



AMERICAN ASSOCIATION FOR RESPIRATORY CARE
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Attention: CMS-4185-P
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Medicare and Medicaid Programs: Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Program of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-for-Service, and Medicaid Managed Care Programs for Years 2020 and 2021

As President of the American Association for Respiratory Care, I am pleased to submit comments on the proposed regulation noted above. The AARC is a national professional organization with a membership of 47,000 respiratory therapists who treat patients with chronic respiratory diseases such as Chronic Obstructive Pulmonary Disease (COPD) and asthma and whose organizational activities impact over 170,000 practicing respiratory therapists across the country. Our comments focus on additional telehealth benefits that are being proposed as part of a Medicare Advantage (MA) plan's basic benefit plan and other services such as remote monitoring.

Background

Beginning in 2020, §1852(m) of the Bipartisan Budget Act of 2018 allows Medicare Advantage (MA) plans to offer additional telehealth benefits to its enrollees as part of its basic benefit plan for purposes of bid submission and payment by CMS. The additional services are limited to those services for which benefits are available under Medicare Part B, are determined to be clinically appropriate to be furnished via electronic information and telecommunications technology and are not covered under the current telehealth benefit. To provide additional telehealth benefits, the plan must also make available at the enrollee's option, the same service as part of an in-person visit. The plans have considerable flexibility in determining appropriate additional telehealth benefits, to establish definitions applicable to the new classification of benefits, and to enact requirements and limitations in order to account for differences in practice areas and professional standards of care. We offer the following comments and recommendations regarding the proposal.

Chronic Disease Management Telehealth Services by Respiratory Therapists Can Improve Patient Outcomes and Reduce Utilization

As additional telehealth benefits, the AARC strongly recommends MA plans include coverage of self-management education and training for enrollees with chronic lung disease and demonstration/evaluation of proper inhaler techniques when furnished by respiratory therapists under Medicare’s Part B “incident to” benefit category (e.g., §1861(s)(A)(2)). Both are covered by Medicare Part B, although currently self-management education and training is bundled into other chronic care services. Because the AARC recognizes that the highest quality professional education and training of the respiratory therapist is required to enhance the ability to improve the patient’s quality and longevity of life through their practices, we recommend the respiratory therapist be credentialled as a “registered respiratory therapist” and, at a minimum, hold a baccalaureate degree or higher in respiratory care or an equivalent degree title.

With respect to remote monitoring, in other recent rulemaking CMS has concluded remote patient monitoring (RPM) is not a telehealth benefit and therefore is not subject to the current restrictions under section 1834(m) of the Society Security Act. Therefore, we urge CMS to state in the final rules that MA plans can include RPM as a basic benefit as well as other virtual services if they are clinically appropriate, which can provide a pathway to using innovative digital tools to improve beneficiaries’ care and reduce provider burden. To that end, we recommend MA Plans cover as a basic benefit remote patient physiologic monitoring services that include respiratory measures recently identified as separately payable by Medicare. The following codes and descriptors based on our recommendations are provided for ease of reference:

Code	Code Description
98960	Education and training for patient self-management by a qualified non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB (intermittent positive pressure breathing) device
99453	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial: set-up and patient education on use of equipment
99454	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial: devices(s) supply with daily recordings(s) or programmed alert(s) transmission, each 30 days
99457	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month

Respiratory therapists comprise the only health care profession that receives comprehensive formal education in all aspects of pulmonary medicine. These licensed professionals undergo

rigorous validated competency testing over the full scope of practice which includes diagnosis, treatment, and management of all respiratory diseases and conditions. They are responsible for management of mechanically ventilated patients, administration of a wide range of prescription medications via aerosol therapy as well as all aspects of oxygen therapy including assessment of the patient's needs, titrating oxygen dosage and selection of the appropriate oxygen delivery devices. Respiratory therapists by virtue of their education and testing are experts in application and management of physician-ordered treatment for respiratory patients and the selection of the appropriate devices such as ventilators and oxygen systems. Their expertise as telehealth practitioners and in monitoring patient physiologic data remotely can be invaluable.

