



**Connecticut State Medical Society**  
**Testimony Presented to the Public Health Committee**  
**Regarding Access to Affordable and Quality Health Care, Electronic Medical**  
**Records, Chronic Disease Management, Telemedicine, Health Information**  
**Technology, Cardiovascular Disease Prevention Program and Kidney Screening**  
**January 31, 2007**

Senator Handley, Representative Sayers and Members of the Public Health Committee, my name is Matthew Katz and I am the Executive Director of the Connecticut State Medical Society (CSMS). On behalf of our over 7,000 members, thank you for the opportunity to testify before you today on **Senate Bill 1 An Act Concerning Access to Affordable, Quality Health Care and various other bills**. We believe that many of these proposed pieces of legislation are interrelated and an important part of comprehensive health care reform that can result in a system of universal health care coverage. Connecticut physicians believe that all Connecticut residents - young, elderly, healthy and physically and mentally challenged - deserve a comprehensive, statewide health care system that provides access to affordable quality patient health and medical services. If we leave you with one clear message today, it is that CSMS and the physicians of this state stand at the ready to partner with you and the State to accomplish our goals and ensure that no resident goes with out access to the highest quality health care.

Physician offices are a critical portal of the health care industry in Connecticut. Our physicians deliver their services in nearly 2,800 physician offices throughout the state, employing more than 27,000 of our friends and neighbors. Seventy percent employ fewer than 10 full-time people and 57,560 employees in Connecticut are either directly or indirectly dependent on the activities of physician offices. So while the physicians of this state are most concerned with participating in the development of a universal health care system that provides every citizen access to comprehensive, quality patient care, as small business owners, they know what it takes to provide healthcare benefits for their employees. They also have a keen sense of the balancing required to make access to a comprehensive portable health care system affordable for patients, employers and state government.

Attached for your review is a comprehensive and detailed outline of what we feel are critical elements of the development of a system that ensures access to health care services; guarantees insurance coverage of those services; and adequately reimburses physicians for the delivery of patient medical care.

To highlight the most critical components of this outline, such a reformed system must:

- Provide all of Connecticut's uninsured and underinsured with necessary health benefits and adequate access to a comprehensive quality patient care system

- Guarantee equitable and statewide access to quality care
- Focus on preventive services and disease management as a cornerstone
- Include pediatric prevention services, immunizations and parity for mental health and behavioral services to guarantee comprehensive access
- Provide adequate funding mechanisms that follow the patient, resulting in enhanced portability
- Focus on patient safety and continuity of quality patient care
- Encourage and financially support a transition to an electronic medical records and record-keeping system
- Promote transparency in all aspects of the medical care within the health care system including insurers, employers, and third-party administrators, as the foundation for a patient-centered, reformed system.

Key elements to ensure equitable access to a reformed system of affordable quality patient care in Connecticut include:

- A mechanism for individuals and small groups to collectively purchase health insurance
- Permit employers to buy into the cooperative and allow their employees to purchase coverage using employer tax-free funding, employee contributions and state funding allotted to the individual subscriber
- Greater transparency throughout the entire system to provide access to essential information and ensure greater patient involvement in health care decisions
- Develop a risk pool allocation that allows for existing insurers doing business in the state to share proportionately the financial burdens associated with high-cost cases and high-risk individuals
- Redirect appropriate existing subsidies currently allocated for health insurance and health care access in the state for low-income and uninsured individuals into premium support
- Establish a funding mechanism to ensure that physicians and other providers and clinicians who provide patient care are adequately compensated for the care they provide, and that the funding resources for patient care are not jeopardized by annual budgeting pressures
- Identification and allocation of available resources for the implementation of health information technology through public, private and quasi-public sources

You have before you several bills aimed at increasing access to health care service and strengthening the quality of care we provide. While we look forward to the opportunity to work with this committee and the General Assembly to accomplish this goal, we offer brief comments and highlight our concerns on some of the bills before you today.

**H. B. No. 6838 (RAISED) AN ACT CONCERNING THE USE OF  
TELEMEDICINE TO PROMOTE EFFICIENCY IN THE DELIVERY OF  
HEALTH CARE SERVICES** The pace at which technology is improving the quality and availability of medical services is incredible. As we seek to increase the use of technologies such as telemedicine, we must carefully ensure that proper protocols for its use are established, and that its use does not inappropriately replace necessary contact

between physicians and their patients. CSMS has worked hard with the General Assembly to require that physicians providing care to Connecticut residents meet similar or equal licensure/accreditation standards to safeguard from using telemedicine as a cheaper route and sacrifice quality of patient care. In addition, if use of these systems will be required, adequate funding for implementation must be established and insurance coverage for their use must be available or required  
In the past CSMS has

**H. B. No. 6839 (RAISED) AN ACT CONCERNING HEALTH INFORMATION TECHNOLOGY** CSMS will present testimony to you today outlining critical components of a Health Information Technology (HIT) system, including benefits and potential concerns. It is imperative that the physician community be included by statute on the committee, as physicians will be on the front lines of implementing and using the technology recommended, and have important expertise to share in the practical applications of HIT.

