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The mission of the American College of Cardiology and the American College of Cardiology Foundation is to transform cardiovascular care and improve heart health.

April 1, 2019

The Honorable Mike Thompson
United States House of Representatives
Washington, DC 20515

The Honorable Peter Welch
United States House of Representatives
Washington, DC 20515

Dear Representatives Thompson and Welch,

The American College of Cardiology (ACC) is pleased to respond to your letter from March 12, 2019. We thank you for seeking stakeholder comments and recommendations to enhance your bipartisan efforts to expand access to telehealth, improve patient outcomes, facilitate innovative technologies, and reduce healthcare costs.

ACC envisions a world where innovation and knowledge optimize cardiovascular care and outcomes. As the professional home for the entire cardiovascular team, the mission of the College and its more than 52,000 members is to transform cardiovascular care and improve heart health. The ACC bestows credentials upon cardiovascular professionals who meet stringent qualifications and leads in the formation of health policy, standards and guidelines. The College also provides professional medical education, disseminates cardiovascular research through its world-renowned JACC Journals, operates national registries to measure and improve care, and offers cardiovascular accreditation to hospitals and institutions.

The College commends you for your commitment to improving patient access to care. As the organization leading the fight against the #1 cause of death in the United States – heart disease – the College encourages a comprehensive, top-to-bottom examination of our nation's healthcare system. We believe that innovation and telehealth are essential parts of the solution to improving outcomes and reducing costs.

Cardiovascular disease touches the lives of millions of Americans and is the #1 cost to Medicare and private payors. As the leading cardiovascular organization and the managers of cardiovascular care, the College is committed to exploring and providing solutions to optimize management of cardiovascular disease.

While the ACC does not have firmly established policy on some of the issue areas below, we believe these topics should be part of the conversation on improving the telehealth system. We stand ready to collaborate with you to develop solutions that work for patients, providers, and the health care system, and look forward to maintaining dialogue as this effort progresses.

We are pleased to offer several concepts for discussion, including:

- Telehealth Payment and Value Generation
- Originating Site Requirements
- Remote Physiologic Monitoring
- Necessary Infrastructure
- Proposal of Roundtable Discussion

Telehealth Payment and Value Generation

Medicare requires providers to meet several requirements for payment for a specific and limited set of telehealth services. In addition to originating site requirements (described in detail below), providers must use an interactive audio and video telecommunications system that permits real-time communication between a provider and the beneficiary. Currently, "store and forward" technology is only allowed in federal telemedicine demonstration programs in Alaska and Hawaii. As technology rapidly advances, Congress should encourage development of reimbursement structures which account for and encourage innovative and secure communication techniques. Reimbursement structures should also involve continuous evaluation to ensure there is ample room for innovation and sufficient payment for services and technology. This includes allowing technology where a patient can send information, including images, to a provider to determine the medically appropriate course of action.

Originating Site Requirements

By statute, Medicare can only cover telehealth services when the patient is in a location that is presumed to have limited access to providers—a county outside a Metropolitan Statistical Area (MSA) or a rural Health Professional Shortage Area (HPSA) that is located in a rural census tract. As the Caucus considers activity in this space, it may prove useful to revisit these standards. Telehealth services have evolved from a way to obtain relatively minor access for rural patients

to a mechanism by which any patient can readily interact with their health care provider, and one that can eliminate office visits and hospitalizations, increase access, and improve outcomes.

Consider an example commonly seen by cardiologists—a nursing home patient with chronic heart failure. If these patients could have a telehealth visit from the facility instead of an office visit, a feeble, elderly patient would avoid the disruption and cost of transport—often by ambulance—to a cardiologist's office. Payment for a telehealth visit would be a net savings to the system. Building on that example, this patient may also be able to avoid unnecessary hospitalizations. Commonly a decompensating heart failure patient will be transported to the emergency department. The emergency physician evaluates the patient with heart failure and calls a hospitalist. The hospitalist often admits the patient. The patient is seen by a consulting cardiologist, medications are adjusted, the patent stabilizes and improves, and returns to the nursing facility. That entire chain of events and associated costs may have been prevented were incentives and requirements correctly aligned such that the cardiologist could have cared for the patient remotely in the first place.

Remote Physiologic Monitoring Services

In January, Medicare began paying for remote physiologic monitoring services newly defined by the CPT® Editorial Panel. This is an important step forward for physicians who are finding ways to manage patients remotely. However, the Centers for Medicare & Medicaid Services (CMS) decided to remove a cost input for the "Monthly cellular and licensing service fee" from the payment formula, believing such fees are not allocated to an individual patient at the individual service level. Instead of being a direct practice expense directly attributable to a service, these are now treated as an indirect practice expense, similar to rent or utilities, that is included in a different part of the payment formula.

We believe this undervalues the service. The ACC commented to CMS during rulemaking that it feels this is incorrect. Practices do incur direct costs to provide these services, but if payment does not cover those costs, these innovative approaches to improve care cannot thrive. Scrutiny on whether these costs would be more appropriately considered direct for these and future services could drive further innovation.

Necessary Infrastructure

As Congress continues to look at methods to expand access to telehealth and remote monitoring systems across the country, it is important to continue efforts to expand access to infrastructure necessary for utilization of these services. This includes continued development of

broadband access to rural or otherwise underserviced communities. The Federal Communications Commission (FCC) estimates nearly 30 million Americans lack access to high-speed fixed services, with only 65% of rural areas having access to broadband services[1]. Without access to broadband, providers and patients will not be able to take advantage of telehealth and remote monitoring services. To expand the use of services in rural or otherwise underserved communities, it is vital for the Congress to make the necessary investments to develop the infrastructure necessary to support access to high-speed fixed broadband services.

Proposal of Roundtable Discussion

As the above topics are considered and advance towards policy proposals, we encourage the Caucus to convene a roundtable discussion with patients, providers, industry leaders, and other stakeholders to discuss these issues in greater depth. The ACC is pleased to help provide speakers and content for any discussions or other follow that may further the discussion.

Conclusion

The College commends you for your efforts to improve the telehealth system, improve patient care, and reduce costs. We are committed to working with you to provide solutions that benefit patients and the healthcare system as a whole.

The ACC thanks you for the opportunity to provide comments on this Request for Information and looks forward to our ongoing dialogue. For additional questions or comments, please contact John Kristan, Associate Director for Legislative Affairs at JKristan@ACC.org or 202-375-6801.

Sincerely,

Richard J. Kovacs, MD, FACC
President

[1] https://www.fcc.gov/about-fcc/fcc-initiatives/bridging-digital-divide-all-americans