



AMERICAN ASSOCIATION FOR RESPIRATORY CARE
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Physician-Focused Payment Model Technical Advisory Committee
U.S. Department of Health and Human Services
Assistant Secretary for Planning and Evaluation, Office of Health Policy
200 Independence Avenue, SW
Washington, DC 20201
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RE: The COPD and Asthma Monitoring Project

To Whom It May Concern:

The American Association for Respiratory Care (AARC) is pleased to provide comments on the proposal by the Pulmonary Medicine, Infectious Disease and Critical Care Consultants Medical Group of Sacramento, CA to implement an innovative payment model that remotely monitors Medicare beneficiaries with Chronic Obstructive Pulmonary Disease (COPD) and asthma via digital peak flow meters. The model is designed to improve patient safety and quality of care and reduce health care expenditures through reduced emergency room visits and subsequent hospitalizations

The AARC is a national professional organization with a membership of over 47,000 respiratory therapists who treat patients with chronic respiratory diseases such as asthma and Chronic Obstructive Pulmonary Disease (COPD) and whose organizational activities impact over 170,000 practicing respiratory therapists across the country. The AARC is especially supportive of expanding opportunities for respiratory patients to receive telehealth and remote patient monitoring (RPM) services.

As a member of a large multi-stakeholder Telehealth/RPM Coalition, the AARC has supported and encouraged numerous Congressional activities to increase coverage of telehealth and RPM, especially in conjunction with alternative payment models and expanded services as part of Medicare Advantage plans. Most notably, the AARC is an advocate for including respiratory therapists as telehealth providers, a provision of H.R. 2948, the Medicare Telehealth Parity Act. In addition, the bill adds Medicare coverage of respiratory services, includes an individual's

home as a telehealth site, and provides incremental coverage of RPM services for certain chronic conditions such as COPD and diabetes and related chronic comorbidities when the patient is under Medicare's chronic care management services.

According to the proposal, the COPD and Asthma Monitoring Project (CAMP) will use a smartphone app (i.e., peak flow meter) and "operate a remote monitoring center supported by specially-trained providers who will track member input into the app and engage participants via voice phone, secure text messaging, email and video conferencing." As part of the program, CAMP participants will be trained and provided written instructions on the use of the peak flow meter phone app. Data generated by the app will be color coded (e.g., American Lung Association Asthma Action Plan Color Coded Template – Green, Yellow, Red) and sent to a CAMP central server. Patients can access the command center at any time and all Red Zone alerts will initiate a phone call from a representative at the center to the patient if the patient doesn't call the center first.

The CAMP proposal identifies several studies that support this type of initiative. Another key study¹ that may be of interest to the Technical Advisory Committee is the Health Buddy Program, a content-driven telehealth system coupled with care management designed to enhance patient education, self-management, and timely access to care. Medicare beneficiaries participated through a demonstration project run by the Centers for Medicare and Medicaid Services from 2006 to 2010. The Health Buddy device asked patient questions related to vital signs and disease symptoms and provided feedback and educational information based on question responses. The program was associated with 23% lower quarterly all-cause hospital admissions and 40% lower quarterly respiratory-related hospital admissions. In a subgroup analysis, patients engaged in the intervention during the study period demonstrated significantly lower quarterly hospital admissions for COPD exacerbations.

Using experience gained from a command center associated with Sutter Health in California, CAMP expects its center to include physicians and nurse practitioners to interact with the Medicare beneficiaries with support staff that includes a command center manager and ancillary personnel that may include "medical assistants and secretarial personnel." In addition, the program intends to hire a psychologist to "create tools to evaluate and suggest ways to increase beneficiary ownership of their disease state. While it may be assumed that respiratory therapists will be key drivers of this program, **we would caution the Technical Advisory Committee to query the proposal's sponsor to ensure that respiratory therapists have a key role in the payment model before a final decision is reached on whether to**

¹ Au, DH, Macaulay, DS, et al. Impact of a telehealth and care management program for patients with chronic obstructive pulmonary disease. *Annals Am Thorac Soc.* 2015 Mar;12(3):323-31. <https://dx.doi.org/10.1513/AnnalsATS.201501-042OC>.

recommend approval. For example, respiratory therapists are experts in evaluating results from Peak Flow Meters as opposed to medical assistants who do not have comparable education and training. Further, the AARC recommends considering a respiratory therapist to serve as the command center manager.

We support the CAMP design to encourage better disease management especially to empower patients to become more self-aware managers of their own disease. To this end, CAMP will use tools of “education, proactive monitoring, ongoing communication, early recognition, and intervention to ‘move the needle’ in the chronic management of COPD.” Process measures include the following elements to achieve “optimal” COPD and asthma care.

- Assessment and classification of COPD and asthma control using a validated instrument.
- Stepwise approach to identify treatment options and adjust medication and other therapies.
- Written patient self-management asthma action plan customized to take advantage of real-time monitoring and early detection/interventional protocols.
- Patients >4 years of age with flu shot (or flu shot recommendation).
- Smoking cessation and advice where appropriate.

These are achievable measures as long as the plan includes the expertise of respiratory therapists; however the proposal is silent with respect to their inclusion in the payment model. The proposal also lays out plans to include participants in a web-based, classroom-style, individualized COPD/asthma education course and smoking cessation course and families are encouraged to participate with the participant in this process. **Based on the skills and expertise of respiratory therapists in providing disease management services to COPD and asthma patients, we strongly recommend the model clearly indicate that such course will be led by a qualified respiratory therapist.**

Respiratory therapists are trained, educated and competency tested in all aspects of pulmonary medicine and their expertise is essential to a program such as CAMP. Further, respiratory therapists’ expertise in the type of disease management program below can help achieve the process measures outlined in the proposal that can lead to improved access to care, improved health outcomes and reduced hospital readmissions:

- Education on self-management of the patient’s disease;
- Education and training in the use of prescribed self-monitoring devices such as peak flow measurement and pulse oximetry;
- Education and training on the proper technique for use of aerosol medications with nebulizers, metered-dose inhalers, and dry-powdered inhalers;

- Direct observation and assessment of the patient’s ability to self-administer aerosol medications;
- Smoking cessation counseling;
- Education and training on compliance with medications and respiratory devices such as oxygen equipment and nebulizers; and,
- Development of an action plan that enables patients to recognize the appropriate response to self-managing their chronic disease according to their symptoms.

While the CAMP proposal appears to be a very ambitious project, it nonetheless has merit, especially since it will implement the NHLBI Guidelines Expert Panel Report 3 – Guidelines for the Diagnosis and Management of Asthma as well as strategy recommendations from the Global Initiative for Chronic Obstructive Lung Disease. As the high cost of treating patients with COPD and asthma continues to rise, especially as these patients often present with multiple chronic conditions, the Medicare program has been deficient in expanding coverage of telehealth and remote patient monitoring (RPM) services which have been demonstrated to improve outcomes and lower costs, as documented in the proposal.

Overall, the proposal is well-designed and has the potential to improve the lives of those who suffer from COPD and asthma. Remote patient monitoring has proven results and should be encouraged to monitor these patients, but we cannot emphasize enough the value of respiratory therapists as part of this initiative. **The AARC recommends the Physician-Focused Payment Model Technical Advisory Committee ensure participants in the CAMP program have access to the expertise of skilled respiratory therapists prior to any formal recommendation on the proposal.**

We appreciate the opportunity to provide into this important endeavor.

Sincerely,



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President