**HB 6840 AAC SCREENING FOR KIDNEY DISEASE** Later today, you will hear from physicians regarding unintended consequences of this legislation and its unintended impact on patients. In addition, attached for your review is a recent joint statement released by the College of American Pathologists and the National Kidney Foundation regarding the mandated use of the GFR test. We ask your support in our efforts to not only take advantage of the benefits of ensuring timely kidney screening tests but also to incorporate some common-sense standards for the screening.

**H. B. No. 6843 (RAISED) AN ACT CONCERNING CARDIOVASCULAR DISEASE PREVENTION PROGRAMS** Many physicians on a daily basis play a role in cardiovascular disease prevention, Should a program for state-funded cardiovascular disease prevention be implemented, it should not exclude locally based physicians who provide community or related education, evaluation and identification of cardiovascular disease.

**H. B. No. 6976 (RAISED) AN ACT CONCERNING CHRONIC CARE MANAGEMENT** As you know, many states have been struggling to implement a chronic care management system. CSMS supports the concept and once again, requests that physicians be a part of the development of a successful system. We urge the committee to specify that the physician is the central point of coordination of care and the needs of the patient come first. Careful consideration must be undertaken prior to introducing a third party or private entity into the relationship between a physician and patient.

**Proposed S. B. No. 88 AN ACT REQUIRING ELECTRONIC MEDICAL RECORDS** You will hear testimony from CSMS and other physicians today concerning the lack of a single standard for Electronic Medical Records. Furthermore, you will hear testimony as to the costs associated with implementing and maintaining such systems. Once again, we offer our resources and support in developing a statewide system of electronic medical records. CSMS would oppose any mandate that requires the

installation of such systems without the development of a specific standard or the provision of financial and technical resources to do so.

**Proposed H. B. No. 6332 AN ACT INCREASING ACCESS TO HEALTH CARE**

While we appreciate every attempt to increase access to affordable insurance and health care for all of Connecticut citizens, CSMS does not support this legislation in its current form. This General Assembly, health care providers, and advocates have worked hard over the past decade to ensure that health insurance companies licensed to do business in this state offer meaningful coverage for a variety of medically necessary services. This legislation would create a tiered system in which certain individuals would not be afforded the basic coverage that this legislative body has seen fit to require.

Thank you for your attention and I look forward to continuing our work together in bringing affordable available health care to all of Connecticut's 3.3 million residents.

# **The Connecticut State Medical Society (CSMS) Outline for Universal Access to Quality Patient Care in Connecticut 2007**

Connecticut physicians believe that all Connecticut residents – young, elderly, healthy and physically challenged – deserve a statewide comprehensive health care system that provides access to affordable quality patient health and medical services in the state.

Such a reformed system must ensure that:

- Connecticut's uninsured and underinsured are provided with necessary health benefits and adequate access to a comprehensive quality patient care system
- A reformed health system in Connecticut guarantees both equitable and statewide access to quality patient care
- Adequate funding levels with appropriate indexing mechanisms ensure that providers, especially physicians, enroll and actively participate in the program
- Preventative services and disease management must be a cornerstone of any program or plan designed to maintain and ensure the health and safety of Connecticut's population
- Comprehensive access to medical care must also include pediatric preventive services and immunizations as well as parity for mental health and behavioral services
- Any funding mechanism provides adequate funding of comprehensive quality patient care and allows the funding to follow the patient resulting in enhanced portability
- Preservation of graduate medical education and teaching system is integral in any health system reform and the State's

academic medical centers continue to be an essential part of Connecticut's medical system

- Focus is on patient safety and continuity of quality patient care and encourages and financially supports a transition to an electronic medical records and record keeping systems
- Transparency in all aspects of the medical and health care system, including insurers and payors is the foundation for a patient focused reformed system

Key Elements to ensure equitable statewide access to affordable quality patient care in Connecticut include:

