June 15, 2015

The Honorable Orrin Hatch
Chair, Senate Committee on Finance
U.S. Senate
Washington, DC 20510

The Honorable Johnny Isakson
Member, Senate Committee on Finance
Co-chair, Chronic Care Working Group
U.S. Senate
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member, Senate Committee on Finance
U.S. Senate
Washington, DC 20510

The Honorable Mark Warner
Member, Senate Committee on Finance
Co-chair, Chronic Care Working Group
U.S. Senate
Washington, DC 20510

Submitted electronically to: chronic_care@finance.senate.gov

Re: Improving Care for Patients with Chronic Conditions

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

On behalf of the College of Healthcare Information Management Executives (CHIME), which represents more than 1,400 chief information officers (CIOs) and other senior information technology executives at hospitals and clinics nationwide, we thank you for the opportunity to provide input concerning chronic care management.

CHIME members are responsible for the selection and implementation of clinical and business information technology (IT) systems that aid in the transformation of healthcare. CHIME shares the vision of an e-enabled, modern healthcare delivery system as described in the Committee's stakeholder letter, dated May 22, 2015. Our comments specifically address the value of telehealth services and the importance of robust care coordination initiatives as a means to improve outcomes for patients with chronic conditions.

The Committee's core topics for consideration are timely, given the prevalence of chronic conditions and the numerous federal initiatives focused on prevention and patient education. As healthcare IT executives, CHIME calls on the Committee to recognize widespread technology adoption and robust data sharing as vital resources to improve care quality in the U.S. healthcare system.

CHIME offers the following focused set of recommendations to advance the treatment and prevention of chronic diseases:

- Facilitation of federal policies to enable widespread health data exchange;
- Revision of Medicare's definition and reimbursement policies for telehealth services; and
- Empowerment of patients in care coordination.

Enhancing Health Data Exchange

A high degree of data fluidity is imperative to reducing waste and improving quality within the U.S. healthcare system. CHIME calls on the Committee to pursue policies with the intent to increase the exchange of health data, facilitating the compilation of a longitudinal healthcare record, to enable informed decision making for providers and patients alike. The concept of a longitudinal healthcare record should reflect the patient's experience across episodes of care, payers, geographic locations and stages of life. It should consist of provider-, payer- and patient-generated data, and be accessible to all members of an individual's care team, including the patient, in a single location, an invaluable resource in care coordination.

Foundational to coordinated care is the need to accurately match patients with their healthcare data across providers, systems and states. A national approach to patient identification is prerequisite for health information exchange and the lack of a national standard for patient identification only serves to aggravate our industry's technical challenges. Without a standard patient identifier, the creation of a longitudinal care record is simply not feasible. A longitudinal healthcare record, supported by widely adopted standards, also should improve a patient's ability to manage consent privileges and diminish privacy concerns related to the digitization of personal health information (PHI).

The exchange of data among providers in various locations and settings will require the harmonization of state and federal privacy laws. As an example, consent policy varies by jurisdiction and personal health information (PHI) type, and similar to most privacy policy, there is no national consent policy. CHIME calls on Congress to lead an open dialogue to help states align privacy and consent policies that enable cross border exchange of health information in a secure manner; this should include re-examining certain provisions of Health Insurance Portability and Accountability Act (HIPAA).

Rethinking of Federal Telehealth Policies

Hospitals and health systems are embracing the use of telehealth technologies because they offer benefits including the ability to perform high-tech monitoring without requiring patients to leave their homes, which can be less expensive and more convenient for patients. Telehealth services come in many forms, from post-discharge remote monitoring programs resulting in reduced hospital readmissions, to emergency departments using remote video consultations to enable patients to receive a telepsychiatric screening. Yet whether public and private payers cover telehealth services and adequately reimburse hospitals and other health care providers for providing those services, is a complex and evolving issue and, as a result, a possible barrier to standardizing the provision of these valuable services.

Inconsistencies in the definition and reimbursement policies of telehealth services in federal and state programs are hurdles to widespread adoption. While Medicaid encourages states to use flexibility to create innovative payment methodologies for services that incorporate telemedicine, there are still significant coverage gaps from state-to-state. Differences in state laws, definitions and regulations create a confusing environment for hospitals and health systems that may care for a patient across state lines.

