Health at Your Fingertips: Harnessing the Power of Digital Health Data

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Thank you, Chairman Buchanan, Ranking Member Doggett, and distinguished members of the Health Subcommittee; I am honored to speak to you today on the role that technology-enabled tools, including remote patient monitoring, play in empowering patients with their own digital health data.

My name is Andrew Zengilowski. I am a co-founder and the Chief Executive Officer of CoachCare, and a founding member of the Remote Monitoring Leadership Council. Founded in 2014, CoachCare provides remote care technology and related services, including remote patient monitoring, chronic and principal care management and behavioral health integration to general and specialty practitioners seeking improved clinical outcomes, practice efficiency and patient satisfaction.

CoachCare was initially founded to fill a critical care gap for patients suffering from chronic conditions, namely lifestyle change, particularly improving nutrition, alongside medication management. By leveraging what was at the time brand new monitoring technology, and delivering counseling via video, CoachCare was able to partner with physicians to help patients adhere to a care plan in their daily lives.

For me personally, at this time, it was important that what I did had a positive impact. Prior to founding CoachCare, I spent the better part of a year helping two candy manufacturers merge. Today, CoachCare has helped more than 500,000 people lose weight, reduce blood pressure, avoid diabetes, manage heart disease and more.

As the industry and regulatory environment have evolved, so too has CoachCare. We have expanded the suite of devices that patients receive from their physician from a simple Bluetooth-enabled scale to more than 20 devices. These include Bluetooth, Wifi, Hub and cellular solutions to cover every connectivity situation we encounter with our patients, many of whom are rural, elderly, and/or low income. We now offer FDA-cleared devices that can track not just weight and blood pressure, but also bone density, fluid retention, oxygen saturation, heart rate variability, and the International Normalized Ratio (INR) – a measure of the speed at which blood clots – for severe heart failure patients that are taking warfarin (of which there are more than 2,000,000) following the introduction of a mechanical heart valve or Left Ventricular Assist Device (LVAD).

These devices not only track vitals, but when combined with monitoring by a nurse or care manager, they facilitate scheduling an appointment with the patient's physician in real time if anomalies are detected.

CoachCare is part of the Remote Monitoring Leadership Council, a collaborative of seven innovative companies operating across all 50 states and collectively offering the majority of remote patient monitoring (RPM) services being delivered to Americans. In addition to advancing patient access to these technology-enabled tools, we promote best practices and standards for the delivery of RPM services.

Introduction

RPM is a flagship example of "Harnessing the Power of Digital Health Data." By transmitting physiologic data from a patient's home to a care team in near real time, RPM gives clinicians the actionable insights they need to intervene early, adjust treatment plans promptly, and prevent avoidable hospitalizations. RPM supports both chronic and acute conditions across short- and long-term episodes of care, and is also used in inpatient settings to assist with caring for patients in the hospital. The workflow is straightforward:

1. Onboarding and education. Patients receive connected devices (e.g., blood-pressure cuffs, glucose meters, pulse oximeters) and training on their proper use.
2. Ongoing data capture. Devices automatically transmit readings, often multiple times per day, to a secure platform synced with the patient's electronic medical record.
3. Clinical review and action. Physicians or other qualified clinicians interpret the incoming data, identify trends, and modify therapy or outreach in real time, whether the patient is at home or recently discharged from the hospital.

In short, RPM shifts care from sporadic, reactive visits to an always-on, technology-enabled model that lowers costs, improves outcomes and empowers patients.

How CoachCare Works

As an example, take Henrik, a 73-year-old Medicare beneficiary living in a one-story home in Pasadena, California. He has hypertension, hyperlipidemia and Coronary Artery Disease (CAD) and his daughter is his primary non-provider caregiver. To manage his three chronic conditions, Henrik's cardiologist ordered Remote Patient Monitoring and Henrik received an RPM kit delivered to his home. In it, there is a cellularly-enabled, digital scale and a blood pressure cuff. Henrik also received access to the CoachCare's simple and accessible mobile app, allowing him to view his data and video chat with his care team. Henrik's daughter was also granted access to his patient record via the mobile app.

Each morning, Henrik uses the devices and mobile app to:

- Weigh himself (watching for sudden weight gain and fluid retention)
- Take his blood pressure
- Track his activity, sleep, stress levels, medication adherence and nutrition
- Review information and recommendations about managing his conditions curated by his physician

In addition, Henrik's daughter, who actively participates in his care, completes a periodic medication adherence questionnaire as she is primarily responsible for making sure Henrik takes his medications.

