

# HealthEverywhere

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*Improving healthcare through home-based remote patient monitoring systems*

August 30, 2011

**Hand Delivered**

Donald M. Berwick, M.D.  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Room 445-G  
Hubert H. Humphrey Building  
200 Independence Avenue, SW.  
Washington, DC 20201

AUG 30 2011

**RE: CMS-1353-P and CMS-1524-P; Medicare Program; Home Health Prospective Payment System Rate Update for Calendar Year 2012**

Dear Dr. Berwick:

On behalf of HealthEverywhere, thank you for the opportunity to submit comments regarding the Centers for Medicare & Medicaid Services ("CMS") proposed rule for the Home Health Prospective Payment System Rate Update for Calendar Year ("CY") 2012.<sup>1</sup> Our comments focus specifically on the Home Health Care Quality Reporting program.<sup>2</sup>

HealthEverywhere consists of Philips Healthcare, Robert Bosch Healthcare, Cardiocom, Inc. and Honeywell HomMed. Our companies are collaborating to **contribute to better patient outcomes and lower costs for the healthcare system overall through the use of home-based remote patient monitoring ("RPM") systems** that supplement care management by providing a range of clinical and supporting information. Collectively, our products provide care to approximately 50% of patients benefiting from RPM in the United States.

We manufacture a range of RPM products that Medicare beneficiaries can use at home to communicate their vital signs to providers who can detect abnormalities long before they become costly acute care episodes. For example, our technologies remotely monitor weight in patients with congestive heart failure ("CHF") and by detecting slight changes, avoid exacerbations of illness that could lead to emergency room visits, hospital admissions and readmissions. Similar examples exist for other

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<sup>1</sup> Medicare Program; Home Health Prospective Payment System Rate Update for Calendar Year 2012, 76 Fed. Reg. 41032-41039 (Jul. 12, 2011).

<sup>2</sup> Medicare Program; Home Health Prospective Payment System Rate Update for Calendar Year 2012, 76 Fed. Reg. 41014-41018 (Jul. 12, 2011).

conditions as well, such as diabetes and chronic obstructive pulmonary disease (“COPD”). These examples demonstrate how **RPM can improve care for patients, manage population health and lower costs to the Medicare program.** The use of RPM is essential for improving beneficiary quality of life by minimizing unnecessary and inconvenient provider visits for mobile beneficiaries and vastly increasing immobile beneficiaries’ access to care.

In its proposed rule, CMS proposes to use 13 process and nine outcome measures for public reporting as part of the Home Health Care Quality Reporting program.<sup>3</sup> **RPM technology can help home health agencies achieve higher quality of care for Medicare beneficiaries by addressing the following measures and lowering their associated costs:**

#### Proposed Home Health Process Measures

- Timely Initiation of Care
- Heart failure symptoms addressed during short-term episodes
- Depression Assessment Conducted
- Pain Assessment Conducted
- Diabetic Patient Education
- Falls Risk Assessment for Patients 65 and Older
- Pressure Ulcer Risk Assessment Conducted

#### Proposed Home Health Outcomes Measures

- Acute Care Hospitalization
- Improvement in Dyspnea

RPM specifically targets each of these process and outcome measurements. In addition, the use of RPM technology is less costly because its use improves patient care even without a skilled practitioner in the home. The assessments can be conducted more regularly and economically because of inexpensive electronic data transmission, which improves quality of care and lowers costs. RPM helps avoid acute care episodes because of the regular transmission of data which the home health agency can use to rapidly intervene should the data or a preventive call indicate an imminent problem.

We urge Medicare to allow home health beneficiaries to access RPM technology and strongly advocate for Medicare’s adoption of this technology as a strategy to control its costs. Again, thank you for the opportunity to comment on the Home Health Prospective Payment System Rate Proposed Rule. We appreciate your consideration of our comments.

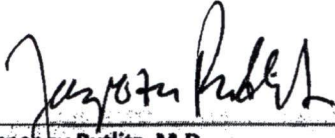
If you have any questions, need more information, a demonstration or would like to meet with HealthEverywhere, please contact Jim Scott at (202) 558-5272 or [jscott@appliedpolicy.com](mailto:jscott@appliedpolicy.com).

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<sup>3</sup> Medicare Program; Home Health Prospective Payment System Rate Update for Calendar Year 2012, 76 Fed. Reg. 41015 (Jul. 12, 2011).

Sincerely,

HealthEverywhere



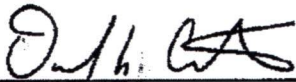
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**Jasper zu Putlitz, M.D.**  
President  
Robert Bosch Healthcare  
Palo Alto, California



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**John Doherty**  
Honeywell HomMed  
Brookfield, Wisconsin



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**Daniel Cosentino**  
Chief Executive Officer, President  
Cardiocom, Inc.  
Chanhassen, Minnesota



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**John Ryan**  
Telehealth Business Director  
Philips Healthcare – Remote Patient Monitoring