American Heart Association | American Stroke Association
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May 9, 2017
Senate Committee on Finance
219 Dirksen Senate Office
Building Washington, DC
20510-6200

Re: Chronic Care Act of 2017

Dear Chairman Hatch, Ranking Member Wyden, Sen. Isakson, and Sen. Warner:

On behalf of the American Heart Association, including the American Stroke Association and our more than 30 million volunteers and supporters across the country, we congratulate members of the Finance Committee for the significant effort they have given to the goal of improving health outcomes for Medicare beneficiaries living with multiple chronic conditions.

Our organization is dedicated to building healthier lives, free of cardiovascular disease (CVD) and stroke. While we have made tremendous progress towards achieving this goal, we know that many in the Medicare population still live with high blood pressure, high cholesterol, coronary heart disease, heart failure, or stroke – with many beneficiaries suffering from more than one of these and other conditions. That is why we remain committed to working with you to address these leading causes of death and disability and to ensure that patients suffering from these diseases receive high quality, coordinated care.

Your legislation, if enacted, would allow patients to receive care that meets their unique chronic health care needs, as well as create incentives for the provision of coordinated care services to high-cost Medicare beneficiaries. This represents an important step forward in moving the Medicare program away from a system based on episodic care to a more responsive and comprehensive health care program. We are particularly grateful that Congress included a provision that would expand the use of telehealth for individuals with stroke.

Expanding the Use of Telehealth for Individuals with Stroke

We thank Congress for including our recommendation to expand access to telestroke for Medicare beneficiaries. Telehealth can make care more accessible and affordable while reducing widespread access disparities,

particularly those attributable to geography or provider shortages. Telehealth is particularly valuable to vulnerable patients with CVD or stroke who, because of their geographical location, physical disability, advanced chronic disease, or difficulty with securing transportation, may not otherwise access specialty healthcare services. As we described in our June 2015 letter, allowing Medicare to reimburse for telestroke services that originate in urban and suburban areas, as well as in rural areas, increases stroke care coordination among providers; incentivizes the appropriate level of care for stroke patients; and, facilitates the delivery of high quality care and improves patient outcomes all while reducing Medicare spending. Despite the many benefits, telehealth continues to be underutilized for the management of CVD and stroke. This bill takes a significant step towards improving both the quality and timeliness of care for stroke patients through telemedicine.

Increasing Convenience for Medicare Advantage Enrollees through Telehealth

We also appreciate Congress' recognition of the role that telehealth can play in increasing the accessibility and effectiveness of care for patients with other chronic conditions and the attention paid to it in several of the proposed policy options. We support permitting Medicare Advantage (MA) plans to include certain telehealth services in its annual bid contract. In doing so, the services offered should not be limited to those allowable under traditional Medicare, but instead include additional services, such as on-line internet assessments, critical care (i.e. telestroke), computerized clinical data analysis, the collection and interpretation of physiological data (i.e. "store and forward" and remote patient monitoring technologies), and mobile health technologies such as smartphone applications, biosensors, and wireless implantables.

Providing ACOs the Flexibility to Expand Use of Telehealth

Similarly, we support the provision to increase Accountable Care Organizations (ACO) flexibility to expand the use of telehealth. Eighty percent of Medicare beneficiaries reside in a Metro area. Medicare's current requirement falsely presumes that individuals automatically have access to care if they live within a "big city" and this limitation also aggravates current racial disparities in the healthcare system. Because telehealth technologies have been shown to reduce unnecessary hospital visits for heart disease and stroke patients, it is vital that current geographic and originating site barriers be removed. A waiver from section 1834(m) would be a significant policy change that would go a long way in providing more ACOs with the flexibility to provide telehealth services for heart disease and stroke patients who otherwise would not receive care. In this way, we support removing the geographic requirement for currently-reimbursable originating sites, and including those which lie in a metropolitan country.

Adapting and Expanding Benefits to Meet the Needs of Chronically Ill Medicare Advantage Enrollees

We support proposals that would give MA more flexibility to vary benefit structures based on chronic conditions and offer a wider array of supplemental benefits than they currently do, by allowing plans to encourage beneficiaries to select high quality, cost effective health care services. Designing plans that offer preventive care, wellness visits, and certain high value treatments, such as medications to control blood pressure at little or no cost to beneficiaries can promote prevention, healthy behaviors, and treatment adherence, all of which may save money by reducing future costly medical procedures.

Study on Medicare Synchronization
We believe the GAO study of the feasibility of implementing medication synchronization programs in Medicare and its findings can play a key role in developing more effective medication adherence programs. There is an array of reasons why patients with heart disease do not take their medicines as prescribed, and these patients are more likely than adherent patients to have adverse health events that increase costs to them and the health care system. Policies that seek to reduce barriers and increase adherence for patients with a chronic disease must be tailored to the unique needs of each patient and medication synchronization is a promising mechanism to do that. Therefore, we support the inclusion of language that would require a study to examine the feasibility of implementing medication synchronization programs in Medicare.

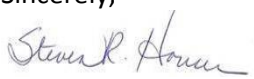
Study on Obesity Drugs
We also support the inclusion of a study on obesity drugs in the final policy proposal. Obesity is a primary target for the American Heart Association's efforts to improve the cardiovascular health of all Americans by 20 percent by 2020. We believe that the type of research proposed in this policy option is critical to informing efforts to bring about reductions in obesity across all ages, races, ethnicities, and genders. To this end, we are offering a few suggestions as to how to best structure the study so that it is most effective for these efforts.

A complex disorder, obesity is a major health risk factor linked to increased CVD, stroke, cancer, hypertension, diabetes, and early death. Obesity is also costly. In 2010, the estimated nationwide cost for obesity was $315.8 billion. If current trends continue, the costs of obesity could reach 16 percent to 18 percent of U.S. health expenditures by 2030.

Obesity drugs can be an important complement to lifestyle and behavior changes that should be the focus of obesity treatment regimens. The drugs may produce weight loss by biologic means or reinforce behavior change. They may also have health benefits beyond weight loss. It is necessary, therefore, that the report's research protocol account for and address these different levels of impact and roles for obesity drugs. Given the significant economic impact of the condition, an economic analysis on cost-effectiveness as part of the research would also be very informative.

We applaud the Finance Committee for addressing the challenging issues related to caring for Medicare patients with multiple chronic conditions. We greatly appreciate the thought and deliberations that went into the development of this bill and we thank you again for the opportunity to express our strong support. If you have any questions or would like to discuss any of these comments further, please contact Madeleine Konig at madeleine.konig@heart.org or Stephanie Curtis at stephanie.curtis@heart.org.

Sincerely,



Steven R. Houser
President