Self-Management Education and Training

Chronic care management services, which include an element of self-management bundled into a single code, are not currently covered as telehealth services under §1834(m) and do not adequately address the unique needs of pulmonary patients and the variety and complexity of devices such as aerosol inhalers and oxygen systems used to treat their chronic lung disease. Therefore, we recommend self-management education and training for patients with chronic lung disease as a new, separate telehealth service offered as part of a MA plan's basic benefit beginning in 2020.

We envision telehealth respiratory self-management education and training to include the following elements:

- Patient/caregiver education on understanding the triggers and symptoms of COPD
- Teaching self-management skills to reduce unnecessary acute exacerbations.
- Educating the patient/caregiver on an action plan that enables the patient to recognize an appropriate response according to their symptoms.
- With respect to individuals with COPD on long-term oxygen therapy, educating and training the patient/caregiver on appropriate oxygen saturation levels depending on the activity of the patient to self-manage the drug.
- Monitoring the disease management treatment plan via a telecommunications system to ensure patient compliance

MA plan enrollees who properly self-manage their chronic lung disease working with respiratory therapists via telehealth can also slow their disease progression and improve their health status and quality of life. Self-management teaches patients to recognize and reduce the symptoms and triggers of their chronic lung disease which can lead to reduced exacerbations and lower the cost of acute care. Studies show that telehealth services and other interventions for patients with chronic lung disease are beneficial and can reduce costly acute care interventions. Respiratory therapists as telehealth practitioners would play a critical role in achieving this goal.

Proper Education and Training via Telehealth by Respiratory Therapists Can Improve Medication Adherence and Reduce Costs

Medication non-adherence has been estimated to cost the US health care system between \$100 billion and \$289 billion in direct costs according to an Evidence Report/Technology Assessment conducted by the Agency for Healthcare Research and Quality.¹ The report cites studies that provide strong evidence suggesting “benefits attributable to improved self-management of chronic diseases could result in a cost-to-savings ratio of approximately 1:10.” Patient education and evaluation of aerosol delivery systems as well as oxygen systems are critical for optimal clinical outcomes and cost effectiveness for patients with chronic lung disease and can easily be furnished as an additional telehealth benefit under CMS’ proposed rule. Due to the complexities of these devices, respiratory therapists’ expertise is needed in order to minimize unnecessary, ineffective or wasteful interventions. Respiratory therapists are experts in this field and the time they can spend with the patient to assist the physician can be invaluable.

Data from CMS’ Chronic Conditions Dashboard indicate 57% of Medicare beneficiaries with COPD and 56% of those with asthma have 5 or more other conditions leading to other related health care costs.² These statistics are even more relevant when considering data in CMS’ 2012 Chartbook³ which notes there were 1.9 million hospital readmissions in 2010 of which Medicare beneficiaries with just two or more chronic conditions accounted for almost all (98%) of the hospital readmissions. Readmissions for COPD are among the costliest, which is why the condition was added to CMS’ Hospital Readmissions Reduction program.

MA plans that include as additional telehealth benefits chronic disease management services (e.g., self-management education and training and demonstration/evaluation of proper inhaler techniques) furnished by respiratory therapists as telehealth practitioners under Medicare’s Part B “incident to” provisions, and remote patient monitoring of certain respiratory measures that utilize the respiratory therapist’s expertise, can improve overall patient care and lower the cost of acute care interventions by reducing hospital admissions, readmissions, and emergency department visits.

We appreciate the opportunity to provide comments and urge CMS to consider our recommendations as it takes the next steps to implement the additional telehealth benefits for Medicare Advantage plans in 2020.

Sincerely,



Karen S. Schell, DHSc, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS
President

¹ https://ahrq-ehc-application.s3.amazonaws.com/media/pdf/closing-quality-gap-summary_research.pdf

² <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CCDashboard.html>

³ <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/Downloads/2012Chartbook.pdf>