



Continua  
HEALTH ALLIANCE

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attn: CMS-1518-P  
P.O. Box 8011  
Baltimore, Maryland 21244-1850

**RE: CMS-1518-P; Comments on Medicare Program; Proposed Changes to the Hospital Inpatient Prospective Payment System for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2012 Rates**

Dear Administrator Berwick:

The more than 230 members of the Continua Health Alliance (Continua) thank the Centers for Medicare & Medicaid Services (CMS) for accepting comments related to the Notice of Proposed Rulemaking for the Hospital Inpatient Prospective Payment System for Fiscal Year 2012 (“Proposed Rule”).<sup>1</sup> Continua is a non-profit, open industry coalition of healthcare, technology, and medical device companies joining together in collaboration to improve the quality of healthcare through the use of personal connected healthcare such as telehealth, remote patient monitoring (RPM), electronic care (eCare), mobile health (mHealth), and other health information technologies (hereafter referred to collectively as “personal connected healthcare”).<sup>2</sup>

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<sup>1</sup> Medicare Program: Proposed Changes to the Hospital Inpatient Prospective Payment System for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2012 Rates, 76 Fed. Reg. 25788 (May 5, 2011).

<sup>2</sup> “Telehealth” is defined in statute, and it includes professional consultations, office visits, and additional services. 42 U.S.C. § 1395m(m)(4)(F). Though not defined in statutes or regulations, “RPM” is recognized widely to mean wireless devices and sensors that monitor patients’ conditions from home or someplace other than health care providers’ offices and report the data to health care providers and/or EHR systems, permitting patients to be full partners in their care. “eCare” and “mHealth” appear as explained terms in the March 2010 Federal Communications Commission document, “National Broadband Plan: Connecting America,” available at <http://www.broadband.gov/download-plan/>. “eCare” is the electronic exchange of information—data, images and video—to aid in the practice of medicine and advanced analytics, encompassing technologies that enable video consultation, remote monitoring and image transmission (“store-and-forward”) over fixed or mobile networks. “mHealth” is the use of mobile networks and devices in supporting e-Care, leveraging health-focused applications on general-purpose tools such as smart-phones and Short Message Service (SMS) messaging to drive active health participation by consumers and clinicians.

Continua strongly believes that personal connected health care makes up the foundation of health information technology (“health IT”). Health IT is not limited to the mere exchange of electronic health records among providers, but rather encompasses a broader, richer ecosystem that begins with how raw diagnostic data is captured from the patient and then derived. Continua is dedicated to establishing interoperable personal connected healthcare solutions with the knowledge that extending those solutions into the home saves money, fosters independence, empowers individuals, and provides the opportunity for personalized health and wellness. More information about Continua and its members can be found at [www.continuaalliance.org](http://www.continuaalliance.org).

Continua is concerned that CMS has not given full recognition to the important role that personal connected healthcare can play in reducing hospital readmissions. In Sec. IV.C. of the Proposed Rule, CMS sets forth the general framework of the Hospital Readmission Reduction Program, which Congress authorized in Sec. 3025 of the Affordable Care Act, Pub. L. 111-148.<sup>3</sup> In the Overview section, CMS enumerates ways in which hospitals can “work with their communities to lower readmission rates and improve patient care,” but unfortunately, the list does not include any kind of health IT solutions.

Personal connected care, including RPM, eCare, and mHealth, are featured prominently in the Office of the National Coordinator for Health Information Technology (“ONC”) *Federal Health Information Technology Strategic Plan*, underscoring how critical these technologies are in the continuum of care.<sup>4</sup> Further, CMS has recognized that a goal of “meaningful use” of Electronic Health Records is patient and family engagement and support during transitions of care across different settings. These tools have been shown to be highly effective in smoothing hospital-to-home transitions and in reducing hospital readmissions and healthcare resource utilization. CMS should

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<sup>3</sup> 76 Fed. Reg. 25928.

<sup>4</sup> The *Federal Health Information Technology Strategic Plan* for 2011-2015 may be accessed here: <http://healthit.hhs.gov/portal/server.pt?open=512&objID=1211&parentname=CommunityPage&parentid=2&mode=2>.

encourage utilizing electronic tools that are interoperable and commercially-available, like home-based medical devices, sensors, applications, and products that communicate via wired, wireless, or mobile interfaces. Continua believes that CMS should acknowledge the importance of health IT in general – and personal connected healthcare in particular – by requiring the use of personal connected healthcare in the hospital readmission reduction program.

