

Community Health Center, Inc.

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Testimony Submitted to the General Assembly

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In support of

Raised Bill 5483: AN ACT CONCERNING COVERAGE OF TELEMEDICINE SERVICES UNDER MEDICAID.

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On behalf of the Community Health Center, Inc., headquartered in Middletown, CT., I am submitting my strong and enthusiastic support, on behalf of the Community Health Center, Inc., for this forward-looking legislation which recognizes that the future of health care requires new approaches to ensure access to critical health services, reduces waste, waits, and delays, improves health outcomes, increases both the patient experience and provider satisfaction, and leads to lower overall costs.

The Community Health Center, Inc. is a statewide Federally Qualified Health Center (FQHC) focused on special populations and improving health outcomes. Our 130,000 patients count on us for clinically excellent primary care, wherever they are in Connecticut. They also count on us to ensure that they receive the benefit of specialty consult for the purpose of diagnosis, treatment, or management when their health problem cannot be fully resolved by the primary care provider teams at CHC.

Last year, CHC made more than 12,000 referrals to specialists: cardiology, endocrinology, rheumatology, nephrology, dermatology, and others. As you know, patients who utilize community health centers are more likely to suffer from one or more chronic illnesses, be low-income, and face language, literacy, and transportation barriers in accessing care, while suffering from health disparities. Our focus is to eliminate these barriers and ensure that each patient gets the full standard of care.

We face enormous challenges in connecting our patients to specialists for several reasons:

- 1) A limited number of specialists accept Medicaid or uninsured patients who are unable to pay for the service
- 2) The willing treating specialist may be hours and miles away from where the patient lives
- 3) The wait time for an appointment may exceed what is clinically advisable
- 4) When the patient does get to the specialist, too often we find that the specialist will require additional testing—and additional visits—prior to being able to fully evaluate and treat the patient.
- 5) In many cases, patients face language barriers when they do get to the specialist office.

In other words these challenges amount to waits, waste, delay and an inability to fulfill our mandate to provide the right standard of care for every patient, every time.

There is a better way, it has been used successfully, in many states across the country and particularly in California, Washington, and Massachusetts, and it is through telemedicine, sometimes referred to more expansively as telehealth. In these states, telemedicine for numerous specialty services has been shown to be clinically and cost-effective.

During this session, SB 13 was introduced and would mandate private, commercial insurers to pay for services delivered via telehealth as they would for services delivered in a face to face encounter. CHC, Inc. submitted testimony in support of that bill, recognizing that it is very important that we advance the transformation of primary care on all levels, not just for low income, publicly insured, and special populations. We are especially pleased that this bill has followed, directing the Commissioner of the Department of Social Services to take the necessary steps to extend such coverage to services provided to Medicaid enrollees.

Some members of the General Assembly may recall that the Statewide Primary Care Access Authority brought Dr. Mitch Katz, a pioneer in developing "eConsults" for uninsured and Medicaid recipients in the city of San Francisco, to speak to the Authority in 2008 about the evidence based outcomes they experienced with eConsults, which is one form of telehealth: reduced waiting times for necessary consults, reduced costs, and improved provider satisfaction. Last year, CHC, Inc. brought leaders of the Group Health in Seattle to talk about the outcomes of their transformations in primary care, in which a third of visits are conducted electronically. Notably, providers and patients are more satisfied with both care and practice—and they report "absolutely no trouble recruiting and retaining primary care providers". The New England Journal of Medicine has reported on yet another form of telehealth, Project ECHO, in which primary care providers can present a complex case to a team of specialists focused on particularly complex problems such as HIV, chronic pain, or hepatitis C—all high volume/high burden problems seen in FQHCs like ours, for which patients experience barriers in getting care and FQHC providers need the expert guidance, advice, and consultation of experts in order to provide the care directly.

Telemedicine by videoconference takes patient care to another level, in which the specialist can "see" the patient directly, in the primary care office, and consult with both patient and primary care provider. A very real example of this is in the area of psychiatry, where we sometimes need a specialist in one site of CHC to connect to a patient in another site because of particular language, access, or clinical issues.

CHC has already undertaken this work, on a pilot basis, without reimbursement, in order to demonstrate the value of telemedicine in an FQHC. We are currently engaged in our own eConsult pilot, in partnership with the University of Connecticut, and have designed a formal study to measure the outcomes. We have recently published three articles in peer-reviewed Journals outlining the successes of a telemedicine pilot with Yale for screening patients with diabetes for diabetic eye disease. The papers, published in the Journal of Healthcare for the Poor and Underserved, Diabetes Spectrum, and Connecticut Medicine further support the need for this type of service, and a very clear cost-benefit for telemedicine. CHC has replicated "Project Echo", developed in New Mexico, and created our own "Project ECHO-Connecticut" for to bring providers at all sites of CHC into our HIV primary care program that has developed at three of our sites over the years. Our internal HIV specialists are coaching and consulting to PCPs at all of our other sites.

Raised bill 5483 is a long awaited "next step" in our quest for better care, better outcomes, at lower cost and we applaud the General Assembly for considering this legislation as an important step in the transformation of primary care in Connecticut. We express our full support.