The data is automatically transmitted to CoachCare software system where a nurse reviews his data daily. Over the last 12 months, Henrik's blood pressure has spiked 11 times. Each time this has occurred, the nurse has contacted Henrik to (a) re-take the measurement, (b) identify other symptoms and (c) gather additional information prior to flagging the result and alerting the cardiologist.

Henrik receives a same-day video or phone check-in. The nurse or physician works with Henrik to get to the bottom of why he experienced a sudden blood pressure spike. Did he forget to take his medication? Did he follow the doctor's lifestyle change recommendations? The cardiologist then adjusts his care plan or medication remotely — preventing a trip to the ER or readmission. Henrki has also learned, in real time, how his daily decisions, including what he eats and whether or not he exercises, impact his condition, and is empowered to make the connection on how his actions impact his health.

I am proud to report that Henrik, like most RPM patients, is doing well. When Henrik initially began his RPM program with CoachCare, he routinely recorded systolic blood pressure readings exceeding 160 mm/Hg. On June 22nd, just this past Sunday, Henrik recorded a 126 / 77 blood pressure reading. In addition, Henrik has been emergency room and hospital-free for the entirety of his RPM program.

Henrik's case presents a compelling argument for adopting value-based care and risk-sharing models for Remote Patient Monitoring. At CoachCare, we currently engage with several organizations that have introduced value-based care pricing into their care delivery models, and we continue to explore expansion of risk-sharing. Low-cost services that avoid high-cost interventions are perfectly positioned for outcomes-based reimbursement and RPM, being both, fits squarely into these criteria.

RPM Achieves Dual Goals of Improved Patient Outcomes and Savings for Taxpayers

The first Trump Administration took decisive action to expand Medicare beneficiary access to RPM in 2019, laying the groundwork for technology-enabled chronic disease management and transforming how care is delivered to seniors. Since 2019, RPM has shown strong clinical outcomes, and prevented unnecessary and costly emergency department and hospitalization episodes.

Patients, practitioners, and health payers see the value in broad adoption of these services. RPM has produced unprecedented clinical outcomes, including sustained blood pressure improvements that increase in magnitude over time. A study on 79,672 fee-for-service beneficiaries (16,339 RPM vs 63,333 matched control) showed RPM use was associated with a 44% lower hazard of all-cause mortality. The impact of RPM extends beyond patient health, generating measurable cost savings while improving proactive, preventative care. RPM is saving lives.

A peer-reviewed analysis of an RPM program for heart failure patients showed that RPM plus medication optimization led to three times more patients taking guideline-directed medical therapy and resulted in monthly savings on average of over $1,000 per patient. Meanwhile, a hospital-based study of patients in the US Military Health System found that when a remote care program including RPM is deployed, there is a significant decrease in the average length of stay and savings of $2,047 per patient while maintaining clinical outcomes.

RPM Empowers Patient Access to Their Own Health Data

Real-time visibility into their own health data – paired with the knowledge that clinicians are actively monitoring it heightens patients' personal accountability for their own health. To that end, RPM has been effective at helping patients make lifestyle changes.

The biometric data collected through RPM requires clinical and technical expertise to generate output that is usable by practitioners and the health system. Data systems must be built to capture and interpret data, generate reports, send alerts, and transmit data to appropriate electronic health records (EHR) and partners – an expensive and challenging task. Support staff must be available to troubleshoot device and software issues for patients, engage patients and encourage data submission. Longitudinal, consistent monitoring of patients may help identify novel risk factors—such as daily blood pressure variability, medication interactions, or subtle patterns in symptom reporting—that can be used to predict health deterioration before it occurs. This adds an important predictive dimension to RPM's role in early intervention and care optimization. Data shows a significant reduction in sepsis-related hospitalization due to early identification and treatment of infections. One study found that greater adherence to self-measurement led to greater reductions in blood pressure.

Specifically, at CoachCare, we connect patients through a mobile app where they can see their health data in real time and trended over time. We also provide alerts and suggestions to the patient based on their data to guide their behavior. Frequently, these interactions include encouraging patients to measure their vitals, reminding patients to take their medication and supporting patients on their lifestyle change journey. Empowering patients with their own health data can impact their lifestyle choices, and ultimately get them healthier.

