



The Honorable Max Baucus
Chairman
Committee on Finance
U.S. Senate
Washington, DC 20510

The Honorable Dave Camp
Chairman
Committee on Ways and Means
U.S. House of Representatives
Washington, DC 20515

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

The Honorable Sander Levin
Ranking Member
Committee on Ways and Means
U.S. House of Representatives
Washington, DC 20515

Dear Chairmen Baucus and Camp and Ranking Members Hatch and Levin:

Thank you for your leadership in ensuring that Americans will benefit from a modern healthcare system that leverages new technologies. The undersigned organizations are committed to working with you to ensure that the U.S. health care system remains the safest and most efficient in the world. As you consider the future of the sustainable growth rate formula (“SGR”), we urge you to ensure that incentives for the adoption of interoperable electronic health records (“EHRs”) encompass the full panoply of patient health data – including data generated from remote monitoring systems.

The health and financial benefits of remote monitoring are significant. Remote monitoring connects patients and health care providers outside of healthcare facilities, allowing for ongoing treatment and for early discovery of the warning signs for ailments such as congestive heart failure, pneumonia, myocardial infraction and chronic obstructive pulmonary disease. By actively involving patients in their own care, they are also empowered – and far more likely – to make healthy lifestyle changes. Clinical evidence has demonstrated that interoperable remote monitoring improves care, reduces hospitalizations, helps avoid complications and improves satisfaction, particularly for the most chronically ill. The cost savings are tremendous: a recent study predicted that remote monitoring will result in savings of \$36 billion globally by 2018, with North America accounting for 75% of those savings.¹ Importantly, these benefits and savings could have a significant budgetary effect on broader efforts to address SGR formula issues.

¹ See Juniper Research, *Mobile Health & Fitness: Monitoring, App-enabled Devices & Cost Savings 2013-2018* (rel. Jul. 17, 2013), available at http://www.juniperresearch.com/reports/mobile_health_fitness.

Data generated from remote monitoring systems must also be interoperable with Electronic Health Records (EHRs). The Health Information Technology for Economic and Clinical Health Act (“HITECH Act”) established “meaningful use” of health information technologies such as interoperable EHRs as an important national goal, and provided HHS with the authority to establish rules and incentives, and adopt standards for EHR adoption. Interoperability has often been viewed as necessary to facilitate, for example, the exchange of patient records between different medical facilities. But as HHS rapidly moves towards Stage 3 of implementing the “meaningful use” criteria, Congress must now ensure that patient-generated health data (“PGHD”) created by remote monitoring systems is also addressed.

Specifically, to achieve the goals above, Congress should ensure that:

- HHS incentives require EHR systems to incorporate open, voluntary, and consensus-based industry standards for interoperability with remote patient monitoring systems; and that
- HHS establishes target goals for the use of remote patient monitoring of PGHD for treated patients with one or more high priority conditions.

Leveraging Open Standards for Interoperability. The adoption and use of voluntary standards is a long-standing federal policy that promotes effective and efficient technology and innovation in the marketplace.² The use of such standards for interoperability between remote patient monitoring devices and EHRs would leverage the broader information and communications technology industry that has flourished globally through ubiquitous interoperable mobile devices, systems and networks. It would also enable systemic engagement between patients, health care providers, and other stakeholders. Indeed, such voluntary industry standards – along with consensus on specifications for interoperability between remote monitoring systems and EHRs – already exist and are currently being used in deployed products. MU Stage 3 should be made to tie incentive payments to exclusively use interoperable EHR products that guarantee useable data regardless of vendor.

Focusing on High Priority Conditions. Patients want – and need – to transmit information they perceive as important near real-time. Remote patient monitoring systems can help facilitate the monitoring of PGHD for those with a number of high priority chronic conditions such as congestive heart failure, myocardial infarction, pneumonia and COPD. Focusing on these and other conditions will be consistent with the Center for Medicare and Medicaid Services Value-Based Purchasing Program which seeks to reduce long-term health care costs, and significant as you consider the future of the SGR formula.

The benefits of PGHD enabled by remote monitoring devices are poised to transform the delivery of health care services in the United States. These benefits are especially important for rural areas where frequent visits by patients to medical facilities are more difficult to achieve. However, achieving these benefits will only be possible if EHR systems are required (through HHS incentives) to incorporate PGHD through open, voluntary standards. Meanwhile, HHS must encourage the wider adoption of remote monitoring systems by targeting those high-priority conditions which are likely to result in the largest & most immediate savings for the American health care system.

² See OMB Circular A-119 Revised, Federal Participation in the Development and Use of Voluntary Consensus Standards and in Conformity Assessment Activities (rev. Feb. 10, 1998) (OMB Circular A-119) available at <http://www.whitehouse.gov/omb/rewrite/circulars/a119/a119.html>.

Thank you again for your leadership on these issues. We look forward to working with you and your committees to ensure that the American health care system rapidly transitions towards use of cutting-edge technologies that will simultaneously reduce costs and drive improvements in patient care.

Sincerely,

American Telemedicine Association
Association for Competitive Technology
Continua Health Alliance
Telecommunications Industry Association