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We also have more detailed comments on other telehealth proposals and the proposed studies on medication synchronization and obesity drugs. Finally, we strongly suggest that the Working Group include in its final policy proposal language that would allow certain non-physician practitioners to directly supervise cardiac rehabilitation programs under Medicare. We have included our rationale for this provision below.

Expanding Use of Telehealth for Individuals with Stroke

We thank the Working Group for including our recommendation to expand access to telestroke for Medicare beneficiaries. We strongly support including this policy in any final proposal or legislative text. As we described in our June 2015 letter, and reference above, allowing Medicare to reimburse for telestroke services that originate in urban and suburban areas, as well as in rural areas, clearly meets the goals set out by the Working Group: it 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. We strongly encourage the Working Group to include this policy in its final proposal and thank the Working Group for recognizing the important role that this policy would play in improving the diagnosis, treatment, and outcomes for individuals who suffer a stroke.

Increasing Convenience for Medicare Advantage Enrollees through Telehealth

We appreciate the Working Group's recognition of the role that telehealth can play in increasing the accessibility and effectiveness of care for patients with chronic conditions. Telehealth can help

would also suggest that a study on medication synchronization include an examination of any potential unintended consequence of these programs, such as a patients' inability to afford all medications at once, and ways to minimize the impact of these consequences. We strongly

Allowing Non-Physician Practitioners to Supervise Cardiac Rehabilitation Programs

We strongly encourage the Working Group to include language in its final policy document that would allow physician assistants, nurse practitioners, and clinical nurse specialists to supervise cardiac and pulmonary rehabilitation programs on a day-to-day basis under Medicare. This policy (S. 488) has strong bipartisan support and clearly meets the goals of incentivizing the appropriate level of care for beneficiaries, facilitating the delivery of high quality care, and producing improved patient outcomes.

Cardiac rehabilitation is a medically supervised program designed for patients with certain cardiovascular diseases or after suffering a cardiac event – like a heart attack – that consist of exercise training, education on heart-healthy living, and counseling to reduce stress. These programs help patients return to an active lifestyle and recover more quickly. The benefits of these programs are clear and tangible: research has shown that cardiac rehabilitation reduces mortality by more than 50 percent compared with those patients who do not participate and can also reduce the likelihood of hospital readmissions for all causes by 25 percent.^{9,10} Simply put, these programs reduce the risk of a future cardiac event by stabilizing, slowing, or even reversing the progression of CVD.¹¹ Research also suggests these programs reduce health care costs. A study presented at the Canadian Cardiovascular Congress found that cardiac rehabilitation reduced costs associated with hospital readmissions from a heart attack by \$e c

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legislative proposal to ensure Medicare beneficiaries have access to critical cardiac rehabilitation programs that are proven to improve health outcomes, reduce health care costs, and lead to a better quality of life.

We strongly believe that the policies detailed above should be included in any final policy document or legislative proposal brought forth to the full Committee, especially policies to expand access to telestroke and to ensure access to cardiac rehabilitation programs. Again, we