Ensuring Patients Have Access to RPM into the Future

The current Medicare fee-for-service payment structure does not accurately capture the costs of providing RPM services with robust data capabilities. While some may have envisioned RPM as requiring no more than a simple device that captures data, the delivery of an effective RPM program today is far more complex and has different costs. For example, patients presenting with multiple comorbid conditions often require multiple devices (e.g., hypertension and heart failure). Patients lacking in broadband internet access often require the use of cellular-enabled devices which are both more expensive initially (~$100 for each device) and have ongoing, significant, data fees (as high as $36 per month). In addition, CoachCare spends nearly $10 per patient per month solely on information security costs to comply with the various state and federal privacy laws and regulations.

RPM technology is a "no margin" service for independently owned and operated physician practices and increasingly difficult to deploy as the reimbursement environment has become more challenging. The investment required to provide these services is the same across geographic areas even though RPM reimbursement is significantly discounted in rural areas.

In addition, Medicare cuts unrelated to the performance of the RPM codes have continued -- ranging from 7% for treatment related services up to a staggering 33% for technology-related services since 2019 despite the increasing costs of devices, software and security, and labor required to deliver RPM. RPM providers are reaching a breaking point now, and have encouraged the Center for Medicare and Medicaid Services to act to preserve this service for Medicare beneficiaries.

For small providers, cuts have had an even larger impact. Small practices, especially those in rural or underserved areas, often operate on tight budgets. It becomes challenging to absorb the costs associated with providing RPM. Effective RPM today requires advanced data capabilities, dedicated clinical staff, ongoing patient engagement, and substantial infrastructure—all of which demand considerable

investment. As a result, patients served by smaller practices may miss out on access to RPM services because smaller providers may scale back or even eliminate the use of RPM services.

Leaders in the RPM space are moving toward models that leverage AI to fully realize the potential of the detailed patient data captured through RPM and to further drive down the cost of care. AI is helping detect conditions sooner, lessen the paperwork/documentation burden on clinicians, support clinicians in identifying optimal care decisions, and streamlining the delivery of care. Actions from CMS to specifically support data and technology costs are crucial to unlocking the potential of advanced data capabilities like artificial intelligence alongside RPM.

At CoachCare, we see AI playing two important roles in RPM: (a) increasing the efficiency of clinical staff and (b) enabling personalize healthcare decision making. As it relates to increasing clinical staff efficiency, AI is being used today by CoachCare and others to complete repetitive, mundane and time consuming administrative tasks. For example, AI can be used to qualify patients for RPM services and to check insurance eligibility.

What's more exciting is what we are working on now and what we will be able to do in the future with AI. We can achieve truly personalize healthcare decision-making by shifting from using population health data – a single data point from 1 million patients – to using personalized data – 1 million data points from a single patient. For example, there are 10 classes of medications used to treat hypertension and multiple drugs in each class presenting providers with dozens of choices. AI can predict the specific medication most likely to work for each specific patient, drastically reducing the time consuming trial and error approach we use today. More precisely, when utilizing a stochastic policy head / layer built on top of a foundation model, AI can provide us a probability of success weighted, force-ranked list of all potential interventions, leaving the ultimate decision up to the provider and ensuring patient safety via Human-in-the-Loop workflows. Philosophically, at CoachCare, we view AI as a tool to improve the efficiency and efficacy of the provider, not as a replacement for the provider.

At CoachCare, we believe that the future of RPM lies not in the collection of data, but rather in the real-time distillation of that data into actions that the provider and the patient can take, right now, to improve patient health.

We Hope to Work with Congress

This technology-enabled care is aligned with the goals of addressing chronic disease, saving taxpayer dollars, and empowering patients.

We hope to work with you to modernize RPM payment to ensure continued expansion of this proven digital-health tool, while safeguarding program integrity.

RPM payment does not incorporate software costs, network connectivity or complexity of the patients. Furthermore, Medicare cuts unrelated to the performance of the RPM codes have continued -- ranging from 7% up to a staggering 33% since the 2020 despite the increasing costs of devices and labor required to deliver RPM. Further decreases in reimbursement will hamper access for patients, especially those living in rural communities whose distant care providers benefit the most from technology-enhanced care and who already are disadvantaged by the geographic adjustment factor.

We hope to work with you to ensure equal access to RPM in rural and underserved areas.

We have worked with Representative Kustoff and other members of the Committee on policy solutions that will ensures equal access to technology-enabled care, such as the Rural Patient Monitoring Access Act (H.R. 3108).

Conclusion

In closing, patients using RPM experience improved clinical outcomes, lower cost of care, and report a stronger bond with their clinical care team. We must ensure this cost-saving and life-extending health innovation is available to all providers and patients, including those providing and receiving care from smaller provider practices. I appreciate the Subcommittee's attention to this very important topic and the opportunity to testify.