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Congress of the United States
Washington, DC 20515

December 1, 2011

Donald Berwick, MD
Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W., Room 445-G
Washington, DC 20201

Dear Dr. Berwick

We write today in reference to the lack of overarching policy guidance on provisions in the Patient Protection and Affordable Care Act (ACA) that promote health information technologies (Health IT), beyond electronic health records (EHRs). Specifically, the ACA contains numerous provisions detailing how personal connected health care solutions, remote patient monitoring, telehealth and wireless technologies should be included in demonstration projects and in innovative programs directed at coordinating health care. Yet, the Centers for Medicare and Medicaid Services (CMS) has failed to publish discernable policy on how to exploit these innovative, job creating technologies into our overall health care delivery reforms.

Health IT is a broad concept that encompasses an array of technologies that store, share and analyze health information. At its most basic level, health IT manages electronic health information across secure interoperable systems. Health IT promises to improve population health by enhancing healthcare quality, helping to reduce medical errors and increasing patient safety. Health information technologies are widely recognized as the systems that exchange electronic health records (EHRs) to better manage patient care.

However, health IT is not limited to the mere exchange of electronic health records among providers, but rather encompasses a broader system that begins with how raw diagnostic data is captured from a patient, integrated into an interoperable system for healthcare providers and ultimately helps to form a plan of care. As has been cited within the Office of the National Coordinator's Federal Health Information Technology Strategic Plan, EHR's, personal health records (PHRs), telehealth devices, remote monitoring technologies, and mobile health applications – are remarkably underutilized.

We believe CMS can demonstrate its leadership by providing guidance on how to implement innovative reimbursement models that utilize health information technologies beyond EHRs. For example, the Center for Medicare and Medicaid Innovation has the authority to research and develop, test and expand innovative payment and delivery arrangements to improve health quality and reduce costs. The provision describes certain payment models that could be tested – three of which use health information technology, telehealth technology and related criteria such

as EHRs and patient based remote monitoring systems. Furthermore, personal connected health care devices are mentioned with respect to annual wellness visits, community health teams that utilize HIT to support medical homes (within the state option to provide health homes) and in sections throughout the ACA statute.

We recommend that CMS explore new pilots that use health IT in addition to EHR's to provide the least restrictive environment for patients. CMS should implement strategies to allow patients to stay healthier longer, more independent and in their homes. Personal connected health information technologies can improve the delivery of care with things like medication adherence, medication reconciliation, remote patient monitoring, as well as voice, video, store, and forward communications between clinicians, patients and informal caregivers – all of which are goals of the ACA.

CMS should also develop an advisory committee of researchers, associations, technologists and other stakeholders to help develop an understanding of how current and future technologies can assist Medicare to save resources and most importantly, lives. Both private and public research is essential in demonstrating the effectiveness of personal connected health care. Research shows how these technologies have improved post-acute care transitions and reduced avoidable readmissions. For example one study demonstrated a device designed to serve as a virtual coach for patients with Type 2 diabetes by facilitating the coordination of diabetes care among existing resources. Patient and providers were overwhelmingly satisfied with the use of this device in managing diabetes and patients achieved statistically significant improvement (see attachment A).

The Department of Veterans Affairs (VA) has done extensive work in the area of remote patient monitoring and telehealth. The VA's programs are highly relevant in terms of how to use technology with patients who are often chronically ill. The CMS should review the work of the VA and their successful results in reducing readmission rates and other costly care.

In conclusion, we urge the CMS to think more broadly about how to incorporate health IT's that readily augment the care provided by healthcare professionals as envisioned by the ACA. By working together, we can ensure that Medicare patients benefit from the latest science and technologies that have proven to help meet the goals of the Affordable Care Act and help deliver innovative, efficient and life improving healthcare.

Sincerely,

A handwritten signature in blue ink that reads "Michael W. Honda". The signature is fluid and cursive, with the first name "Michael" being the most prominent part.

Mike Honda
Member of Congress

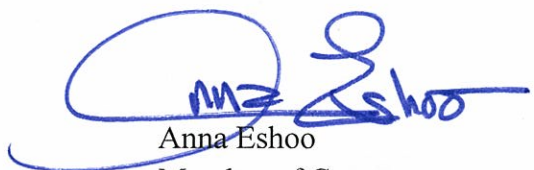


Barbara Lee
Member of Congress

Jim Moran
Member of Congress



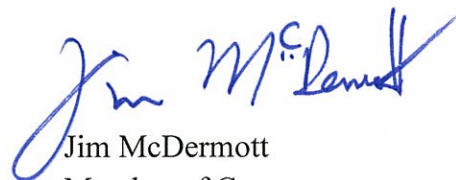
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