

TESTIMONY BEFORE THE HUMAN SERVICES COMMITTEE REGARDING  
S.B. 1122 - AN ACT CONCERNING CHANGES TO THE HUMAN SERVICES  
STATUTES

March 17, 2009

Senator Doyle, Representative Walker, and members of the Human Services Committee, my name is Maura McQueeney and I am President of Masonicare Home Health and Hospice, which provides care to 4,500 patients annually throughout the State of Connecticut and employs 1200 workers. I strongly support sections one through five of the S.B. 1122.

I would like to speak in support of sections three and four, which authorize Medicaid coverage for telemonitoring by including telemonitors for Medicaid-only patients at risk of hospitalization due to chronic illness and in the list of waiver services for the CT Home Care Program for Elders.

Masonicare Home Health & Hospice has been utilizing telemonitors since 2006. We first began with approximately 30 monitors, focusing on cardiac and pulmonary patients. In 2008, we placed 580 monitors in homes of patients with varying diagnoses and insurances.

Telemonitors are small electrical devices placed in patients' homes. The telemonitor is programmed at a certain time during the day to obtain a patient's vital signs. It 'speaks' to the patient, instructing them step by step on how to use the device. It can be programmed in up to ten different languages. The telemonitor obtains the patient's weight, blood pressure, heart rate, oxygen saturation, and temperature. The patient is then asked four to five diagnosis specific questions in which he/she is instructed to answer either 'yes' or 'no'. The monitor also has peripheral devices, such as a six second single lead EKG to monitor patients with arrhythmias. The patient's information is then transmitted to a telemonitor nurse who reviews and triages the data. If needed, patients receive a phone call or a nurse is sent to see them for further evaluation.

Telemonitors improve clinical outcomes by managing patients with chronic disease and addressing interventions in a timely, cost effective manner. One goal of telemonitor utilization is to increase patients' self-efficacy. Patients who take their vital signs seven days a week have direct and immediate feedback on how their diet and/or medication effects their health. This in essence, improves patient compliance and belief that they are able to manage their disease. Therefore, patients are more likely to take their medication as prescribed and call a healthcare provider with reportable symptoms. As a result, patients decrease the likelihood of an emergency room visit or hospitalization.

Telemonitors also provide real time data to off-site practitioners, who can intervene prior to an acute flare up. With the use of the telemonitor, physicians are able to make medication adjustments and see how the patient responds without having to admit the patient or see him/her in the office.

When targeted appropriately to patients with selected chronic illnesses, telemonitors can virtually eliminate avoidable hospitalizations and emergency room visits for those conditions. This technology is already in use for Medicare patients with excellent clinical & financial outcomes.

I am supporting this proposal regarding Medicaid coverage for telemonitoring in part because during this legislative session we have been encouraged by legislators to develop creative cost-saving ideas – this proposal is not only creative but will save money in the future.

Thank you for the opportunity to speak today and I would be happy to answer any questions.