1. A mechanism for individuals and small groups to collectively purchase health insurance. The health insurance options for these groups would include preventive medical services and certain state mandated services that have been found to be beneficial for short term and long term health and safety. The health insurance options would be offered by existing health insurers, but it would come through a new administrative system, modeled after the current Federal Employee Health Benefits (FEHB) program, that allows for greater consistency of plan benefits and options and allows for easier comparison by individual subscribers.
2. Permit employers to buy into the cooperative and allow their employees to purchase coverage using employer tax free funding, employee contributions and state funding allotted to the individual subscriber.
3. Create greater transparency throughout the health care system to include public access to essential information regarding co-payments, coinsurance options, deductibles and covered services and other information to ensure greater patient responsibility in their health care decisions.
4. Develop a risk pool allocation that allows for existing insurers doing business in the state to share proportionately the financial burdens associated with high-cost cases and high-risk individuals - decreasing the possibility that very high risk or high cost individuals will gravitate toward one plan choice (or if they do the plan will have a certain degree of financial insulation).
5. Redirect appropriate existing subsidies currently allocated for health insurance and health care access in the state for low income and uninsured individuals into premium support for the cooperative, provide adequate payments to providers of health and medical care, and encourage the development and provide

necessary financial support of an electronic medical record system for physicians participating in the program.

6. Establish a funding mechanism to ensure that physician and other providers and clinicians who provide patients care are adequately compensated for the care they provide and that the funding resources for patient care are not jeopardized by annual budgeting pressures.
7. Identification and allocation of available resources for the implementation of health information technology through public, private, quasi-public sources.

The Connecticut State Medical Society (CSMS) and its more than 7,000 physician members and medical students stand ready to work with the 2007 session of the General Assembly in order to develop and nurture a reformed system of health and medical care for all of Connecticut residents. We look forward to a healthy debate and productive discussion on how we can help shape this most important public policy.

# **College of American Pathologists**

## **Joint Statement with the National Kidney Foundation**

Published January 2, 2007

Chronic Kidney Disease (CKD) is a public health problem in the United States, affecting 20 million Americans. The most important adverse outcomes of CKD include increased risk for cardiovascular disease, complications of decreased kidney function, and progression to kidney failure, eventually requiring dialysis or kidney transplantation to survive. Early identification of individuals with CKD, combined with appropriate intervention, can delay the progression of kidney disease and its complications.<sup>1</sup> However, since CKD is a silent disease, most individuals with CKD are not aware that they have this condition. Furthermore, primary care physicians may be overlooking CKD.<sup>2</sup>

The National Kidney Foundation (NKF) and the College of American Pathologists (CAP) share a strong commitment to advocate for, and support, public policy initiatives on CKD that are based on medical consensus, recognize the paramount importance of medical judgment in patient care, and facilitate early detection and treatment of patients with chronic kidney disease.

CKD can be detected in many patients by reporting estimated Glomerular Filtration Rate (eGFR) from a simple blood test for creatinine. Studies in the general population show that a reduced eGFR (less than 60 ml per minute per 1.73 m<sup>2</sup>) is associated with an increased risk of adverse outcomes of CKD.<sup>3</sup> Recent advocacy efforts have been undertaken in various states to require mandatory clinical laboratory reporting of the (eGFR) for the patient whenever a serum creatinine test is ordered by a physician. Optimally, the physician education should also be coupled with an education program for patients and laboratory professionals. Studies by the National Kidney Foundation (NKF) and others have clearly demonstrated that physician education is necessary for successful implementation of an eGFR reporting system. Without appropriate education, physicians may resist receiving or using the eGFR reports. With a quality education effort, however, such resistance can be eliminated. In addition, not all patients with CKD can be identified by reduced eGFR. Measurement of the the urine albumin-to-creatinine ratio can detect CKD in individuals with CKD in whom eGFR is greater than 60 ml per minute per 1.73 m<sup>2</sup>, allowing earlier intervention.<sup>1,4</sup>

Given these concerns, both the National Kidney Foundation and the College of American Pathologists urge State Legislatures to not consider legislation mandating performance of eGFR calculations and instead consider a preferable form of legislation to establish CKD Task Forces at the state level. These Task Forces would promote the early detection and treatment of CKD. Such legislation should include a provision for education efforts as

well as an evaluation of all available diagnostic strategies for identifying individuals with CKD.

Another benefit of legislation creating state CKD Task Forces is that these groups will be able to consider imminent advances in laboratory medicine that should facilitate identification of CKD, including standardization of the creatinine assay and validation of the formula for calculation of estimated GFR in additional populations.

Thus, both the CAP and NKF agree that optimally laboratory systems should be capable of performing an eGFR calculation when requested by a physician, or such calculations should be generated without a request when medically appropriate and feasible. The determination of when it is appropriate to perform a eGFR calculation is a part of the practice of medicine, for both the treating physician and the medical director of the clinical laboratory, and should be exclusively based on medical science.

Therefore, the National Kidney Foundation and the College of American Pathologists (CAP) support the estimated Glomerular Filtration Rate Calculation (eGFR), when appropriate and feasible, as a clinically useful calculation that should be promoted in the medical community in a scientific manner that does NOT require state legislation or state law that would create an inflexible, politically based mandate for the practice of medicine that, in general, may not advance patient care.

#### References:

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