

Congress Should Co-Sponsor and Support H.R. 2948, the Medicare Telehealth Parity Act

H.R. 2948, the Medicare Telehealth Parity Act provides opportunities for Medicare beneficiaries to improve health outcomes by expanding telehealth originating sites, providers and services.

- Includes respiratory therapists as telehealth providers in addition to audiologists, physical therapists, occupational therapists, speech-language pathologists and certified diabetes educators.
- Covers respiratory services as well as audiology and other therapy services such as physical therapy, occupational therapy and speech-language pathology.
- Covers remote patient monitoring in incremental phases when furnished as chronic care management for patients with certain chronic conditions including Chronic Obstructive Pulmonary Disease (COPD).
- Includes home telehealth services for hospice care, home dialysis, eligible outpatient mental and behavioral health services and home health services, including outpatient therapy and durable medical equipment.
- Expands telehealth access to evaluate/treat acute stroke regardless of where the patient is located.
- Expands telehealth coverage, including store and forward technologies, to sites in metropolitan counties with populations greater than 100,000 over three phases.
- Requires a report on the effectiveness of new telehealth services and providers with respect to patient satisfaction and responsiveness to needs/concerns that can validate the value respiratory therapists and other providers bring to their patients.

Patients with COPD and other chronic respiratory conditions are some of the most costly to the health care system. Respiratory therapists can help to improve utilization and lower costs.

- COPD is listed by the CDC as the 3rd leading cause of death and ranks 4th among the most costly hospital readmissions.¹
- Medication non-adherence has been estimated to cost the U.S. health care system between \$100 billion and \$289 billion in direct costs.²
- Respiratory therapists are specifically educated, trained and competency tested in all aspects of pulmonary medicine and the value they can bring to their patients via telehealth services can be immeasurable.
- Respiratory therapists are already making a difference in their hospitals by establishing best practices that reduce COPD readmissions that can also be applied via a telehealth delivery system.
- Due to the complexities of inhaler devices and oxygen systems, respiratory therapists' expertise can help bridge the gap between pulmonary patients' needs and their ability to minimize unnecessary, ineffective or wasteful interventions.
- Proper device selection together with patient training and education on proper inhaler techniques and appropriate oxygen saturation levels can improve medication adherence and oxygen utilization.
- Enacting H.R. 2948 will give Medicare beneficiaries suffering from respiratory conditions greater access to respiratory therapists' expertise via telehealth that is not available to them now.

1 Medicare Payment Advisory Commission: Report to the Congress "Promoting Greater Efficiency in Medicare." June 2007. Chapter 5: *Payment policy for inpatient readmissions*. Table 5-3, page 116.

2 Agency for Healthcare Research and Quality. Evidence Report/Technology Assessment Number 208.4. Medication Adherence Interventions: Comparative Effectiveness. Closing the Quality Gap: Revisiting the State of the Science. Executive Summary. AHRQ Pub. No. 12-E010. Sept. 2012.

Respiratory therapists as telehealth providers can meet respiratory patients' unmet needs, improve access to care, improve health outcomes and reduce hospital readmissions through a comprehensive telehealth disease management program that includes:

- Education on self-management of the patient's disease;
- Education and training in the use of prescribed self-monitoring devices such as peak flow measurement and pulse oximetry;
- Education and training on the proper inhaler technique for use of aerosol medications with nebulizers, metered-dose inhalers, and dry-powdered inhalers;
- Direct observation and assessment of the patient's ability to self-administer aerosol medications;
- Smoking cessation counseling;
- Education and training on compliance with medications and respiratory devices such as oxygen equipment and nebulizers; and,
- Development of an action plan that enables patients to recognize the appropriate response to self-managing their chronic disease according to their symptoms.

Studies show that respiratory telehealth services are beneficial and can reduce costs.

- Medicare beneficiaries in a telehealth/care management program to enhance patient education, self-management and timely access to care, were associated with 23% lower quarterly all-cause hospital admissions and 40% lower quarterly respiratory-related hospital admissions.³
- Home telehealth in elderly, severe COPD patients with multiple comorbidities is safe and efficacious in reducing healthcare utilization. Vital signs monitored on a daily basis for seven months showed a significant reduction in ED visits, length of stay and need for non-invasive mechanical ventilation.⁴
- Telehealth in chronic respiratory failure patients on oxygen or home mechanical ventilation prevents hospitalization while reducing the overall cost for each patient by 33%.⁵
- A retrospective cohort study⁶ of moderate to severe COPD patients enrolled in the VA's Care Coordination Home Telehealth (CCHT) program showed that 71.5% had a reduction in the number of ED visits and exacerbations requiring hospitalization after enrollment in the program.
- Telemedicine can enable care equivalent to that provided face-to-face by a respiratory therapist for certain activities involving mechanically ventilated neonates and children in the ICU.⁷
- A web-based telehealth program for continuous positive airway pressure (CPAP) adherence coaching by respiratory therapists significantly reduced the number of minutes required per patient by 59% while maintaining similar adherence and effectiveness.⁸

3 Au DH, et al. Impact of a Telehealth and Care Management Program for Patients with Chronic Obstructive Pulmonary Disease. *Annals ATS*. First published online 02 Feb 2015 as doi: 10.1513/AnnalsATS.201501-042OC.

4 Segrelles Calvo, G, et al. A home telehealth program for patients with severe COPD: The PROMETE study. *Resp Med*. Volume 108, Issue 3, March 2014, Pages 453-462. doi:10.1016/j.rmed.2013.12.003.

5 Vitacca M, et al. Tele-assistance in chronic respiratory failure patients: a randomized clinical trial. *Eur Respir J*. 2009 Feb;33(2):411-8. doi: 10.1183/09031936.00005608. Epub 2008 Sep 17.

6 Alrajab S, Smith TR, et al. A home telemonitoring program reduced exacerbation and healthcare utilization rates in COPD patients with frequent exacerbations. *Telemed J E Health*. 2012 Dec;18(10):772-6. Doi: 10.1089/tmj.2012.0005. Epub 2012 Oct 19.

7 Bell RC, Yager PH, et al. Telemedicine Versus Face-to-Face Evaluations by Respiratory Therapists of Mechanically Ventilated Neonates and Children: A Pilot Study. *Resp Care*. February 1, 2016; vol. 61. No.2:149-154.

8 Munafo D, Hevener W, et al. A Telehealth program for CPAP adherence reduced labor and yields similar adherence and efficacy when compared to standard of care. *Sleep Breath*. DOI 10.1007/s11325-015-1298-4. Published online January 2016.