Personal connected healthcare solutions have proven effective in reducing hospital readmission rates in a variety of settings. From July 2003 to December 2007, the Veterans Health Administration introduced a national home telehealth program, Care Coordination/Home Telehealth (CCHT). Its purpose was to coordinate the care of veteran patients with chronic conditions and avoid their unnecessary admission to long-term institutional care. CCHT involves the systematic implementation of health information, home telehealth, and disease management technologies. The program reduced hospital readmissions for patients with chronic diseases by almost 20 percent.<sup>5</sup>

Similarly, the New England Healthcare Institute's 2008 Research Update, Remote Physiological Monitoring, updated in 2009, presents new evidence of the cost-effectiveness of RPM. The study showed a remarkable 60 percent reduction in hospital readmissions compared to standard care, and it showed a 50 percent reduction in hospital readmissions compared to disease management programs without remote patient monitoring.<sup>6</sup>

Troy, New York-based Eddy Visiting Nurse Association completed a one-year pilot study involving telehealth services for 53 patients who had two or more hospital or

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<sup>5</sup> Darkins, Adam, M.D., Ryan, Patricia, R.N., M.S., Kobb, Rita, N.M., A.P.R.N., Foster, Linda, M.S.N., R.N., Edmonson, Ellen, R.N., M.P.H., Wakefield, PhD., R.N. and Lancaster, Ann E., "Care Coordination/Home Telehealth: The Systematic Implementation of Health Informatics, Home Telehealth and Disease Management to Support the Care of Veteran Patients with Chronic Conditions," *Telemedicine and e-Health*, December 2008, pp 1118 – 1126, available at <http://www.liebertonline.com/doi/pdfplus/10.1089/tmj.2008.0021>. For more information, please refer to Care Coordination/Home Telehealth, available at: <http://www.telehealth.va.gov/ccht/index.asp>.

<sup>6</sup> New England Healthcare Institute, "Remote Physiological Monitoring: Research Update," available at [http://www.nehi.net/publications/36/remote\\_physiological\\_monitoring\\_research\\_update](http://www.nehi.net/publications/36/remote_physiological_monitoring_research_update).

emergency room visits in the preceding twelve months. For seven days a week for one year, nurses remotely monitored the patients' blood pressure, oxygen saturation, heart rate, weight changes, and glucose levels. The result was a 58 percent reduction in hospitalizations and a 29 percent reduction in emergency room visits during that year.<sup>7</sup>

Personal connected healthcare is especially helpful in reducing related hospital readmissions for heart failure, which is one of the three conditions CMS has chosen for the initial stages of the readmission reduction program. The Veterans Health Administration study showed that chronic heart failure patients who used telehealth technology had a 26 percent decrease in healthcare resource utilization and were readmitted to the hospital 20 percent less often than those who did not use the technology.<sup>8</sup> Similarly, the New England Healthcare Institute RPM study was centered on heart failure patients, yielding those remarkable reductions in hospital readmissions. Particularly for CMS's chosen conditions, the agency ought to be emphasizing the use of tools that are proven at reducing hospital readmissions.

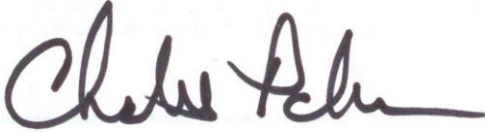
In sum, CMS should recognize the value and effectiveness of personal connected healthcare in reducing hospital readmissions by requiring hospitals and related professionals to utilize these technologies for at least a portion of their patients. Not only would this save money for the Medicare program, but it also could potentially yield even more evidence of the effectiveness of these methods to reduce hospital readmissions and resource utilization. CMS is not precluded from requiring the use of personal connected healthcare in the hospital readmission reduction program, and it should highlight these tools when discussing proven methods for reducing hospital readmissions and develop metrics to measure their use as part of the Hospital Readmission Reduction Program.

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<sup>7</sup> For more information, see *The Educator*, Vol. 1, Issue 1 (Sept. 2010), available at <http://www.hcans.org/documents/TheEducatorVolume1Edition1.pdf>.

Continua appreciates the opportunity to comment on the Proposed Rule and encourages CMS to harness innovative technologies to improve the quality of patient care and decrease costs. Thank you for your consideration of Continua's recommendations.

Sincerely,

A handwritten signature in black ink, appearing to read "Chuck Parker". The signature is fluid and cursive, with a long horizontal stroke at the end.

Chuck Parker

Executive Director

Continua Health Alliance