



March 28, 2019

Rep. Mike Thompson
231 Cannon House Office Building
Washington, DC 20515

Rep. David Schweikert
1526 Longworth House Office Building
Washington, DC 20515

Sen. Brian Schatz
722 Hart Senate Office Building
Washington, DC 20510

Sen. John Thune
511 Dirksen Senate Office Building
Washington, DC 20510

Sen. Mark Warner
703 Hart Senate Office Building
Washington, DC 20510

Rep. Peter Welch
2187 Rayburn House Office Building
Washington, DC 20515

Rep. Bill Johnson
2336 Rayburn House Office Building
Washington, DC 20515

Sen. Roger Wicker
555 Dirksen Senate Office Building
Washington, DC 20510

Sen. Benjamin Cardin
509 Hart Senate Office Building
Washington, DC 20510

Sen. Cindy Hyde-Smith
702 Hart Senate Office Building
Washington, DC 20510

Dear Telehealth Caucus:

On behalf of the Endocrine Society, I am responding to the Telehealth Caucus' request for recommendations on expanding telehealth services. The Endocrine Society is the world's largest professional organization of endocrinologists, representing the interests of over 18,000 physicians and scientists engaged in the treatment and research of endocrine disorders like diabetes, obesity, osteoporosis, thyroid disease, and infertility. Despite the vital role of endocrinologists in the care of patients with these diseases, there are currently fewer than 4,000 clinical endocrinologists in the United States to care for the 100 million potential patients that suffer from diabetes and prediabetes alone.

The use of telehealth services is an opportunity both to address the endocrinology workforce shortage and provide optimal care for patients who may not otherwise have access to specialists. The Society has identified two opportunities for the Caucus to consider in the areas of diabetes and osteoporosis, two diseases that result in some of the highest costs to the healthcare system, which could be mitigated through remote monitoring and care. By improving patient adherence to treatment recommendations, the Society believes that these potential telehealth programs will also improve health outcomes in two medically vulnerable populations.

Improving Health Outcomes Associated with Diabetes in Pregnancy in the Medicaid Population

The Society believes there is an opportunity to improve the health outcomes associated with diabetes in pregnancy through telehealth in the Medicaid population. Patients with diabetes who become pregnant are at a significantly greater maternal and fetal risk, particularly if their diabetes is uncontrolled. As a result, these individuals often require insulin therapy and frequent visits to an endocrinologist or high-risk obstetrician (every 1-2 weeks in addition to routine OBGYN appointments, which are typically monthly).



During these visits, the physician will review blood glucose logs and adjust insulin doses as needed. Members of the care team and/or the physician may also provide diabetes education to the patient.

Telemedicine could be utilized for a significant proportion of these visits as blood glucose log review and therapy adjustment can be conducted remotely. Patients who require visits weekly could see their endocrinologists or high-risk obstetrician every other week and utilize telemedicine (telephone or video visit) for the remaining visits from their home. Patients who require bi-weekly visits can utilize telemedicine visits once per month. The Society believes that the use of telehealth in this population would ease the burden on patients who would find it difficult to be absent from work each week. Easing this burden would reduce the high rate of noncompliance in this patient population and avoid costly complications, unnecessary hospitalizations and c-sections, and improve outcomes in their babies

Reducing Complications Associated with Osteoporosis in the Medicare Population

The Society believes there are opportunities to reduce costs and improve outcomes for Medicare patients with osteoporosis. Fifty-four million adults aged 50 and older have osteoporosis and low bone mass in the United States.⁹ It is an important risk factor for fragility fractures in older adults, which costs the U.S. more than \$19 billion to treat.¹⁰ Each year, more than 300,000 people 65 and older are hospitalized for hip fractures, but only 20 percent of these patients are treated to reduce the risk of future fractures and these individuals do not often receive appropriate follow-up care.¹¹

The use of telehealth provides an opportunity to increase the number of individuals with post-osteoporotic fractures who receive standard-of-care treatment. Post-fracture, many patients receive post-acute care in a Skilled Nursing Facility. Existing models of care have failed to appropriately screen or treat individuals for osteoporosis following a fracture. We recommend creating a pilot to evaluate whether a telehealth visit with an endocrinologist would improve outcomes in this patient population and care setting (e.g. reducing subsequent fractures, hospital readmissions, and mortality). During the telehealth visit, the endocrinologist would diagnose the patient with osteoporosis and potentially prescribe a bisphosphonate, which is used to treat the disease and reduces a patient's long-term risk for hip fracture by up to 50 percent and vertebral fracture by up to 70 percent.¹² These medications are generic and have minimal cost to the patient and Medicare.

We strongly encourage you to explore the implementation of telehealth pilots for patients with diabetes in pregnancy and osteoporosis to reduce costs and improve health outcomes. This would require waiving the originating site requirements, which have been a barrier in accessing care for effective disease management.

Thank you for the opportunity to provide feedback on your request for information on telehealth. The Endocrine Society would be happy to work with you on these ideas. Should you have any questions, please contact our director of health policy, Meredith Dyer, at mdyer@endocrine.org.

A handwritten signature in blue ink that reads "E. Dale Abel".

E. Dale Abel, MB.BS., D.Phil. (M.D., Ph.D.)
President, Endocrine Society