Richard Kronick, Ph.D.
Director
Agency for Healthcare Research and Quality
Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Kronick:

On behalf of the Healthcare Information and Management System Society (HIMSS) and the Personal Connected Health Alliance (PCHA), we are pleased to provide written comments to the Agency for Healthcare Research and Quality (AHRQ) on its Technical Brief titled, Telehealth: An Evidence Map for Decisionmaking Draft Report. We appreciate the opportunity to leverage our members' expertise in developing these comments, and we look forward to establishing a dialogue with AHRQ on how telehealth and remote patient monitoring solutions help improve patient care, reduce readmissions, and improve care coordination.

HIMSS is a global, cause-based, not-for-profit organization focused on better health through information technology (IT). HIMSS leads efforts to optimize health engagements and care outcomes using IT. The organization produces health IT thought leadership, education, events, market research, and media services around the world. Founded in 1961, HIMSS encompasses more than 61,000 individuals, of which more than two-thirds work in healthcare provider, governmental, and not-for-profit organizations across the globe, plus over 640 corporations and 450 not-for-profit partner organizations, that share this cause.

PCHA is the leading organization advocating for global technology standards for personal connected health. A collaboration between Continua, mHealth Summit, and HIMSS, PCHA publishes the *Continua Design Guidelines*, which provide a flexible implementation framework for authentic interoperability of personal connected health devices and systems and convenes the mHealth Summit, the largest gathering of its kind focused solely on connected health. PCHA also works closely with regulators, government agencies and industry to create the technology 'ecosystem' required for delivering on the promise of personal connected health. More than 100 companies, healthcare systems, and governments work together to advance PCHA's mission of interoperable, patient-focused connected health.

This Report was as result of calls from Senators Bill Nelson (D-FL) and John Thune (R-SD), who in responding to a group of healthcare stakeholders led by HIMSS in December 2014, asked for AHRQ to review "the value of telehealth and remote patient monitoring, particularly for the chronically ill,

with a focus on expanding access to care and reducing costs."[1] As AHRQ noted, there is abundant evidence (including more work being done) supporting telehealth and remote patient monitoring as cornerstones of an advanced healthcare system.

We would like to note the need for AHRQ to review international studies that—when properly analyzed—can aid US policymakers in understanding additional applications of new and novel technology. We also recommend that given the Congressional Budgets Office's recent blog on telemedicine (Publication 50680), that data from other delivery systems such as the Department of Veterans Affairs be considered when reviewing the issue of telehealth services, our organizations encourage you to include findings by Dr. Adam Darkins and his 2008 article, *Care Coordination/Home Telehealth: the systematic implementation of health informatics, home telehealth, and disease management to support the care of veteran patients with chronic conditions*. To this end, we suggest that AHRQ also aggregate and report cost findings clearly within Table 6.

In reviewing Table 1 of the Draft Report, we offer the following recommendations on the Study Characteristics:

- *Location of Patient* - We note the following research, which acknowledges the importance of expanded definitions associated with monitoring in the home and the potential impacts of doing so:
    - *Controversies in Cardiovascular Medicine* – Akshay Desai
    - *Implant-based multiparameter telemonitoring of patients with heart failure (IN-TIME): a randomised controlled trial* – Gerhard Hindricks
- *Telehealth Modality* - We urge AHRQ to expand and refine modality types to include the term remote patient monitoring. This ensures that multiple modality types are not excluded as a result of unintended bias based on evolving terms as noted in the background and definition section. We also encourage AHRQ to consider the use of "continuity of care" as a modality type to account for platforms which assist with population health management, or other advanced platforms which leverage the elements of data aggregation and analysis to assist in the management of patients.
- *Outcome Type* - We ask AHRQ to expand outcomes to include patient engagement. Technologies associated with telehealth are becoming increasingly accessible to patients as consumers. We offer the following studies for inclusion that analyze the role of patient engagement and remote patient monitoring:
    - *Enhanced registered nurse care coordination with sensor technology: Impact on length of stay and cost in aging in place housing* – Marilyn Rantz
    - *Reducing 30-day Hospital Readmissions through a Home Health TeleStation Monitoring Program for Heart Failure Patients* – Dignity Health
    - *Telemedical Support in Patients with Chronic Heart Failure: Experience from Different Projects in Germany* – Axel Müller
- *Study Type* - AHRQ's decision to use only literature reviews rather than individual studies limits the inclusion of more recent data on remote patient monitoring usage. We urge AHRQ to include individual studies with an emphasis on studies that do not restrict the research to only care delivery models that require doctor-patient interaction.

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[1] http://effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?productid=2110&pageaction=displayproduct

Finally, we request that AHRQ broaden its evaluation to include telehealth encounters that go beyond isolated interventions constrained to direct encounters with patients. As noted in the technical brief, the size and scope of healthcare delivery in a virtual sense has expanded dramatically over recent years. In addition, many of these studies leverage telehealth and remote patient monitoring as ancillary to other supportive technologies to achieve outcomes, cost savings, and to better engage patients.

It is our hope that this feedback will be taken into account before the Draft Technical Brief is finalized.

HIMSS and PCHA are committed to be being a resource to AHRQ in its mission to produce, disseminate, and encourage widespread use of evidence to make health care safer, higher quality, more accessible, equitable, and affordable.

We look forward to the opportunity to meet with you and your team to discuss these issues in more depth. Please feel free to contact Jeff Coughlin, Senior Director of Federal & State Affairs, at 703.562.8824, or Eli Fleet, Director of Federal Affairs, at 703.562.8834, with questions or for more information.

Thank you for your consideration.

Sincerely,
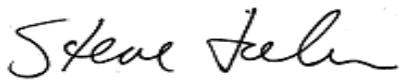
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	Transformation, Divurgent	Diabetes Care Inc.
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	Board of Directors	Connected Health Alliance