Although Medicare has slowly incorporated additional telehealth services into their reimbursement models, there are still significant geographic and definitional limitations. We call on the Committee to revisit the geographical limitations currently restricting coverage of telehealth services. The demand for "parity" in reimbursement for services provided in-person by a physician and those via telemedicine has never been

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greater. The realignment of federal payment structures is a key factor to increasing access to telehealth services to those with chronic conditions.

Similarly, the Committee should consider how to address cross-state licensure concerns, often imposing troublesome legal barriers to a physician wishing to offer telehealth services to a patient in another state. CHIME supports policies to allow licensed healthcare providers to offer services to patients, using telemedicine, regardless of what state a patient resides in, notwithstanding whether the patient is within a traditional care setting or in one's home.

CHIME calls on the Committee to consider how the Centers for Medicare and Medicaid Innovation (CMMI) is poised to evaluate how a resource like telemedicine can be incorporated into alternative care and payment models. Federal telehealth policies lag those of both state and private payers, thus the federal government should leverage existing resources to explore alternative care models in order to accommodate and encourage innovation in healthcare delivery.

Patient Engagement

One of the most common limitations of physical presence healthcare is time. Providers' time limitations have been well documented, while patients' time pressures can lead to forgotten questions and concerns. Asynchronous telemedicine communications, using currently available handheld internet-ready technologies are adequate for effective and high quality patient-provider communications. One key advantage for asynchronous telemedicine visits is the ability for both providers and patients to ask and receive information in a bidirectional fashion, in their own words, at separate times. These care encounters often result in a more satisfying and productive exchange that can then be referenced by provider and patients alike in the future.

The most efficient use of both patient and provider resources is to enable a dialog and structure of communication that is both time and content efficient. Telehealth instruction for both providers and patients should involve formal and comprehensive education. Telehealth policies should include patient (and family) access to appropriate and comprehensive patient education resources to increase both the quality and specificity of information exchanged with providers. Under current regulations, Medicare does not reimburse for patient telehealth training or education.

Patient and caregiver education is most effectively accomplished by educational content available online suited to the patient's needs and, whenever possible, to the scope and goals of the healthcare program that is underway (e.g. primary care, preoperative care, chronic care etc.). Just as a review of the written medical record prior to patient interview in the past was considered necessary for the delivery of coordinated care, the review of essential elements of recorded telehealth encounters must be incorporated into the preparation for care delivery.

Monitoring of vital signs and patient activity, whether remotely to help manage chronic conditions or within the acute setting to manage the inpatient stay, benefits providers and patients alike. However, it comes at a high cost, with significant technical challenges. While hospitals and physicians have a need to connect inpatient and at-home devices for centralized monitoring and analysis of real-time or near-real-time data, the gateways offered by medical device manufacturers are largely proprietary and non-standardized, which results in high costs and slow implementation. The adoption of remote monitoring technologies has increased, especially as the market for fitness trackers and wearable devices continues to thrive. Providers are increasingly prescribing remote monitoring in the care plans of both patients with acute and chronic conditions. Thus, the need to address the technical complexities is even more important. CHIME calls on the

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Committee to support policies to encourage the development and wide-spread adoption of standards for data capture and exchange between remote medical devices and health IT systems.

In closing, the Committee should consider ways to leverage the ongoing Medicare and Medicaid Electronic Health Record Incentive Programs or the "Meaningful Use Program" as a method to ensure Medicare and Medicaid providers have EHR systems that are capable of exchanging patient data by both the patient and other providers. Encouraging the Centers for Medicare and Medicaid Services (CMS) to identify and enforce measures that accurately represent the exchange of relevant patient data and afford patients (and/or caregivers) the ability to be active members of their care team. Further, we call on the Committee to work with the Office of the National Coordinator for Health Information Technology (ONC) to ensure the health IT products certified to meet regulated specifications are able to facilitate the capture, exchange and use of data, serving as a foundational element to care coordination.

CHIME commends the Committee for their willingness to engage stakeholders and bipartisanship. We hope our comments are useful and offer to continue the dialogue with the Committee regarding legislative solutions for improving the care for patients with chronic conditions through the use of health information technology. Should you have questions about our remarks or require additional information, please contact Leslie Krigstein, Interim Vice President of Public Policy at lkrigstein@chimecentral.org.

Sincerely,

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