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Medicare Evidence Development and Coverage Advisory Committee (MEDCAC)
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

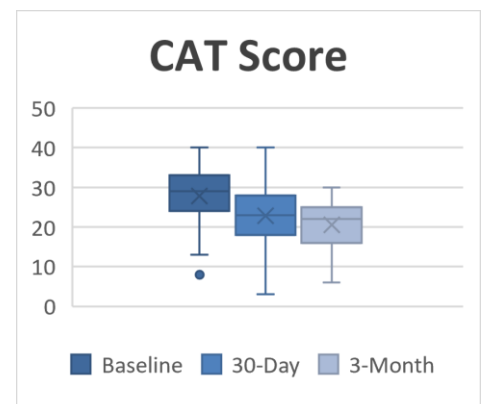
RE: NONINVASIVE POSITIVE PRESSURE VENTILATION IN THE HOME FOR CHRONIC RESPIRATORY FAILURE CONSEQUENT TO CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Dear MEDCAC members:

Medical Service Company (MSC), a family-owned and operated home medical equipment supplier, serves Medicare beneficiaries throughout Ohio, Michigan, Indiana, Kentucky, Pennsylvania, and New York. Included in its catalog of products and services, MSC offers a high-touch non-invasive home ventilation (NIV) program guided by a respiratory therapist. By witnessing firsthand the positive health outcomes in patients with chronic respiratory failure (CRF) consequent to COPD, MSC wishes to provide commentary and evidence on its findings associated with improved quality of life outcomes.

In the development of its NIV program, MSC sought to support an advanced home-based NIV therapy program that improves patients' associated symptoms and quality of life. For this purpose, MSC regularly collects the COPD Assessment Test (CAT) scores for individual patients receiving NIV therapy via home mechanical ventilator (HNV) for the treatment of CRF consequent to COPD. The CAT evaluates a patient's response to therapy by providing a simple and reliable measure to quantify the impact of COPD on a patient's health. MSC collects CAT scores at the time of setup to establish a pre-therapy baseline and subsequent follow-up visits (30-days and quarterly after that).

Since the onset of collecting CAT scores, MSC now reports 112 unique patients with an average baseline CAT score of 27.94, 89 patients with an average 30-day score of 22.96, and 48 patients with an average 3-month CAT score of 20.67. Furthermore, patients report an overall reduction of 4.87 points from baseline to the average of all subsequent follow-up CAT scores. "A decrease in CAT score of two points is considered a clinically relevant improvement. Hence, the CAT has become a prominent patient reported outcome measure for patients with COPD" (Houben-Wilke, 2018, pp 1-2).



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Accordingly, MSC believes that outcomes such as these are only attainable because of current national coverage determination (NCD) policy that recognizes physician discretion to assess and establish the need for HMV. Moreover, an advanced NIV program with high-touch respiratory therapist protocols and regular therapy monitoring and evaluation supports positive patient outcomes.

Any effort to limit HMV coverage to a prescribed array of parameters will restrain the physicians' medical decision privilege for assessing individual patient treatment and care plans, thereby lessening patient therapy outcomes, as seen by the MSC NIV program. For this reason, MSC urges this committee to continue allowing physician discretion in assessing and establishing the need for HMV in the treatment of CRF consequent to COPD.

Respectfully,

A blue ink handwritten signature, appearing to read "Scott Owsiak", written in a cursive style.

Scott Owsiak, MHA, RRT
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References:

Houben-Wilke, S., Janssen, D.J.A., Franssen, F.M.E. *et al.* Contribution of individual COPD assessment test (CAT) items to CAT total score and effects of pulmonary rehabilitation on CAT scores. *Health Qual Life Outcomes* **16**, 205 (2018). <https://doi.org/10.1186/s12955-018-1034-4>

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