of these important care coordination services.**

Transitional care management services are designed to help prevent hospital readmissions. Payment is based on ensuring that there is no gap in care for a 30-day period subsequent to a beneficiary's discharge from an inpatient setting to a community setting. The patient must require moderate or complex decision making in order for the service to be covered. Chronic care management services are designed to treat patients with at least 2 or more chronic conditions that are expected to last at least 12 months or until the death of the patient, or that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, with access to needed care available 24 hours a day, 7 days a week.

With Chronic Obstructive Pulmonary Disease (COPD) recently 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. The addition of transitional care management and chronic care management services in the ACO offers new opportunities for respiratory therapists to work part-time in the physician practice to provide continuity of care for their patients when they are discharged and ACOs should be encouraged to utilize their expertise.

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, healthcare providers can help reduce readmission rates, as well as improve the quality of life, for persons with chronic pulmonary disease by providing vital education and facilitating the development of disease self-management skills. As more focus is placed on reducing hospital readmissions, respiratory therapists are increasingly working as part of a multidisciplinary team to provide pulmonary disease management services.

The AARC, in partnership with the Allergy and Asthma Network Mothers of Asthmatics, COPD Foundation, American Association of Cardiovascular and Pulmonary Rehabilitation, Pulmonary Fibrosis Foundation, and Cystic Fibrosis Foundation has developed recently a Pulmonary Disease Educator program to provide the necessary pulmonary disease management information health care providers need to improve long-term pulmonary disease care and improve patient quality of life. It focuses on the key components of pulmonary disease education for COPD, pulmonary fibrosis, asthma, pulmonary hypertension, and cystic fibrosis, the course also provides instruction on pulmonary function technology, tobacco cessation, pulmonary rehabilitation, patient education, and many other vital areas of effective pulmonary disease management.

Patient education with the goal of training the patient to self-manage their disease is important because we believe Medicare beneficiaries with chronic lung disease 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. Most end up incurring expensive acute care interventions because they do not know what to do when an exacerbation occurs. Proper education and training by qualified respiratory therapists is critical to helping reduce hospital readmissions for these patients.

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. CMS' Chronic Conditions Dashboard indicates that almost 52% of Medicare beneficiaries with COPD have at least 5 or more chronic conditions. Likewise, almost 42% of Medicare beneficiaries with asthma have 5 or more chronic conditions. Medicare beneficiaries properly taught to self-manage their chronic lung disease with the expertise of respiratory therapists as part of care coordination services in the ACO can slow the progression of their disease and improve their health status.

Several studies demonstrate the value of respiratory therapists in improving health outcomes and reducing hospital readmissions and costs. For example, a large disease management program run by respiratory therapists in the Veterans Administration was instrumental in reducing hospital readmissions and emergency department visits by 41 percent. Other studies demonstrate the positive outcomes in terms of enhanced patient care and cost effectiveness when respiratory therapists are involved in the assessment and management of patients in need of long-term home oxygen therapy.

There are numerous studies that demonstrate improper selection and incorrect use of Metered Dose Inhalers (MDIs) and Dry Powder Inhalers (DPIs) not only directly impacts the clinical effectiveness of the medication but is costly to the health care system and the patient. These studies unanimously concur and support the conclusion that patient education and proper device selection is critical for optimal clinical outcomes and cost efficacy.

Overall, respiratory therapists have the expertise to assist physicians to determine the clinical needs of the patient and to educate patients on disease management. When patients are properly treated health care quality is enhanced and unnecessary services or hospitalizations can be avoided. Payment for transitional care management and chronic care management services in the ACO has the potential to open new opportunities for respiratory therapists as part of the care management team.

With the aging of the Baby Boomers, population growth will be the greatest driver of expected increases in primary care utilization. In addition, a greater number of insured Americans will

add to the demand for primary care physicians. Because older patients are generally sicker and those with multiple chronic conditions require more time and coordination, we are concerned there will not be enough physicians to take care of these patients. The AARC believes respiratory therapists can be an integral asset to ACOs in addressing the needs of patients suffering from chronic lung disease, especially in the physician office setting.

Telehealth and Remote Patient Monitoring

ACOs are required to "define processes to . . . coordinate care, such as through the use of telehealth, remote patient monitoring, and other such enabling technologies." While CMS points out in the proposed rule that testing of these types of interventions has been included in several demonstration projects, questions arise as to whether a waiver of certain Medicare telehealth requirements would be necessary to permit ACOs to realize cost savings and improve care coordination for assigned beneficiaries. CMS seeks comments on a number of issues, including how telehealth should be defined and the types of services that should be included.

We believe the definition CMS currently uses to cover telehealth services should apply to AOCs as well. That is, the ACO should use an interactive audio and video telecommunications system that permits real-time communication between the physician or practitioner at the distant site and the beneficiary at the originating site. With TCM and CCM services proposed to be included as primary care services, we believe remote patient monitoring telehelath services at a minimum should focus on patients with chronic conditions, especially those with COPD, as one means of helping to prevent hospital readmissions. These services could include consulting with the patient, assessment, clinical observation, treatment, and most important patient training and education. Respiratory therapists could be valuable assets in assisting the primary care physician or specialist in the ACO in carrying out these services for their patients with chronic lung disease.

The AARC appreciates the opportunity to comment on the proposed regulations.

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